

**Defining the Nervous American: Neurasthenia, Religion,
and Assimilation 1880-1915**

by

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Introduction

In the years between 1880 and 1915, the population of the United States changed dramatically: more immigrants than ever before arrived in the United States from all over the globe. Most of them were from places in the world that had previously sent few immigrants to the United States. Americans worried that the new arrivals, many of them from eastern and southern Europe, would not be capable of fully participating in American society, particularly politically, after lifetimes spent under autocratic governments. Americans and their leaders also worried that the new arrivals were staying in the large cities and forming ethnic neighborhoods where English was often a second language. Frederick Jackson Turner's thesis of 1890, which stated that the American frontier in the West was officially closed, only added to this problem. The propensity of Eastern European Jewish immigrants in particular to stay in the large cities and to settle permanently rather than sojourn caused contemporary Americans to wonder about how these new peoples, with their unusual and old-fashioned customs, were to be assimilated.

Over those same decades, the nervous disease neurasthenia- as first invented and described by the American neurologist and electricity enthusiast George Beard- gained popularity first across the United States and then across the Western world. Neurasthenia in its most basic sense was a lack of nerve force which could be caused by a number of factors. Neurasthenics were usually not considered mentally ill but instead unable to keep up the pace of their former life.¹ Beard later complicated his original diagnosis by splitting neurasthenia into six subdivisions: digestive, sexual, traumatic, hysterical,

¹ Gosling, F.G. Before Freud: Neurasthenia and the American Medical Community, 1870-1910. Urbana, Illinois: University of Illinois Press. 1987. Page 9.

cerebrasthenia, and myalasthenia.² Cerebrasthenia, or brain exhaustion, was the most similar to Beard's original definition in that it was principally applied to professional men experiencing a lack of energy.³ Myalasthenia, or spinal exhaustion, was more commonly applied to lower class men in "muscle-working" positions experiencing similar symptoms.⁴

By the end of the 1910's, however, neurasthenia was losing popularity as a diagnosis with many medical professionals in both Europe and America. There are a number of reasons for this: the disease as described by Beard was so broad as to be virtually indefinable and there was an overall emphasis in the medical profession towards greater specificity of diagnosis as reflected in the growing professional popularity of Sigmund Freud. Freud defined neurasthenia, perhaps unsurprisingly, in sexual terms, and many Freudians followed his lead.⁵ Though neurasthenia continued to be used as a diagnosis for European children until the late 1940's and is still occasionally used in Japan and China, for the most part Beard's original disease has disappeared from the medical world.⁶

The issues of immigration, assimilation, and mental health were important and occasionally linked in the minds of many late nineteenth and early twentieth century

² Williams, Katherine. "American Women and Nervousness: Neurasthenia Then and Now." Women on the Verge: The Culture of Neurasthenia in Nineteenth Century America. Cantor Center for Visual Arts; Stanford University. 2004. Page 8.

³ Ibid.

⁴ Ibid.

⁵ Bunker Jr., Henry MD. "From Beard to Freud: A Brief History of the Concept of Neurasthenia." Medical Review of Reviews. March 1930. Vol. 36; Page 112-3.

⁶ Bakker, Nelleke. "A Harmless Disease: Children and Neurasthenia in the Netherlands." In Cultures of Neurasthenia From Beard to the First World War. Gijswijt-Hofstra, Marijke and Porter, Roy, editors *The Wellcome Series in the History of Medicine*. Clio Medica Vol. 63. Amsterdam; Rodopi: 2002. Page 309-10.

Lutz, Tom. "Varieties of Medical Experience: Doctors and Patients, Psyche and Soma in America." In Cultures of Neurasthenia From Beard to the First World War. Gijswijt-Hofstra, Marijke and Porter, Roy, editors. *The Wellcome Series in the History of Medicine*. Clio Medica Vol. 63. Amsterdam: Rodopi. 2002. Page 67.

Americans. The diagnosis of neurasthenia in Eastern European Jewish immigrants and the use of neurasthenic language to describe their experiences prove that, at least occasionally, these issues were linked for Americans and those in other Western countries. Americans anxious about the assimilation of a people who seemed disinterested in shedding their customs were also worried about their own capability to assimilate those immigrants given the nervousness and lack of energy of America's middle and upper classes. Though both immigration and neurasthenia could be viewed as positive, one for America's industries and the other as a reflection of American exceptionalism, both could also be easily viewed as negative.

To understand neurasthenia, some background on both its inventor and nervous disease is necessary. George Beard was a devotee of electrotherapy and had cured himself of neurasthenia while in college with a dose of electricity,⁷ Though Beard was not actually the first to use the term "neurasthenia," he was the first to define it in great detail.⁸ By the late 1870's, Beard's definition of a nervous disease caused by a lack of nerve force included a very specific cause: American civilization. Beard was aware of the strength of the European medical establishment and saw neurasthenia as a unique opportunity for American doctors to establish themselves as researchers. Neurasthenia would occur most often in America, Beard believed, for reasons that would later become famous: dryness in the air, temperature extremes of heat and cold, civil and religious

⁷ Drinka, George MD. *The Birth of Neurosis: Myth, Malady, and the Victorians*. New York: Simon and Schuster. 1984. Page 186.

⁸ Dr. E.H. Van Deusen of the Michigan Asylum for the Insane coined the term "neurasthenia" two months before Beard's first article on the subject.

Carson, Eric. "George M. Beard and Neurasthenia." In *Essays in the History of Psychiatry: A Tenth Anniversary Supplementary Volume to the Psychiatric Forum*. Wallace, Edwin, and Pressley, Lucius, editors. Columbia, South Carolina: RL Bryan Co. 1980. Copyright William S. Hall Psychiatric Institute. Page 52-3.

liberty, and the great mental activity of women.⁹ The ancient Romans and Greeks, for all their advances, were not subject to neurasthenia under Beard's definition because they had not lived in North America, specifically New England. Beard's definition was popular with Americans because it offered them a non-derogatory mental health diagnosis that did not shame them and their families.¹⁰ Beard's insistence that he himself had suffered and that ten percent of his clients were doctors reflect his construction of neurasthenia as a new kind of nervous disease.¹¹

The history of nervous disease is far too broad to be explained here, but the immediate history of Beard's era is relevant. The end of the Civil War had seen many men damaged by their experiences in ways that current medical thinking could not explain. At the same time, American business and industry expanded at a fantastic rate, calling for dramatic numbers of untrained, cheap labor from across the world. Americans were optimistic about the future and about the ability of technology to solve any problems that might come up. Neurasthenia, as Beard defined it, was one such problem. The question of who had the authority to diagnose and treat nervous diseases was also under debate. As Elizabeth Lunbeck has proved in her book The Psychiatric Persuasion, the function of asylums and the definition of psychiatry itself as the study of variations of normality were both constructed in the early twentieth century.¹² Beard's term "neurasthenia" offered alienists, general practitioners, psychiatrists, and neurologists the

⁹Beard, George. American Nervousness: Its Causes and Consequences. New York: Putnam and Sons 1881.

Reprint: New York: Arno Press and the New York Times. 1972. Page vii.

¹⁰Gosling. Page 137.

¹¹ Ibid. Page 15.

¹² Lunbeck, E. The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America. Princeton, New Jersey: Princeton University Press. 1994. Page 3.

opportunity to diagnose their patients according to their own standards and develop their own methods of treatment.

Likewise, it is difficult to understand the furor over Eastern European Jewish immigration and assimilation unless one has a background in the immigration and assimilation that occurred before the 1880's. Immigrants of the 1840's through the 1870's are often referred to by historians as the "old immigration": many were either German or Irish, nearly all were Christian, and many tended to move from their cities of entry into the interior of America, or were perceived to do so.¹³ This immigration was hardly without conflict: both German and Irish were perceived as threats to the "Anglo-Saxon" majority in some way. Both the Irish and the Germans, however, eventually came to be viewed as "white" by the majority, though prejudice against both groups would continue, and some would argue still continues.¹⁴ Nativism, the force which often faces immigrants, was defined by historian John Higham in his work *Strangers in the Land* as intense opposition to an internal minority on the grounds of its foreign connections.¹⁵

The idea that immigrants had an obligation to assimilate is as old as settlement in the American colonies. Early colonial leaders believed large numbers of immigrants would damage the fabric of their respective colonial civilizations. For Jewish immigrants, the idea of assimilation was tied in the European tradition to a loss of cultural traditions and possibly religious faith: the ultimate assimilation, for Christian Europe, was

¹³ Henderson, George and Olasiji, Thompson. *Migrants, Immigrants, and Slaves: Racial and Ethnic Groups in America*. Lanham, Maryland: University Press of America. 1995. Page 19.

¹⁴ For more information, see: Jacobson, Matthew. *Whiteness of a Different Color: European Immigrants and the Alchemy of Race*. Cambridge, Massachusetts: Harvard University Press. 1998.

¹⁵ Higham, J. *Strangers in the Land: Patterns of American Nativism 1860-1925*. Second Edition. New Brunswick, New Jersey: Rutgers University Press. 1988. Page 4.

conversion. Nineteenth-century Americans, even with their country's principles of religious liberty, saw themselves and their nation as Christian, specifically as Protestant, and worried a great deal about how a group of non-Christian immigrants would impact their society, just as they had worried years earlier about the arrival of large numbers of Irish Catholics.

This thesis will examine the issues surrounding Eastern European Jewish immigration and assimilation as well as the history of American neurasthenia and how those concerned with America's nervousness dealt with the arrival of millions of immigrants who were theoretically just as, if not more, likely to contract neurasthenia. Neurasthenia was supposed to be a disease of the American "brain worker" but its popularity with European doctors led to its inclusion in what Jean Martin Charcot would call the "neuropathic family" and, subsequently, its application to Europe's Jewish assimilation. The neuropathic family, as imagined by Charcot, was a group of nervous diseases linked to one another across generations. A hysterical parent might lead to a neurasthenic child, while a parent with locomotor ataxia might have a child with an even more serious medical problem.¹⁶ American prejudice against Jews had been around since the early 1600's and had increased dramatically with the beginning of mass Jewish migration from Russia, Poland, Austria and Hungary in 1881. The popularity and re-definitions of neurasthenia required Americans to re-examine both their prejudice towards the new immigrants and neurasthenia's original purpose as a marker of American progress and hard work. In the end, prejudice continued while neurasthenia became less and less popular.

¹⁶ Goetz, Christopher; Bonduelle, Michel; Gelfand, Toby. Charcot: Constructing Neurology. Oxford: Oxford University Press. 1995. Page 261.

This thesis is broken up into three principal chapters: one on the history of American nervous disease and neurasthenia in particular, one on the immigration and assimilation of Eastern European Jews in America, and a third which examines how the previous two topics and discourses impacted one another.

The first chapter examines neurasthenia as both a creation of George Beard and of those doctors and scientists who modified his original ideas, sometimes dramatically. Over time, neurasthenia came to lose all of the significance that Beard originally placed in it but retained its practicality for physicians as an all-purpose diagnosis for those with nervous difficulties who did not wish to be diagnosed as hysteric or mentally ill. Neurasthenia became more popular as it lost its original meaning as the “American disease.” This chapter uses both medical textbooks from later years as well as popular media sources to examine both Beard’s original intention for neurasthenia and how that meaning came to be disregarded by both Americans and Europeans.

The second chapter examines the arrival of Eastern European Jews in the nineteenth century and how their immigration was received by Americans anxious that all immigrants assimilate to a certain standard of living and behavior. Sources from both within and outside the community reflect a widespread concern that Eastern European Jews would not assimilate, as earlier German Jewish immigrants had been perceived to. Sources in this chapter are mainly from popular media and reflect both concerns about conditions Jews were facing in Russia under the czarist regime and popular stereotypes about Jews, some of which continue until the present day. The idea that the Jews were a source of potential gain, but also a threat to American standards of living, is reflected in

popular descriptions of individuals and living conditions in the Lower East Side of New York City, where many of the immigrants settled.

The third chapter of this thesis examines how the language of and ideas about neurasthenia echoed debates on immigration and assimilation. Both concerned the health and the strength of the nation, key issues for many Americans. Neurasthenia was becoming popular as an international catch-all diagnosis for nervous diseases just as America was being inundated by new immigrants: both the disease and the nature of what it meant to be an American were fundamentally questioned and redefined in the years between 1880 and 1915. The American disease was broadened and lost its significance just as Americans were forced to confront the “assimilating power” of their civilization. In an essential way, the fear that Americans were growing too weak and nervous because of neurasthenia to be able to assimilate the vast numbers of immigrants arriving every year was one of many factors which encouraged the federal Dillingham Commission to partially close America’s borders in 1924 with the establishment of immigration quotas for other nations.¹⁷ This chapter examines many of the same sources mentioned in Chapters One and Two, but with the intention of seeing how the two issues affected each other and were in dialogue with one another.

¹⁷ Zeidel, Robert. Immigrants, Progressives, and Exclusion Politics: The Dillingham Commission, 1900-1927. DeKalb, Illinois: Northern Illinois University Press. 2004. Page 131.

Chapter 1: The Rise and Fall of an American Nervous Disease

Introduction

In the late nineteenth century, the study of nervous disease shifted from a focus on the abnormal and mental asylums to the variations on normality; a nervous disposition was developed as part of the psychiatry of the everyday to broaden the sphere of influence for psychiatrists.¹ This chapter will concern itself primarily with one particular nervous disease which was most popular between 1870 and 1920: neurasthenia. Neurasthenia as a term was first popularized by the American physician George Beard in 1869 and was largely out of use by the 1920's because of growing diagnostic precision and the popularity of Sigmund Freud's version of psychoanalysis. This redefinition brought a loss of Beard's original theories and a diagnostic broadening that left many Beard had not intended to include as neurasthenics.

Beard defined neurasthenia based on the symptoms he saw among his own middle and upper class patients in his neurology practice; they were principally headaches, exhaustion, digestive troubles, and morbid fears.² George Beard first proposed neurasthenia as a disease of advanced civilization, resulting not only from a deficiency or lack in nervous force or energy, but from American society itself. Like many of his contemporaries, Beard saw America as a place of hope for western civilization: the western frontier still existed and American industry and invention was moving at a frantic pace. However, this attitude of superiority combined for many scientific and medical professionals with the knowledge that Europe was still at the forefront of scientific and

¹ Lunbeck, Elizabeth. The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America. Princeton, New Jersey: Princeton University Press. 1994. Page 46.

² Gosling, F.G. Before Freud: Neurasthenia and the American Medical Community 1870-1910. Urbana, Illinois: University of Illinois Press. 1987. Page 9.

medical discovery. Neurasthenia was therefore a reflection of at least one American physician's desire to present his own society as more advanced than Europe even while his own practical experience admitted that Europe was still the center of the medical world.

From its beginnings, neurasthenia was attractive to American physicians, perhaps because Beard's definition was so broad and they could interpret for use in their own patients as they chose. Beard's former partner, Dr. A.D. Rockwell, worried about what he perceived as overuse and wanted to restrict diagnosis of neurasthenia to sensitive high-strung intellectuals, also referred to as brain-workers.³ This overuse occurred not only because the disease was originally broad, but because other physicians developed even more causes related to the digestive system and even the use of veils by women.⁴ Neurasthenia was never a public health threat in the way that contagious diseases like tuberculosis, polio, or cholera were. Rather, Americans who worried about neurasthenia were concerned with the potential toll that a nation of exhausted, weak-nerved Americans would have on the nation's economy. The language of neurasthenia was also present in other areas of public thought and was in turn affected by American ideas of race, ethnicity, gender, and class. The move of neurasthenia to Europe not only legitimized it in a medical sense, but also meant the loss of many of Beard's original intentions and explanations.

Treatment of neurasthenia was as varied as the symptoms which could constitute it for any one physician. It varied not only by doctor, but also by the class and gender of

³ Ibid. Page50.

⁴ **For examples, see Footnote 37-38 Chapter 2.**

"Youth of the Body Comes From the Mind." *The Morning Oregonian*. August 3, 1913. Vol. XXXII; Is. 31; Page 10.

the individual involved, with cures for upper class women often resembling cures for hysteria and cures for lower class women usually involving a trip to the local dispensary for some sort of medication. The Weir Mitchell rest cure, named after the American doctor who developed it and wrote about it in his book Fat and Blood and How To Make Them, consisted of removing the woman from her home and placing her completely under the care of a male doctor and an unrelated nurse.⁵ The patient was restricted to both her bed and a milk diet for several days and then was gradually allowed to eat more solid foods.⁶ Massage completed the regimen and kept the muscles from atrophying.⁷ Such treatment was out the question for women of the lower and working classes, whose labor was essential to their family's survival. Upper class men were often advised to go on trips or vacations for a change of scenery and pace, while lower class men were advised to stop the immoral behavior, usually masturbation, which was believed to have caused the symptoms in the first place.

Neurasthenia is now a "dead" disease in the Western world: those who might have been diagnosed with it once are now diagnosed with various neuroses or with depression. The arrival of Freud and his theories, though he was originally a believer in neurasthenia, narrowed the fields of neurology and psychiatry which neurasthenia had been able to bridge for a period of a few decades. Because it was so popular and so widely diagnosed for those few decades, however, it is a disease worth studying further, especially in a social and historical context.

American Nervous Diseases Before George Beard

⁵ Showalter, Elaine. The Female Malady: Women, Madness, and English Culture, 1830-1980. New York: Pantheon Books. 1985. Page 138-9.

⁶ Ibid.

⁷ Ibid.

American interest in the fields of neurology and psychology developed well before a New York physician coined “neurasthenia” as a term for a new nervous disease. In the early nineteenth century, interest in nervous diseases was focused primarily around the somatic style, which hypothesized that all aberrant behavior- whether it be violent, emotional, or somatic- was related to the presence of a physical lesion somewhere inside the body. Historian Nathan Hale Jr. claimed that it was first set by neurologists like James Putnam and S. Weir Mitchell in the mid-nineteenth century.⁸ Neurology had first achieved prominence before and during the Civil War as particular types of wounds and exhaustion called for a new medical specialty, but the discipline of neurology would still be fighting for prestige and legitimacy well into the 1890’s.⁹ Neurology, which is commonly defined today as “the medical science of the nervous system and its disorders” meant very much the same thing to American neurologists of the mid to late nineteenth century, the key difference being in their diagnosis and definition of “nervous disorders.”¹⁰ Under the somatic style, virtually any behavior which the middle class, European-American male doctors defined as abnormal could be a symptom of a nervous disorder.

Psychiatry faced a similarly difficult struggle to establish itself as a mainstream medical discipline in the late nineteenth and early twentieth century. According to historian Elizabeth Lunbeck, who studied the development and records of one of America’s most important psychiatric hospitals, American psychiatry moved in the early

⁸ Hale Jr., Nathan. Freud and the Americans: The Beginnings of Psychoanalysis in the United States 1876-1917. New York: Oxford University Press. 1971. Page 49.

⁹ Ibid. Page 49.

¹⁰ Morris, William ed. The American Heritage Dictionary of the English Language. Boston: Houghton Mifflin Company. 1969. Page 883.

twentieth century from the study of abnormality to the study of versions of normality.¹¹ The name of those practicing the profession went from “alienists,” who by definition studied the alien or abnormal, to “psychiatrists,” who studied matters related to the brain. With this shift, psychiatrists took over knowledge that in earlier centuries had been primarily domestic and associated with women; their focus on the psychiatry of the “everyday” made the discipline much more visible and socially acceptable than the treatment of the insane had been for previous generations.¹²

Both neurologists and psychiatrists had primarily accepted the somatic style by the late 1870’s and were diagnosing their patients under its assumptions. Somatic disorders were positioned between medically-defined normality and insanity and were usually vaguely related to the nervous system. Research by European physicians, particularly the Frenchman Paul Broca in the early 1860’s, had first discovered lesions and their potential effect on behavior when located in the brain and particularly the cerebral cortex.¹³ Neurologists, psychiatrists, and other physicians were confident that with new technology, all previous-unsolvable questions relating to the brain and nervous system would be answered, and many enthusiastically took to the study of anatomy to figure out where the mysterious lesions could be located. It was into this medical environment that a New York neurologist named George Beard coined a new word for a set of widely varied symptoms he had seen in a number of his upper or middle class, European-American patients.

The Coining and Resonance of Neurasthenia

¹¹ Lunbeck. Page 3.

¹² Ibid. Page 46.

¹³ Hale, Jr. Page 50-1.

Though today George Beard has a decidedly mixed reputation in the fields of history and medicine and is remembered mainly for the invention of neurasthenia, some historians feel that it is important to remember that he was among the first to advocate the focused study of neurosis and to suggest a common etiology between varied symptoms.¹⁴ His medical training first began at Yale, but he eventually graduated from the New York College of Physicians and Surgeons in 1866.¹⁵ Beard quickly opened a practice in New York with Dr A.D. Rockwell specializing in electro-therapeutics and nervous diseases.¹⁶

In 1868, Beard prepared a paper for a meeting of the New York Medical Journal Association that subsequently published in the Boston Medical and Surgical Journal in April 1869 detailing both his description of a new nervous disease and the most effective method of treatment, which Beard claimed was the use of electricity.¹⁷ The reaction was apparently underwhelming; Beard himself described it as exciting “absolutely no interest in the profession of this country.”¹⁸ Beard did get responses from Europe, however, that caused him to rethink his diagnosis and divide the disease into different categories.¹⁹

In 1880, Beard wrote and published A Practical Treatise on Nervous Exhaustion (Neurasthenia), Its Symptoms, Nature, Sequences, Treatment, which expanded on the themes in the article and contained chapters on the symptoms, treatment, etiology, and pathology of neurasthenia. The next year, he published American Nervousness: Its Causes and Consequences, which he described as a supplement to his first work because

¹⁴ Rosenberg, Charles. Introduction to American Nervousness: Its Causes and Consequences. New York: Arno Press and New York Times. 1972.

¹⁵ “Death of Doctor Beard.” New Haven Evening Register. January 24, 1883. Vol. XLI. Issue 20. Page 4.

¹⁶ Ibid.

¹⁷ Beard, George. Preface to A Practical Treatise on Nervous Exhaustion (Neurasthenia): Its Symptoms, Nature, Sequences, Treatment. Rockwell, A.D. editor. New York: E.B. Treat. Third Edition: 1894. Page 8.

¹⁸ Ibid.

¹⁹ Ibid. Page 9-10

he had then been unable to discuss the causes of neurasthenia.²⁰ Beard displayed his firm belief in American exceptionalism when providing a definition of his new disease, which he believed was principally related to a lack of nervous energy or nerve force.

Neurasthenia was especially prevalent in America because of the dryness of the air, extremes of heat and cold in the climate, civil and religious liberty, and the increasing mental activity of American women.²¹ Only a combination of America's fast-paced, competitive civilization and a hereditary lack of nerve force could cause what Beard believed to be significant numbers of neurasthenia cases, particularly in the large cities of America's eastern seaboard.²²

For Beard, a diagnosis of neurasthenia was a reflection of the patient's nature and nurture. Beard described the constitutional tendency towards diseases of the nervous system, including neurasthenia, as "nervous diathesis."²³ This condition was characterized by what Beard termed a "fine organization," which included fine soft hair, delicate skin, small bones, a small and feeble muscular system, and a superior intellect as well as comparative immunity from "ordinary" febrile and inflammatory diseases.²⁴ Indeed, Beard also felt that neurasthenia was not a disease that one died of and may even save those afflicted from more "serious" nervous diseases.²⁵ Beard therefore saw heredity as a key factor in the diagnosis of neurasthenia: a patient whose parents and ancestors had not showed a tendency towards nervous diathesis was much less likely to actually have neurasthenia.

²⁰ Beard, George. *American Nervousness: Its Causes and Consequences*. New York: Putnam and Sons. 1881.

Reprint: New York: Arno Press and New York Times. 1972. Page iii.

²¹ *Ibid.* vii.

²² *Ibid.* 9.

²³ *Ibid.* 25.

²⁴ *Ibid.* 26-7.

²⁵ *Ibid.* 15-6.

The idea that heredity was crucial in the presence of disease was not limited to nervous diseases. Even if heredity did not directly cause certain diseases, many medical experts around the turn of the twentieth century believed that it could predispose a person to a certain type of illness or illnesses. Some doctors, however, focused less on heredity because they believed it deprived the patient of hope. This was not as true for the diagnosis of neurasthenia, which was seen less as a disease to be feared and more as a mark of social distinction. Historian and physician George Drinka believes Americans were generally less negative about the power of heredity than Europeans; for Beard and his contemporaries, America offered the chance for a new beginning, even biologically.²⁶

Neurasthenia's distinction and social significance reflected the patients Beard diagnosed with neurasthenia and continued to associate with it in his earlier writings. Nurture, and thus social class, had a tremendous impact on the diagnosis of neurasthenia, as discussed ably by F.G. Gosling in his book Before Freud: Neurasthenia and the American Medical Community 1870-1910. Beard himself saw "brain workers" as more likely than "muscle workers" to be victims of nervous exhaustion and claimed the upper classes were more likely to have "heightened sensitiveness."²⁷ To explain the nature of neurasthenic heredity, Beard used a metaphor involving a millionaire and a poor man, with their money representing the amount of nervous energy they could pass on to the next generation.²⁸ Children started their lives with the nervous system "left" to them by their parents and could either add to it by rest and care or could detract from it by exhaustion and stress.

²⁶ Drinka, George MD. The Birth of Neurosis: Myth, Malady, and the Victorians. New York: Simon and Schuster. 1984. Page 186.

²⁷ Ibid. 27, 31-33.

²⁸ Ibid. 9.

According to Beard, those of the lower classes did not have the capacity to be neurasthenic because although they lived in American society and thus were subject to some of the pressures of contemporary American civilization, their inferior heredity, as reflected by their social status, made it impossible for them to contract the new disease. Beard claimed that “lesser populations” were more susceptible to fevers than nervous illnesses, making them opposite of the Anglo-Saxon brain workers whose lack of nervous energy protected them from ordinary illnesses.²⁹ These lesser populations, however, could by means of American education and life in the American climate eventually develop neurasthenia.³⁰ Beard used Native Americans as an example of a group that could in time be advanced enough to contract neurasthenia, a curious example because Native American tribes had been living on the Eastern Seaboard and experiencing its climate, a key factor for Beard, for centuries. Neurasthenia, in Beard’s eyes, was clearly a mark of racial and ethnic distinction, a condition that one should desire, if not to get, then at least have the capacity to get.

Some lower class individuals and immigrants who were already showing some of the signs were diagnosed with “sexual neurasthenia,” believed to be caused not by a lack of nervous energy but by sexual excess and masturbation.³¹ Others were diagnosed with “spinal congestion” rather than “cerebral neurasthenia,” the distinction between the two being the same discrepancy between brain and muscle workers: spinal congestion was caused by physical overwork and cerebral neurasthenia was caused by mental strain.³² While brain workers strained their minds by their involvement in America’s fast paced

²⁹ Ibid. 28.

³⁰ Ibid. 132.

³¹ Gosling, F.G. *Before Freud: Neurasthenia and the American Medical Community 1870-1910*. Urbana, Illinois: University of Illinois Press. 1987. Page 47.

³² Ibid. 84.

economy, muscle workers had less to think about and were less likely to be truly suffering from nervous exhaustion. Beard insisted on the superiority of the brain-working class to the muscle working class in every way, paradoxically concluding that “the best of the brain working classes are, on average, well developed muscularly; and in size and weight of body are superior to the purely muscle working classes.”³³ Beard’s neurasthenia validated the work of the middle class, therefore, as both just as challenging and masculine as muscle-work.

So just what were the medical symptoms that only an elite American few could contract? While Beard claimed that all cases were individual, the symptoms that doctors used when diagnosing neurasthenia could go on for pages. Head pain, chest pain, sudden paralysis, depression, muscle stiffness, and mood swings were among the many symptoms doctors across America and eventually across the globe used when defining neurasthenia. Beard’s allegiance to the somatic style meant that he, and those who agreed with him, continually expected modern scientific and medical techniques to find the lesion that was causing so many varying symptoms, most likely somewhere in the brain. This hopeful allegiance to the theory would spell the end of neurasthenia when it became clear that there might not be any lesion to be found, but would also allow doctors to use the diagnosis in any way they wished. Neurasthenia could literally mean something different to every doctor who used the term, and the vast number of theories on both causes and treatments reflects this medical ambiguity.

Adoption and Modification: Neurasthenia around the World

Dr. Charles Potts, who wrote the 1900 medical textbook Nervous and Mental Diseases: A Manual for Students and Practitioners, included Beard’s basic ideas of

³³ Beard. American Nervousness. 202.

neurasthenia but modified Beard's original intent by placing neurasthenia into a greater canon of nervous and mental diseases, as the title of the work suggests. Like other physicians would do, Potts also suggested that neurasthenia had been around well before Beard coined the term by suggesting alternate (and older) names for the same condition: nervous prostration, nervous debility, and nervous exhaustion.³⁴ Potts also added more definite causes to Beard's original American civilization: neurasthenic parents, overwork, alcoholic or sexual excesses, abstinence, mental or emotional strain, excessive use of stimulants like coffee or tea, excessive childbearing, or even the presence of diseases like tuberculosis or hysteria.³⁵ All of these causes universalized neurasthenia away from the brain-working American upper class that Beard had originally seen neurasthenia in. The idea that alcoholism in a parent could cause neurasthenia in a child, for example, countered Beard's ideas about upper class consumption of alcohol; in addition, it opened up the disease to vast numbers of low class and immigrant populations, who were well-known for their drinking. The universalism of neurasthenia and its effect on certain populations of immigrants will be discussed further in chapter three, but it is important to note that from its beginnings neurasthenia was defined at least in part by American ideas of social class and status.

Physicians across the world also weighed in on neurasthenia, and many disagreed with Beard's claims that neurasthenia was just a problem of low nerve force. Dr. J. Campbell McClure of Glasgow was convinced that neurasthenia was "in all probability due to a disturbance of the normal balance of the internal secretions" or "the result of

³⁴ Potts, Charles MD. Nervous and Mental Diseases: A Manual for Students and Practitioners. Philadelphia: Lee Brothers and Co. 1900. Page 340-1.

³⁵ Ibid. Page 341.

some outside influence, whether nervous or toxic.”³⁶ McClure claimed the term “neurasthenia” was “no more than a group of symptoms, without any precise indication of the manner in which these have been produced or of their mutual relation.”³⁷ Even while recognizing the inability of Beard’s term to be more than just a group of symptoms, McClure still used neurasthenia as a diagnosis. Under McClure’s definition, patients suffering from symptoms ranging from headache, uneasiness, stomach problems, trouble swallowing, profuse salivation, constipation, palpitation, trouble sleeping, and rapid weight gain or loss were neurasthenic.³⁸ The usefulness of the term “neurasthenia” in bringing together multiple symptoms outweighed its vagueness as a diagnosis.

Similarly, Dr. J.S. Risien Russell of Edinburgh called the diagnosis of neurasthenia “the refuge of the destitute...as has long been the case with ‘influenza’ when febrile symptoms are under consideration.”³⁹ Like McClure, however, Russell saw a practicality in the diagnosis and used it himself. Russell claimed that neurasthenia was a “kinder” diagnosis than hysteria, insanity, or melancholia which the patient was actually suffering from and offered the patient and his or her family some “peace of mind” at a critical time.⁴⁰ While Beard had grouped neurasthenia into six sub-categories⁴¹, Russell grouped them into just three: cerebral, spinal, and cerebro-spinal.⁴² Russell did agree with Beard that the most effective treatment of neurasthenia involved “resting and toning up the nervous system” in addition to the removal of the cause of the

³⁶ McClure, J. Campbell MD. “Neurasthenia Gastrica.” *The Lancet*. September 25, 1915. Page 695.

³⁷ Ibid.

³⁸ Ibid. Page 695-6.

³⁹ Russell, J.S. Risien MD. “The Treatment of Neurasthenia.” *The Lancet*. November 22nd, 1913. Page 1453.

⁴⁰ Ibid.

⁴¹ Williams, Katherine. “American Women and Nervousness: Neurasthenia Then and Now.” *Women on the Verge: The Culture of Neurasthenia in Nineteenth Century America*. Cantor Center for Visual Arts; Stanford University. 2004. Page 8.

⁴² Russell. Page 1453.

neurasthenia, which he felt lay in “some remote source of septic absorption,” usually the pelvic region in women and the appendix or gums in men.⁴³ Russell backed the use of the Weir Mitchell rest cure, made famous in Charlotte Perkins Gilman’s famous short story “The Yellow Wallpaper,” as a treatment which offered a uniquely good chance of success.⁴⁴ Despite the difference in years between their works, both Beard and Russell saw neurasthenia as a legitimate illness requiring research by physicians.

It may be noticed that the previous two examples were both European doctors who, while agreeing with Beard about certain aspects of the neurasthenic diagnosis, completely ignored what he had felt was the essential part of the disease: its uniqueness to America. Despite the American focus and lack of medical precision in Beard’s original diagnosis, doctors around the world accepted the term and constructed neurasthenia as a new common enemy that could be fought and conquered through scientific research. As neurasthenia came to be accepted and studied in the United States, news of the term and the disease it encompassed crossed the ocean to Europe, which was widely acknowledged as the center of the medical world in the late nineteenth century. Beard himself had hoped that research on neurasthenia could bring the American health sciences out of Europe’s shadow by allowing American doctors the sole opportunity to study the “American disease.” The vast majority of America’s great neurologists studied in Europe, particularly France and Germany, before returning to set up practices in the United States. Beard had hoped that research on neurasthenia would allow America to

⁴³ Ibid. Page 1454.

⁴⁴ Ibid. For more on “The Yellow Wallpaper” and Charlotte Perkins Gilman, please see: Golden, Catherine, editor. The Captive Imagination: A Casebook on “The Yellow Wallpaper.” New York : Feminist Press at the City University of New York. 1992.
Dock, Julie Bates. Charlotte Perkins Gilman’s “The Yellow Wallpaper” and the History of Its Publication and Reception: A Critical Edition and Documentary Casebook. University Park, Pennsylvania: Pennsylvania State University Press. 1998.

transform itself from the “babyland of science” and allow American physicians to do more than “feed from the crumbs that fall from Germany’s table” in terms of original research.⁴⁵ He was not alone in this hope: when treatment and research did begin in Europe, the American physician Charles Dana reported that Americans would defend their “most distinctive and precious pathological possession.”⁴⁶

Sadly, Beard’s hopes for neurasthenia to remain an American disease were not to be. European doctors found neurasthenia to be just as valuable of a diagnostic tool as their American counterparts had. By adopting parts of Beard’s original idea about what neurasthenia actually was and virtually ignoring the fact that the disease was only supposed to occur in the United States, they both legitimated the disease and fundamentally changed the nature of it, eventually spelling its demise in the early decades of the twentieth century. In American Nervousness, Beard had postulated that his disease would occur in Europe as it became Americanized, a process he felt was rapidly occurring.⁴⁷ While neurasthenia had occurred in America around 1870, Beard felt that it would most likely occur in Europe around 1895, the twenty-five year gap being the time it took to Americanize Europe and for Europeans to adapt American attitudes, particularly towards employment.⁴⁸

Beard’s characterization of Europe was clearly mixed: he admired the scientific centers of knowledge and wanted the same for his own country, but at the same time still carried hopes that even without the great universities and laboratories Americans could still be somehow more advanced than their European counterparts. Specifically,

⁴⁵ Beard. American Nervousness. Page xvii.

⁴⁶ Gosling. 165.

⁴⁷ Ibid. 14.

⁴⁸ Ibid. 11.

American civil and religious liberty, rights not universally offered in Europe, were given by Beard as part of the reason that Americans were more subject to neurasthenic symptoms than Europeans.⁴⁹ An excellent example of this two-sided attitude is Beard's attitudes towards one of the great scientific powers, Germany. Historians agree that the inclusion of neurasthenia in an 1893 German text, Handbuch der Neurasthenie, gave the new disease official recognition throughout the medical world, and it is almost certain that Beard himself would have understood the text's importance.⁵⁰ At the same time, however, Beard could point to the drinking habits of German immigrants to the United States as a sign of their inferiority compared to the "heightened sensitiveness" of the American upper class brainworkers, as shown by their abstinence from all alcohol.⁵¹ Treatment of immigrants will be discussed further in chapters two and three of this thesis, but it is helpful to notice the ways in which Americans thought about Europeans and how those notions affected ideas of immigrant behavior.

Though many of his colleagues on both sides of the Atlantic agreed with the idea of the Americanization of Europe, they did not agree with Beard's implicit argument that American brainworkers, by virtue of being more prone to neurasthenia, were fundamentally more advanced and civilized than those in Europe. For example, Dr. Robert Bing of Basel, Switzerland, who included neurasthenia in A Textbook of Nervous Diseases for Students and Practicing Physicians in Thirty Lectures in 1915, wrote that

In the last decades, however, it [neurasthenia] has overflowed into the civilized countries of the Old World: parallel with the haste and unrest which modern methods of communication and acquisitions of technology in all branches of human activity... if the American nervousness of Beard has also mastered modern

⁴⁹ Beard. Page vii.

⁵⁰ Rosenberg. Introduction to American Nervousness. Page 8.

⁵¹ Beard. Page 31.

Europe, this has its basis in those phenomenon which have also been designated as the Americanization of our social conditions.⁵²

Though Bing readily agreed with Beard's idea that the factors which were causing American neurasthenia were spreading to Europe, he did not agree with the idea that it would take some time before neurasthenia could develop there. For Bing, the disease was already very visible in his patients. Bing completely circumvented Beard's ideas by claiming that neurasthenia had been around since ancient times and had been thoroughly described by Hippocrates in his work On Epidemics.⁵³ Bing thus claimed that Beard had recognized and, more importantly, named something that doctors in Europe had been seeing for centuries and treating under names like nervosism, nervous erythism, general hyperesthesia, cerebro-cardial neuropathy, spinal irritation, hypochondria, and melancholia.⁵⁴ Bing's claims thus not only took away much of Beard's hopes for establishing America as a place for groundbreaking medical research, but also completely stripped neurasthenia of its original "American" character.

Charcot, the Neuropathic Family, and Neurasthenia

Perhaps the most important physician to discuss neurasthenia in Europe was Dr. Jean-Martin Charcot, the internationally famous head of the psychiatric hospital at the Salpetriere near Paris. By 1887, Charcot's hospital was, according to historians Christopher Goetz, Michel Bonduelle, and Toby Gelfand, an international mecca for neurologists.⁵⁵ Charcot focused principally on the search for internal lesions, and in doing

⁵² Bing, Robert MD. Translated by Allen, Charles MD. A Textbook of Nervous Diseases for Students and Practicing Physicians in Thirty Lectures. New York: Rebman Company. 1915. Page 423-4.

⁵³ Ibid. Page 406.

⁵⁴ Ibid. Page 405.

⁵⁵ Goetz, C; Bonduelle, M; Gelfand, T. Charcot: Constructing Neurology. Oxford: Oxford University Press. 1995. Page XVII.

so he defined what is now known as the anatomo-clinical method.⁵⁶ His legacy today in addition to the anatomo-clinical method has much to do with his extensive research on female hysteria, and it was while studying hysteria that he came across Beard's book and began to use neurasthenia as a diagnosis in his own patients.⁵⁷ Like hysteria, neurasthenia seemed to be without a visible lesion but Charcot believed that it fit into the "neuropathic family" of diseases.

Though Charcot originally referred to neurasthenia as "l'american disease," he found many examples of the disease, not in the institutionalized patients of the Salpetriere, but in his own middle and upper class private practice.⁵⁸ Charcot agreed with Beard that the American lifestyle encouraged brain-workers to become work-addicted and rest-deprived, leading to neurasthenia; however, he also indicated by his diagnosis that similar conditions were alive and well in France and creating a similar class of neurasthenic workers. Even Charcot's acceptance and legitimization of neurasthenia as a diagnosis led to the undermining of Beard's original theory of what the disease truly was and who it could affect.

Charcot also echoed both Beard and other prominent physicians who wrote on neurasthenia by giving some thought to the power of heredity in the transmission of nervous diseases. The very idea of the neuropathic family stressed that a parent with any sort of nervous disease could pass any sort of nervous disease down to their children.⁵⁹ While this theory did not make nervous disease inevitable for the children of neurasthenics, it did explain the apparent tendency of certain illnesses to reoccur in

⁵⁶ Ibid. Page 67.

⁵⁷ Goetz, Christopher MD. "Poor Beard! Charcot's Internationalization of Neurasthenia, the "American Disease." *Neurology*. 2001; 57; 510-514.

⁵⁸ Ibid.

⁵⁹ Goetz, Bonduelle, Gelfand. Page 260.

families across generations. This theory is not too dissimilar from Beard's original "rich man poor man" metaphor for nervous energy, but Charcot was working on a much larger scale. According to Charcot's theory, a parent with hysteria or multiple sclerosis could lead to a neurasthenic child and vice-versa. While Beard had been working only within the world of neurasthenia, Charcot included neurasthenia as just one of a large number of nervous diseases, many of them much more culturally stigmatized than neurasthenia was supposed to be under Beard's definition.

The British physician Cyril Bennett wrote an entire book on neurasthenia, The Modern Malady, and focused much attention on heredity, listing it as the number one reason that people contracted neurasthenia, the other two being imperfect social conditions and an imperfect system of education.⁶⁰ Like Charcot, Bennett reshaped Beard's original nervous energy metaphor and was much more direct: "The parents have eaten sour grapes, and the children's teeth are set on edge."⁶¹ Even Robert Bing, who believed in the unique opportunity of doctors to "remodel unfortunate [neurasthenic] personalities," saw heredity as key in the transmission of neurasthenia from generation to generation.⁶² He also hypothesized that signs of "congenital inferiority" in infants pointed to parental degeneration and a future of nervous diseases for the child.⁶³

A Multitude of Treatments

It would be impossible to list the number of treatments that different doctors used to combat neurasthenia in their patients, as nearly every doctor had a favored method of dealing with the disease. It will first be useful to study how medical students around the

⁶⁰ Bennett, Cyril MD. The Modern Malady: Or, Sufferers From Nerves. London: Edward Arnold. 1890. Page 103.

⁶¹ Ibid. Page 105-6.

⁶² Bing. Page 403.

⁶³ Bing. Page 407.

turn of the century were advised when dealing with the diagnosis of neurasthenia and how to treat it. According to Beard, the most effective cure for neurasthenia (and the method that had cured him when he was an undergraduate neurasthenic) was electricity.⁶⁴ Charles Potts' medical textbook (discussed above) prescribed Weir Mitchell's rest cure, regulated exercise, cold baths, and a regulated diet.⁶⁵ Potts also advocated certain drugs, including nux vomica, mineral acids, arsenic, iron, phosphorus, glycerophosphates, strychnine, arsenic, dilute hydrochloric acid, glycerin, and bromide.⁶⁶ What all these drugs and cures would do to cure what Potts felt was the pathology of neurasthenia (overworked cells with small and irregular nuclei) is unclear.⁶⁷ Instead, for Potts the various treatments were meant to cure the various symptoms of neurasthenia, a technique echoed by those who felt the lesion causing neurasthenia had simply not been found yet.

When explaining their methods of treatment, most doctors also emphasized their empathy for their patients and their belief that their symptoms were real. While some doctors in the mid-nineteenth century had a more brusque approach to patients with nervous diseases, a diagnosis of neurasthenia usually signified that the doctor believed the patient was suffering. Bennett was clearly responding to the more abrupt and disbelieving approach when he wrote in his textbook that "to say that a patient can fancy pain is absurd."⁶⁸ Believing in the patient, Bennett implied, was the first step in treatment along the road to recovery, an idea that would come under scrutiny during the era of psychoanalysis. Dr. Weir Mitchell apparently took both views and accordingly divided

⁶⁴ Drinka. Page 186.

⁶⁵ Potts. Page 346-7.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Ibid. Page 76.

his patients into two groups: some were true invalids deserving of his sympathy, while others were pests who feigned their symptoms for attention.⁶⁹

The British physician Paul Bousfield also wrote a textbook on nervous diseases and included a number of different ways of treating neurasthenia as well as other nervous diseases.⁷⁰ Decades after Beard had first introduced neurasthenia and several years after Freud had complicated its diagnosis, Bousfield had lost the enthusiasm of the previous generation for curing neurasthenia; he thought that most treatments were “very unsatisfactory in results” and that relapse was especially common once patients attempted to attain their previous pace of life.⁷¹ Like many other physicians, Bousfield advocated “rest, change in abode, exercise and light and interesting employment” as a means of helping the neurasthenic patient get better.⁷² Bousfield also advocated the ever-popular Weir Mitchell rest cure as well as a special strychnine/bromide tonic which he had found useful in his own patients.⁷³

As the above examples indicate, there was no real cure for neurasthenia. The vast variety of patient complaints as well as the lack of a structural lesion to work with made doctors scramble for ways to help their patients, the end result being an almost completely personalized system of treatment. Because of his interest in the roles that heredity and American civilization played in causing neurasthenia, Beard himself was not as interested in treating the disease as he was in describing it. Those who did focus on

⁶⁹ Drinka. Page 202-3.

⁷⁰ Bousfield, Paul MD. The Pathology, Diagnosis, and Treatment of Functional Nervous Diseases. London: William Heineman Ltd. 1926.

⁷¹ Ibid. Page 132-3.

⁷² Ibid.

⁷³ Ibid.

treatment tended to work with the symptoms they saw in their patients, and without a lesion or definitive word from medical science continued to do so.

Neurasthenia in American Culture

Neurasthenia's popularity in the medical world both reflected and caused its popularity in greater American culture. For many, especially those of the upper class, neurasthenia was direct medical proof that America had finally become as advanced as Europe. Though historian Anson Rabinbach in his book The Human Motor described exhaustion as the enemy of the idea of progress and the great fear of the "Age of Capital," many Americans saw neurasthenia as a justification of how advanced their civilization was and how fast industry, business, and American life were moving.⁷⁴

Neurasthenia was the price Americans were paying for the pace of the life they lived, as well as a reward for working at that American pace. This made the diagnosis a kind of mark of social distinction. Dr. William Marris would later claim in his autobiography Confessions of a Neurasthenic that one could move in "neurasthenic circles" after diagnosis.⁷⁵ The only case that Beard described in his first two books is thought of by historians as the "ideal candidate" for neurasthenia according to Beard's definition.⁷⁶

The patient was a fair-complexioned thirty-six year old white male, a successful businessman through his own hard work, and complaining of fatigue, melancholia, and morbid fears; he was easily cured, Beard claimed, by a long rest tour through the western

⁷⁴ Rabinbach, A. The Human Motor: Energy, Fatigue, and the Notions of Modernity. New York: Basic Books. 1990. Page 19.

⁷⁵ Lutz, Tom. "Varieties of Medical Experience: Doctors and Patients, Psyche and Soma in America." In Cultures of Neurasthenia From Beard to the First World War. Gijswijt-Hofstra, Marijke and Porter, Roy, editors. *The Wellcome Series in the History of Medicine*. Clio Medica Vol. 63. Amsterdam: Rodopi. 2002. Page 51.

⁷⁶ Drinka. Page 192.

United States and China.⁷⁷ Today, neurasthenia is remembered by many historians as a social-climber's disease for just this reason: a person diagnosed with neurasthenia was marked off as someone who had truly participated in American business, even though the effort to do so had made him or her ill.

As doctors around the United States and the world developed their own treatment methods, many began to suspect others of over-diagnosing neurasthenia. This complaint echoed through the writings of many physicians. They were suspicious of each other for diagnosing neurasthenia in those who did not have the disease; or, for some, those who were not physically or emotionally capable of having such an illness. Beard himself started this trend in American Nervousness by defining certain groups as incapable of having neurasthenia or any other nervous disease; these groups included Africans, Asians, Russians, Indians, Japanese, Chinese, and residents of the "Cannibal Islands."⁷⁸ Overall, the idea that neurasthenia was being over-diagnosed in those with other illnesses further proves just how broad Beard's original definition was. Doctors all over the world felt comfortable making their own modifications to Beard's theories but continuing to use "neurasthenia" as a diagnosis.

Besides the writings of Drs. McClure and Russell mentioned above, one example of this trend can be found in a March 1907 Health magazine article, which first claimed that the term "neurasthenia" was grossly over-applied by physicians. The author then claimed that the actual cause of neurasthenia was the decomposition of digested food in the alimentary canal leading to poison in the bloodstream and nerves.⁷⁹ The cure, the author maintained, was for everyone to chew their food more and thus avoid both the

⁷⁷ Ibid.

⁷⁸ Beard. American Nervousness. Page xv.

⁷⁹ "Neurasthenia." Health. March 1907. 57;3; Page 155.

undigested food and symptoms of neurasthenia.⁸⁰ This article is an excellent example of many other such articles, which had the same basic format: claim neurasthenia was over-diagnosed, provide the correct reason for diagnosing it, and offer a new cure for all other doctors to follow. In 1904 and 1907, various writers in the magazine also offered noise and the over-use of coffee and tea as causes of neurasthenia along with the proper ways to treat patients.⁸¹ The effect of these writings was to continually redefine Beard's original disease, if only for a short time among the readers of the article in question.

Some doctors went even farther in their questions of other physicians and redefinition of neurasthenia. An article in the British medical journal The Lancet openly made fun of Beard's more complicated ideas on American civilization, particularly his reasoning that the beauty of American women was another factor in the rise of neurasthenia.⁸² The lack of a specific clinical definition, referred to above as the missing lesion, had led doctors to apply the new disease to many different patients, and the writer also claimed that neurasthenia's "usefulness, indeed, has been its undoing."⁸³ The author of this particular article felt that focus on the physical rather than cultural factors would bring about a clearer definition of neurasthenia and allow doctors to be more precise with their diagnoses. His own theories about what truly caused neurasthenia included a "floating kidney" and astigmatism.⁸⁴ Here again, a writer questions Beard and what other doctors have done with his disease but in the end chooses not only to keep the term but redefine it for use in his own patients and practice.

⁸⁰ Ibid.

⁸¹ "Article 7," Health. April 1904. 54;4; Page 121.

"Article 2." Health. December 1907. 57;12; Page 800.

⁸² "The Definition and Treatment of Neurasthenia." The Lancet. November 29, 1913. Vol. 182; Is 4715; Page 124.

⁸³ Ibid.

⁸⁴ Ibid.

One of the spaces where neurasthenia did retain its original meaning was in the social and cultural sphere in America, where the idea that Americans were suffering from a lack of nerve force specific to the pace of life and civilization was both attractive and threatening. Tom Lutz' book American Nervousness 1903: An Anecdotal History does an excellent job following the path of neurasthenia as an idea and how it worked its way into the language of various sectors of the American population. Cultural representations of neurasthenia found in literature tended to keep up the idea that neurasthenia was a mark of distinction and class and could only truly affect Anglo-Saxon brainworkers.⁸⁵ Prominent thinkers like Theodore Roosevelt and writers like Kate Chopin, Edith Wharton, Jack London, and Theodore Dreiser defined neurasthenia as a lack of nervous energy either brought on by the dissipation of nerve force or the pace of American life.⁸⁶

Theodore Roosevelt's use of neurasthenic ideas is particularly interesting. Roosevelt, a confirmed Progressive, saw the problem of differential birth rates between "native" Americans and immigrants as a very serious problem and explained it to the American people as "race suicide." In 1903, Roosevelt wrote a letter to an author, which she then used as the introduction to her book, calling race suicide "fundamentally infinitely more important than any other question in this country."⁸⁷ Race suicide, in Roosevelt's analysis, was occurring because America's upper classes were not having large families, while immigrant families often did. A sympathetic newspaper article described race suicide as being the decline of the "best European stocks" and the rise of

⁸⁵ Lutz, T. American Nervousness 1903: An Anecdotal History. Ithaca, New York: Cornell University Press. 1991. Page 6.

⁸⁶ Ibid. Page 34, 6.

⁸⁷ "Deplored By the President." The Washington Post. February 12, 1903. Page 1.

the “worst.”⁸⁸ Roosevelt’s concern with race suicide in the 1910’s can be read as a direct reflection of neurasthenic values absorbed into politics. Roosevelt felt that the “first essential in any civilization is that the man and woman shall be father and mother of healthy children, so that the race shall increase and not decrease.”⁸⁹ While Roosevelt was explicitly discussing the need for American women not to use birth control, his implicit message was that strength, and therefore weakness, could be passed on through heredity. Only healthy children could keep American civilization working in the way it needed to, and neurasthenics with their multitude of symptoms and lack of nervous energy were incapable of such a task.

Similarly, Roosevelt wrote in Forum magazine in 1897 that “most ominous of all, there has become evident, during the last two generations, a very pronounced tendency among the most highly civilized races, and among the most highly civilized portions of all races, to lose the power of multiplying.”⁹⁰ The idea that upper class Anglo-Saxon Americans had a limited amount of energy to work with, particularly in the arena of procreation, was developed with the language of neurasthenia. Neurasthenic weakness in this case not only meant weak children unable to keep up the power and strength of the American economy but also that some neurasthenic Americans, as a result of over-civilization, might not be able to have children at all. For Roosevelt, neurasthenia was a marker of distinction for a highly developed civilization and class but also a threat to the future of American might and therefore a matter for political discourse.

⁸⁸ “Warning by Two Presidents.” The Washington Post. February 15, 1903. Page 18.

⁸⁹ Roosevelt, T. Theodore Roosevelt Cyclopedia. Edited by Hart, Albert and Ferleger, Herbert. New York City: Roosevelt Memorial Association, Roosevelt House. 1940.

Entry: “Race Suicide.” At the Sorbonne, Paris. April 23, 1910. Page 498.

⁹⁰ Ibid. Entry: “Racial Decay.” Forum. January 1897. Page 499.

By using neurasthenia as a metaphor for American civilization and its perceived weakness at some levels, Roosevelt can be compared to those historical subjects studied by historian Susan Sontag in her work Illness as Metaphor. Sontag's work principally studied tuberculosis and cancer and placed language about both diseases into a non-medical cultural setting, and the example of Theodore Roosevelt's ideas makes it clear that neurasthenia was another disease that had power in both the medical and socio-cultural realms.⁹¹ Roosevelt's concerns about over-civilization and resulting lack of reproduction in Anglo-Saxons also relates to her argument in that his fears were not only about the reproduction and future domination of American Anglo-Saxons but also about the bodily and cultural capacity of males to produce those children and how neurasthenia would affect the entire process.

Conclusion: Freud and the Decline of Neurasthenia

Neurasthenia did not officially disappear from American medicine until 1980, when it was finally removed from the third edition of the American Psychological Association's Diagnostic and Statistical Manual.⁹² In reality, however, neurasthenia was bound for decline almost as soon as it was invented. The lack of a precise medical definition that could be applied to all cases and to all cultures led doctors to apply the term and treat their patients as they saw fit, with little regard for Beard's original ideas. The mysterious lesion was never found and gradually neurologists and psychologists began to turn their attention to a new style of treatment which stressed the power of the mind rather than disorders of the nervous system.⁹³ One of the key participants in this

⁹¹ Sontag, S. Illness as Metaphor. New York: Farrar, Strous and Giroux. 1977. Page 3.

⁹² Lutz, T. Page 27.

⁹³ Shorter, Edward. From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era. New York: Macmillan Inc. 1992. Page 232.

paradigm shift was Sigmund Freud, who actually continued to use the term neurasthenia throughout his practice but usually tied it to sexuality, linking it to some of his more controversial theories.⁹⁴ This connection, along with the connotations made by some in the 1920's that neurasthenia was simply an early stage of insanity helped tremendously in making the illness less popular, though its inclusion in Bousfield's 1926 medical textbook proves it continued to be used.⁹⁵ The rise and fall of neurasthenia was dictated by both its original medical vagueness and its effectiveness in capturing what doctors saw their patients going through. Medical science and ideas of American civilization helped first elevate neurasthenia and then dismantle it.

⁹⁴ Bunker Jr., Henry MD. "From Beard to Freud: A Brief History of the Concept of Neurasthenia." In Medical Review of Reviews. March 1930. Vol. 36. Page 112-3.

⁹⁵ Hale Jr, N. Page 81-88.

Chapter 2: Wandering or Assimilating? Eastern European Jewish

Immigration to the United States

Introduction to Chapter 2

Neurasthenia was considered at its inception to be a uniquely American disease, and even after that diagnosis had been challenged by European specialists it was still considered a disease of the “brain-worker.” The idea of diagnosis based solely on class was complicated, however, by another diagnosis based on race and religion. The Jewish people, long persecuted in Europe and elsewhere, found themselves labeled in the late 1890’s and early 1900’s as particularly susceptible to neurasthenia, but also subject to fears about the degree to which they were capable of becoming Americans. This chapter will consider how exactly Jewish immigration to the United States both impacted and was affected by American public opinion, particularly that of Eastern European Jews between 1880 and 1915. Specifically, the fear that the Eastern European Jewish population would refuse to assimilate to American ways of life shaped their treatment by Americans and perceptions of their behavior once they had arrived.

Prejudice against the religions “other” was a part of American life since the establishment of America’s earliest colonies. Over time, that discrimination took new forms in America, principally because of the freedom of religion guaranteed by the Bill of Rights. To avoid this prejudice and to counter the popular image of the “Wandering Jew,” early Jewish arrivals to the Americas were usually quick to assimilate outwardly, giving up physical traditions and sometimes levels of religious observance in order to fit in. One example of this trend is the German Jews who arrived mainly between 1840 and 1880. Though Germans were painted in later generations as a model immigrant for their

willingness to move into rural areas and work hard, German Jewish immigrants still encountered discrimination. This community found themselves associated with another image, that of Shakespeare's character Shylock from The Merchant of Venice. Both of these stereotypes would also confront Eastern European Jewish immigrants decades later and would affect the idea that it was impossible for Jews to become truly assimilated Americans.

The different ways in which German and Eastern European Jewish immigrants chose to live their new lives in America led to both intergroup tension and comparison of the two by outsiders. On a larger scale, this debate is still an issue for historians, who often classify Germans into the "old immigration" group and Eastern Europeans into the "new immigration" group. These categories are based on the dates of arrival but also the level to which each group assimilated to American culture. For some contemporaries, neither group assimilated enough to be part of a nation that self-consciously viewed itself as Christian. Americans grappled with the issue of assimilating Jewish immigrants and usually ended up in one of two camps. The first was negative and focused on the inability of other Christian nations in Europe to assimilate the Jewish population. Others saw assimilation as a problem that America could and would solve: American notions of superiority also played into this viewpoint.

The idea that immigration is some sort of a problem is not just a current one; the phrase "immigrant problem" was used in the Progressive Era in reference to nearly every single ethnic or national group that was emigrating. While the United States was seemingly always in the middle of an "immigrant problem" of some kind, the entire world seemed to have a "Jewish problem." While the immigrant problem existed for a

variety of reasons for a variety of authors, often overcrowding in the cities, the threat to American labor, or sometimes a lack of immigrant labor in the Southern and Western states¹, the Jewish problem typically was thought to have only one cause: the physical existence of the Jewish people in certain nations. For some, the problem revolved around the violent situation Jews were forced to live in under the Russian Empire, while for others it centered on the establishment of a Jewish homeland in Eastern Europe, North Africa, or the Middle East. The debate over the “Jewish problem” and whether the solution to that problem was assimilation or separation was hotly contested in the Progressive Era but ramifications are still felt in the debates over the state of Israel.

Concerns over assimilation were especially obvious when contemporaries discussed the growth of Jewish neighborhoods in the large Eastern cities, particularly New York City, Boston, and Philadelphia. Often, new Jewish immigrants arriving in the United States stayed in these cities rather than moving west as previous immigrant groups had often done, causing a great deal of concern to “native” Americans. The argument that rural areas in effect forced assimilation by dividing the immigrant from others who shared his or her culture led to initiatives encouraging Jewish resettlement in the South and West. What these initiatives and groups were hoping to avoid was the development of a European-style ghetto in the large cities, but overall their efforts seem to have been unsuccessful. For a wide variety of reasons, many Jewish immigrants chose to stay in the

¹ Some examples of the overcrowding threat:

“The Immigration Problem.” Wheeling Sunday Register. August 23, 1891. Vol. 27; Is. 43; Page 4.

“Review and Record: Immigration.” New York Observer and Chronicle. September 22, 1895. Vol. 73; Is. 34; Page 237.

Some examples of the economic threat to American labor include:

“The Immigration Problem.” The Kansas City Star. July 17, 1888. Vol. 14; Is. 260; Page 3.

Gompers, Samuel. “Immigration Evils.” Bismarck Daily Tribune. March 17, 1893. Page 2.

Some examples of calls for immigration in other areas of the country include:

“Bring Jews to the Southwest.” Fort Worth Telegram. May 3, 1903. Vol. XIX; Is. 334; Page 1.

“Want Jewish Immigrants Here.” Dallas Morning News. March 2, 1908. Page 12.

cities. The question of how to assimilate these urban Jews, who had access to others who shared their traditions and often kept speaking their native languages, was one that many Americans proposed solutions for, all under the idea that a loss of culture was absolutely necessary if the community was to become truly American.

Yet another aspect of the assimilation debate that affected the way Eastern European Jewish immigrants were identified and considered by “native” Americans was the fundamental question of what Judaism actually was. For some, Jews were a race dating back to the Old Testament. This meant that the entire Jewish community was a single ethnic group and had various genetic traits in common, including a tendency towards nervous disease. This view was shared by those both inside and outside the community, including famous nativists like Madison Grant and E.A. Ross. The other side of the debate answered that Judaism was only a religion and that centuries of intermarriage with outsiders meant that Jews as a group had little to nothing in common in terms of genetics. The question of how to define Judaism was a factor in the assimilation debates because of prevalent ideas about heredity: if Judaism was truly a separate race, assimilation was in some sense impossible. If it was only a religion, assimilation to mainstream culture was much more probable- religious practice could accommodate American life in a way that many believed biology could not.

Though Americans today tend to idealize late nineteenth and early twentieth century immigration because of the many benefits it brought to American society, contemporaries were much more divided about whether continued immigration. Chief in the arguments about the benefits and detriments of Eastern European Jewish immigration was the idea of assimilation and just how difficult it would be for Jewish immigrants to

become part of American society. Older stereotypes influenced debates on this issue, as did the concerns of labor, politicians, and Americans both rural and urban.

Foundations of the American Jewish Community

The beginnings of the United States were as European colonies and so it was perhaps inevitable that European, particularly Protestant, feelings about the Jewish religion and those who practiced it found their way to the “New World.” By the time the first Jewish settlers arrived in 1654, feelings of prejudice were already established in the colonies. As Michael Dobkowski points out in his book The Tarnished Dream, the treatment of the Jews who emigrated to New Amsterdam was colored by the intolerance of the colonial leaders: “Jews were denied even the most elementary economic and religious rights,” only gaining the right to worship publicly when the British took over the city in the 1690’s.² This hardly meant that the British were free from prejudice, however: Protestants in Virginia expelled Jews from the beginning and Catholics in Maryland exempted Jews, as non-Christians, from any religious freedom.³ Even Pennsylvania, traditionally thought of as the most tolerant of the colonies, had greater restrictions against Jews than against other religious minorities.⁴ From their founding, the colonies saw themselves as Christian, leaving room for prejudice against those who were not.

All of the colonists had absorbed European prejudice towards Jews, which had existed in force since the Middle Ages and had erupted with particular virulence during the Black Death of the fourteenth century. This prejudice focused on the Jew as the

² Dobkowski, M. The Tarnished Dream: The Basis of American Anti-Semitism. Westport, Connecticut: Greenwood Press. 1979. Page 12.

³ Ibid. Page 13.

⁴ Ibid.

“Christ-killer” of the New Testament and increasingly over time on the images of the “Wandering Jew” and Shakespeare’s Shylock. The most important tenet of European discrimination against Jews that was to affect life in the New World was their tenacity in regards to their faith: no matter what the cost, many Europeans believed that Jews would never convert to Christianity and could therefore never be a true part of Christian society. Americans would interpret this tenacity both as a challenge to American values that could and would be conquered or a test that America could not hope to pass. From the beginning, concerns about the assimilation of the Jewish people would affect their experience in America and American perceptions of them.

The first Jews who arrived in the modern United States were residents of New Amsterdam in the mid-seventeenth century; the Portuguese Jews from Brazil had been originally denied entry by Governor Peter Stuyvesant but were let in eventually on the order of the Dutch West India Company.⁵ Jewish settlement before the Revolution focused in five cities: New York, Philadelphia, Newport, Charleston, and Savannah, while the first synagogue in North America, Congregation Shearith Israel, was established in New York in the 1690’s.⁶ According to historian Leonard Dinnerstein, many Jews escaped serious persecution in the colonial period, though they were subject to prejudice, because their numbers were so dramatically small.⁷ Prejudice came most often during interactions with Gentiles, who saw the Jews as stubborn for refusing to convert and further saw conversion as the only way that the Jews could be forgiven for the death of Christ.⁸ The arrival of the German Jews after the revolution would

⁵ Dinnerstein, Leonard. *Antisemitism in America*. New York: Oxford University Press. 1994. Page 5.

⁶ Ibid. Page 6.

⁷ Ibid. Page 4.

⁸ Ibid. Page 7.

noticeably increase the number of Jews in America and would bring increased attention from American Protestants, much of it negative.

German Jewish Immigration, 1840-1880

The first large group of Jewish immigrants to arrive in the United States was German, arriving principally after the revolution of 1848. Along with German Protestants and Irish Catholics, they made up what is now known as the “old immigration.” Historians like George Henderson and Thompson Olatiji see this group as much more likely to assimilate completely into the formerly English-dominated culture, though this comment is usually made to set up a comparison for those groups that made up the “new immigration.”⁹ Like the German Jewish communities in major German cities that entered social circles a century before, these Jewish immigrants were more likely to assimilate, at least outwardly, with Western culture. Many gave up speaking German and any traditional customs and clothing, became involved in American business, and some were remarkably successful. German Jewish immigrants became the owners of dry goods stores, tailors, and business clerks, often after a period as itinerant peddlers.¹⁰ The names of some of these families live on in the business establishments they founded even until the present day.¹¹

These German Jewish immigrants were also much more likely to assimilate geographically: unlike later Jewish immigrants, they were not prone to establishing ethnic neighborhoods in the large cities. Edward Ross, a professor at the University of

⁹ Henderson, G and Olatiji, T. Migrants, Immigrants, and Slaves: Racial and Ethnic Groups in America. Lanham, Maryland: University Press of America. 1995. Page 19.

¹⁰ Dinnerstein. Page 24.

¹¹ Some examples include: Bloomingdales, Saks, Gimbels, and Filenes.

Feingold, Henry. Zion in America: The Jewish Experience from Colonial Times to the Present. New York: Twayne Publishers, Inc. 1974. Page 77-79.

Wisconsin who was against nearly all forms of immigration, wrote in his book The Old World in the New that the Germans set the model for distribution throughout the United States and that eventually a full third of German immigrants (including Jews) settled in rural areas.¹² Social scientists Calvin Goldschneider and Alan Zuckerman defined assimilation as a “random pattern of interaction, where Jews are no more likely to interact with each other than with non-Jews,” and for the most part this definition held true for the German immigrants.¹³ Later generations would come to see the Germans as a kind of “model immigrant” for this geographic and cultural assimilation, but their actual arrival was not universally acceptable to all Americans. American labor interests were often opposed to the arrival of competing workers who might compete with their members for jobs.¹⁴

This assimilation, however, did not make them immune to prejudice and anti-Semitism. German Jews quickly came to be differentiated from German Protestants and Catholics who had emigrated at the same time. The economic success of the German Jewish community led to envy and the resurgence of the “Shylock” image in American popular culture. Shylock, a Jewish character in William Shakespeare’s The Merchant of Venice, famously demanded a pound of human flesh from a Christian debtor. The Shylock image was most commonly used against the German Jewish immigrants to criticize economic greed, and implied that Jews were both outsiders who rejected Christ and forever desiring material gain. According to Dinnerstein, the image was used to

¹² Ross, E.A. The Old World in the New: The Significance of Past and Present Immigration to the American People. New York: The Century Company. 1914. Page 49.

¹³ Goldschneider, C. and Zuckerman, A. The Transformation of the Jews. Chicago: University of Chicago Press. 1984. Page 7.

¹⁴ **For more information, See Citation 1 Page 39.**

prove that Jews could not be trusted in any matters related to finance- their desire for gain would trump all other circumstances.¹⁵ The American writer Samuel Clemens, better known as Mark Twain, wrote an article in March 1898 called “Concerning the Jew” which claimed among other things that Jews had always “found ways to make money, even ways to get rich” and also that Jews

will always be by ways and habit and predilections substantially strangers—foreigners—wherever you are, and that will probably keep the race prejudice against you alive.¹⁶

This criticism against greed would broaden into one against Jewish manners and ostentation. By the late 1870’s, German Jews were beginning to find themselves excluded socially from high society, the most famous example being the exclusion of Joseph Seligman, a prominent New York City banker, from a hotel in Saratoga Springs simply because of his faith.¹⁷ The owner of the hotel, Judge Henry Hilton, later helped form the short-lived American Society for the Suppression of the Jews in 1879.¹⁸ That same year, Coney Island hotel owner Austin Corbin proclaimed Jews to be “a pretentious class...they are driving away the class of people who are beginning to make Coney Island the most fashionable and magnificent watering place in the world” and refused to let any stay in his hotel.¹⁹ By the early 1900’s discrimination was just as present but decidedly less open for discussion. When Dr. Emil Hirsch, a prominent rabbi in Chicago, claimed in 1908 that prejudice against Jews existed throughout the United States, The Chicago Tribune maintained that Hirsch was exaggerating and that any tension was due to

¹⁵ Dinnerstein. Page 19.

¹⁶ Quoted in Dinnerstein. Page 56-7.

¹⁷ Higham, J. Strangers in the Land: Patterns of American Nativism 1860-1925. New Brunswick: Rutgers University Press. 1988. Page 26-7.

¹⁸ Dinnerstein. Page 40.

¹⁹ Quoted in Dinnerstein. Page 40.

immigrant manners and would disappear with assimilation.²⁰ The pressure was not on American society to recognize and eradicate prejudice but on Jewish immigrants to change themselves and their behavior to avoid that prejudice: assimilation was being offered as the ultimate solution to America's immigrant problem.

The Arrival of the Eastern Europeans

The environment that Eastern European Jews found in the early 1880's was not completely welcoming. Prejudice against Jews was a force in American society and just as importantly, the earlier German immigrants had set up a pattern of assimilation and economic success that the new Russian, Polish, and Austro-Hungarian Jewish immigrants would be expected to follow. The earliest immigrants to arrive were fleeing economic, political, and social persecution in the Russian empire, and the pity that many Americans felt for them due to that persecution shaped the way Eastern European Jews were perceived and treated by Americans. The assassination of the Russian czar in 1881 by a group of anarchists, some of them Jewish, sparked pogroms in southern Russia and Ukraine and brought the first large numbers from that area to the United States.²¹ Nativist fears also emerged regarding the sheer size of the new Jewish immigration and their supposed stubbornness with regards to cultural and religious assimilation.

Almost from the beginning of the "new immigration," Americans began to express fears about the number of these immigrants that were staying in the larger Eastern cities with apparently no intention of moving inland, as previous immigrants had done. This information prompted the beginning of the idealization of German and Irish immigrants, who had never been greeted enthusiastically when they were actually

²⁰ "The Jew in America." The Chicago Daily Tribune. September 8, 1908. Page 8.

²¹ Sanders, Ronald. The Downtown Jews: Portraits of an Immigrant Generation. New York: Harper and Row. 1969. Page 14.

arriving but were now looked at as model immigrants by American society. The new immigrants often set up ethnic neighborhoods which were described by outsiders as horrifying. Ida Van Etten described a common perception of an Eastern European, specifically Russian, Jewish neighborhood as “unwholesome, ill-smelling tenement quarters.”²² Author Burton Hendrick described the physical neighborhood of the New York Jews in his article “The Great Jewish Invasion”:

“The whole are east of the Bowery and south of Houston Street is their particular province. They have started colonies all up the East Side from the Brooklyn Bridge to Harlem...they have founded a community 75,000 strong in the area north of Central Park from Fourth to Lenox Avenues.”²³

The language Hendrick uses is not only descriptive but threatening: the extreme physicality of his description would have given New York readers a reason to fear. If the Jewish ethnic neighborhood had grown so fast in just a few years, how fast would it continue to grow, especially if immigration continued? By 1908, the Morning Oregonian quoted Secretary of State Root as calling assimilation impossible because of ethnic neighborhoods such as those Jewish neighborhoods that existed on the east side of Manhattan, fulfilling the fears of “native” Americans across the country.²⁴

The Jewish immigrants from Eastern Europe continued to arrive in extremely large numbers through the first decades of the twentieth century. Part of the appeal of the United States was the constitutionally protected freedom of religion, something that was denied to Jewish immigrants in their countries of origin. Another was the deplorable and often violent conditions which Jews were experiencing under the Russian empire, and it

²² Van Etten, Ida. “Russian Jews as Desirable Immigrants.” Forum. April 1893. Page 172.

²³ Hendrick, Burton. “The Great Jewish Invasion.” McClure’s Magazine. January 1907. Vol. XXVIII. No. 3. Page 307.

²⁴ “Second Invasion of Barbarians.” March 15, 1908. Morning Oregonian. Vol. XXVII, Is. 11, Page 3.

was these conditions in return which inspired many Americans to continue to accept new immigrants and to even help them once they arrived. Based on the number of articles written on Russia by American columnists, conditions in the Russian empire were concern for many average Americans. The massacres and pogroms which Jewish immigrants experienced in Russia and Poland inspired many American journalists and citizens to have pity on them despite the elements of prejudice in American society.

Dr. Maurice Fishberg, tuberculosis expert at Montefiore Hospital in New York, took an active role in investigating conditions in Russia for his fellow Jewish immigrants. On a 1905 visit to Russia, he observed industrial conditions as one of the leaders of the Russian Social Democratic Party and then shared his thoughts with a New York Times reporter.²⁵ In Fishberg's opinion, government interference with labor matters and specifically against labor activists was prompting even more immigration into the United States. Fishberg's description of Russia was clearly meant to both put conditions in the United States in a positive light and to help encourage pity for those who had lived through such experiences and were now in the United States. Fishberg also reported on riots in major Russian cities in another New York Times article, offering evidence that the police and Cossacks were actively planning riots in Jewish ghettos and were therefore responsible for the violence in Russia.²⁶

Fishberg was not alone in his opinions: other journalists wrote of the violence in Russia towards Jews which had encouraged many to flee to the United States as being a direct result of government or religious action. Harold Frederic of the New York Times directly titled an 1891 article "An Indictment of Russia" and attempted to refute the often

²⁵ "Industrial Conditions in Russia." The New York Times. December 29, 1905. Page SM3.

²⁶ "Russian Horrors Incited By Police." The New York Times. November 19, 1905. Page 6.

cited Russian justification that their economic problems were entirely due to the Jewish population.²⁷ Ten years later, Washington Post reporter Sigmund Munz interviewed the patriarch of the Russian Orthodox Church, Constantin Petrovich, who still claimed that Russians “can’t compete with them [the Jews]- neither in commerce nor as artisans” and added the idea that all Jews were political radicals.²⁸ As Munz’s portrayal was less than sympathetic, his intentions aligned with those of Frederic and numerous other journalists: to expose and stop the violence being done to Russian Jews by their government which was supported by the Orthodox Church. Some journalists took a more American-centric view of the situation, only seeming to care about the problems in Russia because they were affecting life in the United States.

Other accounts, however, reflected nativist thought. Nearly all articles covering the new Jewish immigrants from Eastern Europe spoke of traits supposedly shared by all Jewish people which had made them financially successful in Europe and would make them even more successful in America. Burton Hendrick’s article “The Great Jewish Invasion” was actually a commendation of Jewish advancement since arriving from Europe but included references to the Jew’s success “in nearly every business, professional, and intellectual field” as well as their prowess in all academic areas, particularly those related to standardized tests.²⁹ The articles by Harold Frederick and Sigmund Munz mentioned above are other examples of the apparent superiority of Jews in all matters related to finance. Another article, actually written in praise of the Jewish community’s commitment to service, described Jews as having “a commercial instinct

²⁷ Frederic, Harold. “An Indictment of Russia.” The New York Times. October 19, 1891. Page 1.

²⁸ Munz, Sigmund. “Russian Pope Talks.” The Washington Post. October 20, 1901. Page 31.

²⁹ Hendrick, Burton. “The Great Jewish Invasion.” McClure’s Magazine. January 1907; Vol. XXVIII; No. 3; Page 307.

developed to an extraordinary degree” and capable of success in all parts of the world under all conditions, echoing the concerns of the Russian Patriarch despite the positive tone of the author’s sentiments.³⁰ Yet another article described a virtual takeover of New York trade by Jewish immigrants; despite their relatively small numbers compared to Christians, the Jewish population had established a near monopoly in certain lines of trade.³¹

Author Ida Van Etten thought that Jewish workingmen were by birth more intellectual than Irish and American workingmen, discussing “trade matters, political economy, philosophy, and the works of Karl Marx, Krapotkine, Tolstoi, Tchernychewsky, and Zola” with ease.³² Van Etten also claimed that Jews attended school more regularly than those of “any other class” and that “their standard of scholarship” was higher.³³ The Russian Jewish immigrant Mary Antin also believed in the idea that Jews were inherently more intellectual than those practicing other religions, saying that her speed in learning English was directly related to being a Jew.³⁴ David Blaustein, a columnist in the New York Times, went so far as to differentiate Eastern European Jewish tendencies towards education from Western European Jewish tendencies towards business. Blaustein believed that the Eastern European Jew “cannot be deterred from seeking a higher education,” and that children were often pushed by their parents into traditionally prestigious career tracks such as law and medicine.³⁵

³⁰ “Traits of New-York Jews: Busy People Who Help Others as well as Themselves.” The New York Times. August 5, 1883. Page 9.

³¹ “Hebrews in Business.” The Chicago Daily Tribune. June 12, 1884. Page 4.

³² *Ibid.*

³³ Van Etten, Ida. “Russian Jews as Desirable Immigrants.” Forum. April 1893. Page 172.

³⁴ Antin, Mary. The Promised Land. Boston: Houghton Mifflin Company. 1912. Page 206.

³⁵ Blaustein, David PhD. “Education’s Uplift for the Immigrant Jew.” The New York Times. July 12, 1908. Page SM7.

Children of Jewish immigrants were not only seen as more intelligent than other immigrant children but also as more easily assimilated, a point of pride and reassurance for many Americans. While adults were “only too likely to learn the questionable ways of petty political bosses,” one author wrote, immigrant children could be educated in American public schools and were therefore “the most hopeful note in the immigration problem.”³⁶ Another article spoke against a literacy test for immigrants, a popular proposed method of immigration restriction, because children would become more “appreciative and malleable” when they had been educated in American public schools no matter what literacy status their parents held.³⁷ Another author boasted that if Jewish children were educated with all other Americans, the historic inability of Western culture to assimilate Jews would end and “amalgamation of Christians and Jews” would finally be accomplished.³⁸

A remarkable incident in 1906 New York City offered a Chicago journalist another opportunity to praise the assimilability of Jewish children especially in regards to the conservatism and old customs of their parents. Terror spread around the city and particularly in immigrant communities when rumors began that Christian doctors were killing Jewish immigrant children in the public schools.³⁹ According to a New York Times article about the event, the adenoids of several children had been removed at Public School No. 10 with parental permission to save parents the expense of taking the children to Mount Sinai Hospital.⁴⁰ Other panicked parents nearly rioted outside their children’s schools, leading the Chicago journalist to criticize Russian Orthodox brutality,

³⁶ “87,000 Children Come Here Yearly.” January 17, 1913. Dallas Morning News. Page 12.

³⁷ “The Illiteracy of Immigrants.” February 8, 1907. The Duluth News Tribune. Page 4.

³⁸ “A New Prophet in Israel.” January 16, 1889. The Macon Telegraph. Is. 13,238. Page 4.

³⁹ “Unnecessary Terror.” June 29, 1906. Chicago Daily Tribune. Page 8.

⁴⁰ “East Side Parents Storm the Schools.” June 28, 1906. The New York Times. Page 4.

which had allowed Jews to think so little of Christians, but also to praise the fast pace of assimilation and learning for the immigrant children. This incident supports the growing power of the New York Board of Health and the increasingly public role of medicine in the lives of the poor as well as the focus that many authors would come to put on the assimilation of the poor immigrant children to the American way of life and behavior.

Both journalists were sure the children would never make the same superstitious mistakes as their parents were making, precisely because of their American education. Children properly educated in American public schools were therefore the answer to the centuries-old problem of Jewish assimilation to Western customs. The physical descriptions of parents and children in the New York article betray this idea clearly: the parents are described as “tearing their hair and talking wildly in Yiddish” while the children sit “calmly at their desks and twiddled their pencils.”⁴¹ Implicit in these arguments for the malleability of Jewish children once they were enrolled in school was the fact that America was one of only a few nations on earth that actually allowed Jewish children to attend school with others. American prejudice existed, certainly, but freedom of religion seemed to have offered Americans a solution to a problem that no other nation had been able to solve.

Maurice Fishberg was slightly more circumspect about the issues of education, perhaps because the main argument in his book The Jews: A Study of Race and Environment was the non-existence of a Jewish race or type that most authors promoted when discussing intellectual ability. Rather, Fishberg argued that high literacy rates in the Jewish community were the result of the urban existence that many Eastern European immigrants had been forced into in the Russian Pale; since schools were more

⁴¹ Ibid.

widespread in urban areas, it was hardly surprising that immigrants were more successful in school than those who had never attended.⁴² The rapid rise of the children of the Eastern immigrant generation into colleges and the professions was seen by Fishberg not as a result of greater intellectual capacity but rather as a reflection of a sudden availability: higher education was inaccessible for Jews across Europe because of a strict quota system, and the new American generations were just taking advantage of what was offered.⁴³

While some of the language above may seem more flattering than prejudiced, Americans reading these works may have found these positive commendations as a threat to their own status. If the Jews were so universally advanced, it would not be long before they started to take the place of the native-born. In addition, the fact that these compliments are given to the entire Jewish population indicates that the authors of these works had trouble seeing Jewish people as anything but as a whole. Jewish immigrants could not be individuals, as true Americans were, but could only exist as an undifferentiated mass. Physical descriptions of the New York City ghetto also reflect this mentality. Van Etten described the flight of the immigrants from “unbearable Old World conditions” to New York, where “human beings are packed more closely than in any other quarter of the globe,” a place with a “poisonous atmosphere.”⁴⁴ Another article claimed that “foreign cities” were growing in the New York ghetto filled with “tens of thousands of people who cannot speak a word of the English language.”⁴⁵ These

⁴² Fishbert, Maurice. The Jews: A Study of Race and Environment. New York: Walter Scott Publishing. 1911. Page 373.

⁴³ Fishberg. Page 379.

⁴⁴ Van Etten.

⁴⁵ “Immigration Problem Solved.” September 27, 1903. The New York Times.” Page 31.

descriptions would have legitimized American anti-Semitism and encouraged Americans to think of Jewish immigrants as forever foreign, a group impossible to assimilate.

Other article titles played on ideas related to prejudice against the Jewish community. For instance, Ezra Brudno wrote an article for The Arena in 1900 entitled “Status of the Modern Hebrew: The Secret of His Immortality” while an article appeared in Current Literature claiming to know the answer to the question “Will The Jews Ever Lose Their Racial Identity?” Both articles had ideas about how to finally assimilate the Jewish immigrant into Western society and referenced the failure of other Western societies to do so. These references to the virulent prejudice of the past in an uncritical fashion reveal that many Americans still thought of Jewish people as waiting to be assimilated (or converted). Indeed, many authors and journalists including Fishberg spoke of voluntary cultural assimilation and intermarriage as the solution to the age-old “Jewish problem.”

Other journalists and sections of the public took a different view of the situation. The British writer Arnold White wrote a 1904 article in The North American Review simply called “The Jewish Question: How To Solve It.” For White, the only problem at hand was not Christian prejudice but solely the effect the Jewish immigrants were having on major cities like London and New York, which he called a “national evil.”⁴⁶ White was most likely not alone in his sentiment that Eastern European Jewish immigration was problematic for two reasons: “that Orthodox Hebrew immigrants refuse assimilation” and “that this repugnance to assimilate either with Anglo-Saxons or Russians, so far from being concealed or denied, is both contentiously felt and openly expressed...especially by

⁴⁶ White, Arnold. “The Jewish Question: How To Solve It.” The North American Review. Vol. CLXXVIII. No. DXLVI. Page 10.

the poorer orthodox Hebrew immigrants.”⁴⁷ White felt that only a conference involving Russia, Great Britain, and the United States could legitimately provide an answer to the “question” in the title of his article. The answer would likely be a removal of the Jewish people still in Russia to a properly secured location either in Argentina or near Russia, which would be paid for primarily by Christian donors.⁴⁸

White was among only a few who decried American journalists who wrote negative articles about Russia in the mainstream press and therefore encouraged sympathy for the huge numbers of Jewish immigrants who were entering the country; Russian statesmen would need to be in a “reasonable frame of mind” to even consider such a proposed conference, and American efforts were promoting the opposite.⁴⁹ White’s insistence that Jewish immigration was nothing but a problem to be solved despite horrible conditions in Russia indicates a level of bias, but his efforts to stop more sympathetic portrayals proves that such feelings were not universal. Maurice Fishberg, himself a Jewish immigrant, supported White’s view by describing the Jewish press in America, particularly those who wrote in Yiddish, as displaying “hysterical grief and terror...on every occasion when some misfortune is threatening their co-religionists.”⁵⁰ While these two were minorities among journalists for their views, the presence of widespread social bigotry towards Jews proves that both pragmatism and pity existed in the American consciousness with regards to Eastern European Jewish immigration.

The Jewish Problem and the Immigration Problem

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Fishberg. 330-1.

The very titles of many newspaper and magazine articles reflect the discrimination which many Jewish immigrants experienced upon their arrival from Eastern Europe. The idea that this immigration especially was a “problem” that needed to be solved as soon as possible is reflected in the titles of “Immigration Problem Solved,” “The Jewish Problem in America,” and “The Jewish Question: How To Solve It.” While the nature of the problem differed by author, this characterization of an entire religion as a problem mirrors a less than tolerant authorship. In addition, other articles’ titles compared the new immigration from Eastern Europe to the “old” immigration from Northern Europe unfavorably: “Immigrants Less Desirable than Formerly” was not an uncommon sentiment from many journalists. These articles point to a larger view shared by many in Protestant American society: immigration was not a benefit but rather an inherently negative problem that demanded a solution. Jewish immigration was a unique problem for a number of reasons, primary among them being the perceived inability to assimilate Jewish immigrants into Western society but also their tendency as a community to settle permanently. Unlike the Italian immigrants who were also migrating in large numbers at the turn of the twentieth century, most Jewish immigrants were in the United States to stay and had no intentions of returning to Europe because of the economic, political, and social conditions that they faced there.

The existence of a Jewish immigration problem was predicated, however, on the existence of a Jewish problem which existed for all of Western society. Though the “problem” had different manifestations at different times and in different parts of the United States, its main tenet was the existence of the Jewish people in Western society, where they did not and could not fit in. Many articles concerning the “Jewish problem”

referred to it obliquely. Some referred to the problem as existing only for the Russian empire. One journalist wrote that the problem had been acquired with the acquisition of Poland, which renamed the problem as the Jewish people rather explicitly.⁵¹ Another article called “The Insoluble Problem” claimed that the harshness of rules in the Pale was absolutely necessary to Russian survival; like the Patriarch, the author believed that the Jews, given the opportunity, would have taken over the entire Russian government.⁵² Mark Twain’s opinion that Jewish people would always manage to rise economically and socially was therefore not at all uncommon in other parts of the world.

Other articles focused on the Jewish problem in the United States. Rabbi Hirsch of Chicago saw the Jewish problem in America as solvable by intermarriage, emigration, or segregation from Gentile society, though he thought only intermarriage was a positive solution.⁵³ The problem for Hirsch, it seemed, was a lack of social acceptance that only intermarriage and implied assimilation could solve. For others, the problem was the simple presence of Jews within the United States, which meant one solution was Zionism, or the establishment of a Jewish state. Though extremely controversial, Zionism and its adherents offered a kind of segregationist solution to the Jewish problem. Many Jews in the United States opposed Zionism and some even saw their new country, with its freedom of worship, as a type of Zion.⁵⁴ Maurice Fishberg, one of that number, saw assimilation to the United States as infinitely preferable to self-segregation in the Middle East, mainly because he, as will be discussed later, saw Judaism as a religion

⁵¹ “For the Benefit of the Jews in Russia.” November 17, 1906. The Idaho Daily Statesman. Page 1.

⁵² “The Insoluble Problem.” March 23, 1898. Charlotte Daily Observer. Page 4.

⁵³ “Rabbi Urges that Jews Intermarry.” November 16, 1908. Morning Oregonian. Vol. XLVIII, Is. 14966, Page 1.

See also “Jews Urged to Wed Gentiles to Aid Culture.” September 28, 1921. Chicago Daily Tribune. Page 7.

⁵⁴ “Convention of Zionists.” August 9, 1911. The Grand Forks Daily Herald. Vol. XXX, Is. 242, Page 5.

rather than a race as many anthropologists did.⁵⁵ Remarkably, none of the solutions proposed to “the problem” offered co-existence with Christianity while keeping the Jewish faith.

It can also be instructive to compare America’s Jewish immigration problem to the American immigration problem overall. The greater American “immigration problem” also often had different manifestations in different parts of the country. Many in the South and West saw the problem as not an overabundance of immigrants but a lack: several articles discuss the need of those areas for foreign immigration and labor and criticize the efforts of the powerful Boston-based Immigration Restriction League, lead by Senator Henry Cabot Lodge.⁵⁶ Southerners were especially concerned with the proper type of immigration, and one article specifically mentioned the need for immigrants who could “whiten the color line” and “solve the race problem.”⁵⁷ Another article in the San Jose, California Evening News complained that the best immigrants were now heading to Canada, South America, and Australia, while the steamship companies (a frequent villain in the American immigration drama) continued to bring immigrants of lesser quality to the United States.⁵⁸ The idea that certain groups of immigrants were more valuable to the United States than others was rarely questioned and most commentators focused on the “old immigration” as a paradigm of immigrant virtue.

⁵⁵ Fishberg. Page 469.

⁵⁶ These include: “Immigration.” October 13, 1895. Sunday World Herald.

“The Question of Immigration.” February 15, 1898. Morning World Herald. Vol. XXXIII, Is. 138. Page 4.

“Immigration to Georgia.” September 18, 1880. Columbus Daily Enquirer.

“We Need People.” February 7, 1893. Tacoma Daily News. Vol. XX, Is. 115, Page 4.

⁵⁷ Avery, I.W. “Direct Trade: The Tremendous Benefit of Good Immigration and the South’s Need for It.” August 16, 1892. The Columbus Enquirer-Sun. Vol. XXXIII, Is. 193, Page 1.

⁵⁸ “How to Secure Desirable Immigrants.” January 11, 1911. The Evening News. Vol. 55, Page 4.

Some more broad-minded Americans saw the issue of both the “Jewish problem” and the “immigration problem” as essentially non-threatening. Besides those like Andrew Carnegie who were confident of the United States’ ability to “swallow” and assimilate newcomers, some saw the panic over certain immigrant groups as unnecessary.⁵⁹ The Reverend Chas Stelzel, interviewed for an article in The Macon Daily Telegraph, claimed that immigrants were actually a social, political and economic resource to the United States.⁶⁰ A Mr. Watchhorn, also cited in the article, further claimed that the new immigrants would do even more for America than the old immigrants had, remarking rather controversially that “if you give...the Russian Jew half a chance, he will make the English and the Irish look like thirty cents.”⁶¹ Treatment by Americans, the article implied, was the peril, particularly around the area of politics.

This elevation of the new immigration over the old immigration, particularly the Irish who were often criticized for their participation in political machines, was rare but not completely unheard of. Author Ernest Crosby took issue with the popular custom of blaming all of America’s problems on immigration, particularly those problems related to labor.⁶² Like Ida Van Etten, Crosby pointed out that the majority of those in American prisons and poor-houses were not immigrants but the native-born.⁶³ These relatively positive articles were few and far between compared to the number that worried about “racial standards,” “riffraff,” and immigrants “overrunning the United States.”⁶⁴ For

⁵⁹ Carnegie, Andrew. “By Andrew Carnegie.” December 31, 1905. The Philadelphia Inquirer. Vol. 153, Is. 184, Page 2.

⁶⁰ “The Peril of Immigration.” May 11, 1913. The Macon Daily Telegraph. Page 5.

⁶¹ Ibid.

⁶² Crosby, Ernest. “The Immigration Bugbear.” The Arena. December 1904. Vol. XXXII, No. 181. Page 596.

⁶³ Ibid.

⁶⁴ Respectively: “The Immigration Problem.” October 5, 1907. Wilkes-Barre Times. Page 4. “Members are Timid.” February 17, 1908. Bellefonte News-Democrat. Vol. 53, Is. 40.

many, the worry that immigrants, particularly Eastern European Jews, would not assimilate was accompanied by the fear that the immigrant groups with their higher birth rates would end up taking over the United States.

Intergroup Conflict and Comparison

The conflict between earlier German arrivals and later Eastern European immigrants began almost as soon as the steamships docked. Not only were the German Jews being held up as models by dominant Protestant society, many German Jews also felt that the newcomers were too old-fashioned to properly participate in American life. Charities sprung up to help the newcomers assimilate, particularly around the issue of education for children.⁶⁵ This willingness that the Germans had shown to give up traditional customs for an American lifestyle may have had something to do with their smaller numbers and the history in Germany of cultural assimilation.⁶⁶ This willingness to change and assimilate may have reflected a desire to succeed rather than a real appreciation for the United States. The Russians, by contrast, often came escaping violence or prejudice, and were often involuntary migrants. Some even pleaded to homesickness for their native lands, despite the threats that had driven them away.⁶⁷

The different reasons for migration led to arguments within the greater Jewish community as to whether assimilation was necessary or not. This argument often referred back to the idea of Zionism, which disregarded the idea of assimilation to the West in favor of segregation in a separate Jewish state where assimilation would be

“Second Invasion of Barbarians.” March 15, 1908. *Morning Oregonian*. Vol. XXVII; Is. 11; Page 3.

⁶⁵Kraut, Alan. *The Huddled Masses: The Immigrant in American Society 1880-1921*. Arlington Heights, Illinois: Harlan Davidson. 1982. Page 112, 131.

⁶⁶Efron, John. *Medicine and the German Jews: A History*. New Haven, Connecticut: Yale University Press. 2001. Page 159.

⁶⁷“Homesick Russian Jews.” March 10, 1906. *Dallas Morning News*. Page 8.

unnecessary. According to historian Alan Kraut, Orthodox Jews found it difficult to sustain their beliefs while living under America's liberal and secular democracy.⁶⁸

Phillip Davis, himself a Russian Jewish immigrant, admitted that he had arrived in America "fully equipped with a prayer-book, phylacteries, a 'four-corners,' promising forelocks— with everything, in short to indicate my strict orthodox training and to insure its preservation in the 'New Wanton World,' as America is often styled in Russia."⁶⁹

Within months, however, Davis had taken to only going to the Synagogue twice a year: at the anniversary of his mother's death and during the Day of Atonement.⁷⁰ Many Orthodox rabbis blamed socialism while others saw the hectic pace of American industry as leaving little time for traditional religious practices.

The views of less conservative Jews, usually called Reform, were usually highly in favor of cultural assimilation, even to the point of intermarriage which had been strictly forbidden in many Orthodox communities. Assimilation would be accomplished in America, they thought, because it would not force Jews to separate from those practicing other religions. Maurice Fishberg thought that "Judaism thrives best when its faithful sons are isolated from the surrounding people," meaning religious practice, but also claimed that assimilation led to financial prosperity, a goal the vast majority of immigrants hoped for in some form.⁷¹ The conversion of Mary Antin from Orthodox Judaism to atheism upon experiencing American freedom of religion echoed the fears of the Orthodox rabbis and the hopes of the some of the Reformed Jews: Antin's

⁶⁸ Kraut, A. The Huddled Masses. Page 22-3.

⁶⁹ Davis, P. "Making Americans of Russian Jews." Outlook. July 8, 1905. Page 631.

⁷⁰ Ibid.

⁷¹ Fishberg. Page 466, 369.

assimilation to American ways was so complete that she ceased to classify herself as a Jew but identified solely as an American.⁷²

The Question of Identity: Race vs. Religion

The question of whether Judaism was a race or a religion was a highly contested one at the turn of the twentieth century and played a great deal into the debate over the assimilation of Eastern European Jewish immigrants. Maurice Fishberg's book The Jews: A Study of Race and Environment studied this issue in detail, as did a number of articles about his work. On one side of the argument were those who believed that Judaism was a race because those who practiced it had for the most part descended directly from the Israelites of the Old Testament. Joseph Jacobs, editor of The American Hebrew, was quoted in a book review of Fishberg's work firmly backing this view and expressing dismay over Fishberg's backing of assimilation to the West.⁷³ If the Jews were truly a race set apart by a history of marriage within the community and geographic separation, they could not be assimilated to the West due to the principles of genetics.

Fishberg himself, along with others, advocated the idea that Judaism was more of a religion than a race. If Americans did not discriminate against them, he believed, Jews "cease to be peculiar and are lost in the multitude."⁷⁴ Rather than focus on a legendary history, Fishberg focused on the huge number of physical types that practiced Judaism all over the world and proposed that there were three types of Jews: Jews by race and religion (the Ashkenazim and the Sephardim), Jews by religion and not race (Chinese and African Jews), and Jews by race but not by religion or Crypto-Jews (Marranos in

⁷² Antin. Page 222.

⁷³ "Will the Jews Ever Lose Their Racial Identity?" Current Literature. March 1911. Vol. L, No. 3. Page 292.

⁷⁴ Fishberg. Page 161.

Spain).⁷⁵ Fishberg's emphasis on the possibility of Jewish assimilation to the West, which some had considered completely impossible, was echoed by Florence Kipper, who claimed in her article "The Jewish Problem in America" that "the Jewish 'race' is not a race at all, but a social group-or groups, that have been played upon in whatever country they have dwelt by similar social forces and traditions."⁷⁶ For these writers and others, Jewish assimilation the mainstream was not only possible but probable, considering the freedom of religion offered Jews in the United States and the lessening of tradition that the freedom often brought.

Conclusion

The assimilation of the Jewish people by American society was a matter of hope and consternation for many "native" Americans at the turn of the twentieth century. The history of Judaism in America offered some hope, but continuing social prejudice pointed to the possibility that American Jews would continue to follow customs and traditions brought from Europe because they felt unwelcome in American society. Arguments over assimilation took many routes and forms and echoed larger debates in American society about the feasibility of any continued immigration from Europe. The presence of a "Jewish problem" as separate and distinct from an "immigrant problem" indicates both the pressure that Jewish immigrants were under to assimilate and how important immigration was for turn of the century Americans.

⁷⁵ Fishberg. Page 152.

⁷⁶ Kiper, F. "The Jewish Problem in America." Forum. August 1913. Page 145.

Chapter 3: Immigration and World Opinion Overtake an American Disease

Introduction

As the previous two chapters have discussed, debates about neurasthenia and Jewish immigration and assimilation to the United States occurred in last decades of the nineteenth century and spilled over into the twentieth century. American ideas about race, religion, and what proper behavior was all helped shape ideas of who neurasthenia could affect and what Jewish immigrants experienced. This third chapter will discuss when and how these different discourses spoke to each other and what each meant in terms of the other.

Neurasthenia began as an indicator of upper class status and was instead used by doctors to diagnose patients in all social classes, including poor immigrants. Ideas about Jewish identity and what made up the Jewish race came into contact with the idea that Jewish people were particularly prone to nervous diseases, including neurasthenia. While Beard himself never made such a designation, the broadness of his original definition allowed physicians to apply it as they wished and many included neurasthenia in what Charcot called the neuropathic family, a group of nervous diseases based in heredity. The idea that Jews could indeed be diagnosed with the formerly “American disease” challenged ideas about what could be American and how to deal with a racial, ethnic, and religious minority.

This challenged worked itself out in various ways across different disciplines. Writers like Mary Antin, herself a Russian Jewish transplant to America, saw neurasthenia-like symptoms cured by her move to America, while others saw

neurasthenia in their Eastern European Jewish patients based on conditions at their low-level industrial jobs. While it seemed that nearly everyone (except Beard) thought Jews were extremely susceptible to nervous diseases, few offered reasons why and even fewer offered methods of curing such susceptibility. The debate over just what caused this nervous tendency in Jewish immigrants and Jews in Europe was both outside the community and within the community, particularly the medical world of Germany. Because there was no definitive answer for this question, just as there was no sure definition for assimilation and no exact way to diagnose neurasthenia, a great deal of debate occurred between doctors, the American public, and “experts” of all kinds.

These debates offer a view into an America that felt its values challenged and its lifestyle at risk because of immigration. Though the newcomers were “white,” questions about whether they could truly assimilate and be American citizens were often answered and challenged by the idea that they could get or were getting the formerly American disease. One way to illuminate this is to examine experience of Irish neurasthenics, whose existence was less of a puzzle for American culture. In the end, there were no definite answers to many of the key questions. Over time, most Americans accepted the fact that Jews were assimilating, though a level of prejudice continues to exist to the present. The literacy test of 1917 and the quota system of 1922-24, both set up at the recommendation of the federal Dillingham Commission, put many of the Progressive Era’s concerns about European immigration to rest.¹ However, immigration continues to be an issue for Americans, who continue to worry about assimilation, language, and customs.

Neurasthenia became too broad and vague a diagnosis and eventually fell out of favor

¹ Zeidel, Robert. Immigrants, Progressive, and Exclusion Politics: The Dillingham Commission 1900-1927. DeKalb, Illinois: Northern Illinois University Press. 2004. Page 129-31.

with physicians, particularly those interested in the new field of psychoanalysis. This chapter argues that the inclusion of Jews into who could get neurasthenia was part of the broader trend, started by Beard himself, which eventually made the diagnosis meaningless and the term “neurasthenia” impractical and useless. It also reveals the degree to which diseases truly are socially constructed and their ability to function as extensions of prejudice.

Beard’s Original Idea

George Beard had very definite ideas about who could contract the new disease and why such people were susceptible. Beard felt that his disease applied to only a small fraction of the American population and his goal in writing American Nervousness was to increase knowledge of neurasthenia and keep America’s educated classes from degenerating further; not acting to stop neurasthenia would lead, in Beard’s eyes, to the end of American civilization.² As a neurologist working in New York City, Beard’s patients would have been primarily Anglo-Saxon middle or upper middle class brain-workers and their families, which probably accounts for the reason why he situated neurasthenia as he did. As a specialty, the cost of visiting a neurologist would have been out of the question for the vast majority of New Yorkers. However, Beard’s definition of neurasthenia hardly went unquestioned. The importance of class in neurasthenia was diluted by the broadening of possible causes and by the sheer number of doctors who began to use the term for their own patients. These doctors, particularly those in Europe, began to apply neurasthenia, as a member of the family of nervous diseases, to people practicing Judaism. The concepts of race and religion served to further complicate neurasthenia and who could be diagnosed with it.

² Beard. American Nervousness. Page 96-7.

The Mental Health of the Jewish Community

Certain diseases had been associated with Jewish populations since the Middle Ages; at first, Jews were considered to be more susceptible to “physical” diseases like quinsy, skin diseases, and hemorrhoids.³ Eventually, mental illnesses, including various nervous diseases, came to be added to the list, and descriptions of the Jews as susceptible to nervous diseases were popular throughout the Continent and America.⁴ By the end of the nineteenth century, the vulnerability of Jewish populations to nervous diseases was taken as a scientific fact. Newspaper articles in the American press commenting on Jews in America and Jewish immigration often cited the prevalence of nervous diseases as an established fact, though few bothered to give reasons why and none connected any of the reasons they gave with particular symptoms of nervous disease.

An article in The Los Angeles Times in 1891 entitled “The Jews in America” proclaimed the general good health of the entire Jewish population as well as their longevity.⁵ The author attributed the “inherited vigor” of Jews to the discipline and habits of their more Orthodox ancestors, but added the caveat that the principal disease that Jews were subject to was “nervous complaints.”⁶ In 1902, two decades after mass Eastern European Jewish immigration to the United States had begun taking place, a review of The Jewish Encyclopedia in The New York Times also claimed that “nervous troubles are said to be prevalent among the Jews” but felt no need to quantify or prove the information.⁷

³ Efron, John. Medicine and the German Jews: A History. New Haven, Connecticut: Yale University Press, 2001. Page 4.

⁴ Ibid.

⁵ “The Jews in America.” The Los Angeles Times. February 2, 1891. Page 24.

⁶ Ibid.

⁷ “The Jewish Encyclopedia Book Review.” The New York Times. August 16, 1902. Page BR15. See also Page 80 of this thesis on “homesickness.”

Similarly, another New York Times article ten years later made the claim that Jews were uniquely susceptible to nervous diseases, but this time offered some key reasons: Jews were mainly urban dwellers and brainworkers, they had a history of intermarriage, and Jewish mothers were more likely to stay at home.⁸ The author offered no clues as to why these particular factors might cause nervous disease. The next year, a Washington Post article also offered reasons for the Jewish connection to nervous disease. Unlike many, who argued that heredity alone was the key, a certain Dr. J. Snowman of London had argued that urban living conditions, inbreeding, and poor treatment by Gentiles made Jews more nervous and therefore prone to nervous diseases.⁹ A more scientific publication, Health magazine, also published an article claiming that Jewish susceptibility to nervous diseases was even greater than that of Americans.¹⁰ Not only were these claims subverting Beard's original intentions for neurasthenia, but the application of nervous disease to a minority religion took neurasthenia and its diagnosis in a direction than Beard would never have intended.

Historians have separate though related reasons for the connection between Jews and nervous diseases. Historian Sander Gilman, in his book Freud, Race, and Gender, has hypothesized that the frequency of mental illnesses in Jewish populations in nineteenth and early twentieth century Europe had to do more with their concentration in urban areas and a better developed network for the identification and treatment of illnesses than other communities did.¹¹ Doctors and writers who made the connection between the two groups were, by this theory, trying to explain something that they saw in

⁸ "How Races Differ in Disease Immunity." The New York Times. August 26, 1912. Page 6.

⁹ "City Wrecks Nerves." The Washington Post. August 15, 1913. Page 2.

¹⁰ Percival, C. Gilbert MD. "The Disease Modern." Health. October 1908: 58; 10. Page 560.

¹¹ Gilman, S. Freud, Race, and Gender. Princeton, New Jersey: Princeton University Press. 1993. Page 93.

their daily practice. Historian John Efron has claimed that physicians studying Jews and nervous diseases were working under the unspoken assumption that evidence of biological otherness would explain the cultural and physiological difference.¹² The “stubbornness” of Jews with regards to conversion was therefore tied to nervous diseases including neurasthenia: for contemporaries, finding a cause and cure for the medical side of the “problem” might help lead to real assimilation of the Jew in Western civilization.

Overall Health of the Jewish Community

Oddly enough, the debate about whether Jews were especially susceptible to nervous diseases and other members of Charcot’s “neuropathic family” overlapped with a disease that time has not forgotten: tuberculosis. Physicians around the world tied the Jewish population to the white plague in a number of ways, some oddly contradictory. While some felt that Jews were immune from tuberculosis, others thought they were unusually susceptible, just as they were to nervous diseases like neurasthenia. The debate over the status of tuberculosis, a disease that was often lethal, often used the same language as the debate over neurasthenia. The number of different ways in which tuberculosis was tied to the Jewish community proves that contagious disease can be just as malleable in social contexts as nervous diseases.

Many contemporaries felt that Jews were more vulnerable to tuberculosis than other populations. A report on the tenements in 1900 claimed that tuberculosis was extremely common among all the poor, including the Jews, and was confined almost completely to the tenements and the low wage workers who lived there.¹³ The doctors interviewed blamed living conditions and the sweatshops for the spread of the disease

¹² Efron. Page 106.

¹³ “The Tuberculosis Danger.” November 17, 1900. The New York Times. Page 14.

rather than a specific tendency towards tuberculosis, but were careful to point out that Jews were just as affected as other immigrants.¹⁴ In another example, Rabbi Isano Landman was quoted in a 1913 newspaper article saying that the Jewish populations arriving from Russia presented two problems to America: “tuberculosis and immorality brought about through overcrowding in the larger cities.”¹⁵ The Jewish community across the United States responded to tuberculosis by the establishment of special sanitariums, particularly in rural areas.¹⁶ The idea that a population could be uniquely at risk for a certain contagious disease is well explored by historian Alan Kraut in his book Silent Travelers: Germs, Genes, and the Immigrant Menace. While Chinese immigrants were linked with the Bubonic plague and Irish immigrants with cholera, contemporaries debated over whether Jewish immigrants’ experiences in Europe had allowed them to develop the “herd immunity” which would protect them from tuberculosis.¹⁷

The other side of the debate claimed that Jews were much less apt to contract tuberculosis than other populations. A surgeon in the Army, John Billings, wrote an article for the Los Angeles Times which claimed that while tuberculosis was not in fact a disease based on heredity, the Jewish people were less likely to catch tuberculosis because of practices related to kosher food.¹⁸ Dr. Maurice Fishberg disagreed and argued that Jews were less likely to get tuberculosis because any who had been “excessively predisposed” by heredity had died in medieval ghettos when the Jewish people in Europe were forced into city life.¹⁹ Fishberg also felt the need to dissect two rival theories as to

¹⁴ Ibid.

¹⁵ “Rabbi Lectures on Immigrants.” Wilkes-Barre Times Leader. December 18, 1913. Page 13.

¹⁶ Kraut, Alan. Silent Travelers: Germs, Genes, and the “Immigrant Menace.” New York: Basic Books. 1994. Page 159.

¹⁷ Kraut. Page 78-96; 32; 132.

¹⁸ Billings, John MD. “Consumption.” December 18, 1892. The Los Angeles Times. Page 9.

¹⁹ Fishberg. The Jews: A Study of Race and Environment. Page 292-4.

why Jews did not get tuberculosis as much as other populations did. The first, that “Semitic blood... renders them immune to the virus of infection and gives them an advantage in the struggle for existence when they meet the Aryan in Europe,” Fishberg simply labeled as “fallacious.”²⁰ The second, that keeping kosher helped defend Jewish populations from infected meat, Fishberg identified as false because Westernized Jews who did not keep kosher were just as unlikely in his observation to get tuberculosis as Eastern Jews who did.²¹ Fishberg’s claim that Jews had in effect “paid the price of urbanization already for several hundred years” and were now less likely to get tuberculosis was not unique but was odd considering his own position as tuberculosis expert at Montefiore Hospital outside of New York City which was founded specifically by the Jewish community in New York as a care facility for patients with tuberculosis in 1884.²²

Tuberculosis was not the only area that saw debate which used terms also used when discussing neurasthenia. The idea that Jewish people, particularly Jewish men, were physically weak but mentally strong was a common one in nineteenth and early twentieth century America. The image of the Jewish male who was intellectually strong but physically weak was so common that it became part of the debates over Zionism. The British journalist Arnold White wrote an article in 1903 about the possibility of a Jewish colony in British East Africa as a method of solving the “Jewish problem.”²³ White felt such a colony was destined for failure, not only because it appeared that

²⁰ Ibid. Page 290.

²¹ Ibid. Page 290-1.

²² “Our History.” Montefiore Medical Center website. <http://www.montefiore.org/whoweare/history/> Copyright 2008 Montefiore Medical Center. 2008.

²³ White, Arnold. “The Zionist Colony in British East Africa.” *The Biloxi Daily Herald*. November 7, 1903. Vol. VI, Is. 72. Page 3.

European Jews would settle only for a colony in Palestine but also that Jews were too “nervous and intellectual” to grow the necessary export crops which would make the colony work economically.²⁴ In this example, the Jewish people were felt to be incapable of physically doing the labor of the colony but also too nervous for such labor: nervousness and neurasthenia are the inevitable results of centuries of brain-working.

Maurice Fishberg also weighed in on the strength of the Jewish mind vs. the Jewish body. Speaking to a convention of the American Federation of Zionists in Cincinnati, Fishberg claimed that Jews had been developing their minds at the expense of their bodies for centuries.²⁵ Fishberg was particularly concerned with the height and girth of the Jewish people living in America, which probably reflected the number of Jewish immigrants dealing with extremely poor living and working conditions. Like many of the physicians treating neurasthenia, Fishberg advocated the development of a “physical culture” to young American Jews, which would emphasize exercise and outdoor accomplishments rather than intellectual pursuits.

Health and Fitness

Neurasthenia occupied an interesting and unusual place in American culture and society at the end of the nineteenth and beginning of the twentieth century in that it represented both a danger and a distinction. Neurasthenia was considered dangerous because those diagnosed with it were most commonly felt to be lacking the nervous energy necessary to participate in society. Too much neurasthenia could leave America without the necessary energy to compete in the world economy. Even more frightening for some, those thought to be primarily susceptible to neurasthenia were America’s

²⁴ Ibid.

²⁵ “Physical Condition of the Jews.” The New York Times. June 6, 1904. Page 6.

traditionally powerful classes: white Anglo-Saxon brain-workers. If they were unable to compete and lead the way, Americans might not be able to assimilate the extremely large numbers of immigrants that arrived almost every year. At the same time, neurasthenia also served as a social distinction for those diagnosed with it and it is in this context that is most often remembered by historians. Being diagnosed with neurasthenia, according to Beard's original definition, was a way of being publicly rewarded for participating in American culture. Those diagnosed in the middle class were marked as brain-workers and were therefore separated from the vast majority of Americans who still worked with their hands. In an era that was still developing a managing middle class, a diagnosis of neurasthenia could separate an individual from his or her roots, giving impetus for social movement.

Neurasthenia's dual meanings presented a paradox to America's upper and upper-middle classes around the turn of the twentieth century. On the one hand, only certain people should be able to be able to contract such a disease because it was a mark, as defined by Beard, of advanced civilization. On the other hand, neurasthenia led to exhaustion and symptoms that historian Gail Bederman has described as similar to delicacy and femininity, something America's male brain-workers wanted little to do with.²⁶ According to Bederman, the defining of neurasthenia as a disease rather than a mark of frailty was part of an effort to construct the cultural weakness of what had been considered Victorian manliness as a bodily illness so that a "cure" could be found and behavior could be changed accordingly.²⁷ Neurasthenia helped define twentieth century manhood and what behavior was acceptable for men, particularly white men. White men

²⁶ Bederman, G. Manliness and Civilization: A Cultural History of Gender and Race in the United States. Chicago: University of Chicago Press. 1995. Page 88.

²⁷ Ibid. Page 84.

feared neurasthenia with its connotations of “excessive brainwork and nervous strain” because it made their sexuality appear too decadent and civilized, especially in comparison to working class and immigrant virility.²⁸ The idea of a cure for manly weakness would only be possible if it were constructed as a physical disease rather than as a leftover from the earlier Victorian age.²⁹

According to Bederman’s analysis, a diagnosis of neurasthenia in Jewish immigrants would have both made them more American and also more open to fears about masculinity. The physical culture that many Jewish leaders prescribed for Jewish youth instead of the mental culture many assumed was causing neurasthenia can be read as an attempt to encourage a more masculine and active lifestyle among Jewish men. These fears were not unique to America: the Hungarian Jewish physician Max Nordau explicitly called for the reform of the Jewish body and the development of “muscle Jews,” who would then be able to better control their minds.³⁰ A physical culture would counteract the popular idea that Jews were weak and would, in a best case scenario, prevent them from getting the nervous diseases that many felt they were susceptible to. Some tied the development of a muscle culture to assimilation into American culture. Assimilation, according to Fishberg’s ideas, would offer a cure to both neurasthenia and the problem of citizenship: assimilated citizens were not only better citizens but would find themselves less prone to nervous disease as they accepted the American way of life.³¹

²⁸ Ibid. Page 14.

²⁹ Ibid. Page 84.

³⁰ Gilman, S. Page 105.

³¹ Fishberg. Page 467.

Just as physicians around the world had developed their own theories as to what caused neurasthenia, many prominent doctors developed related theories about why Jews were specifically prone to nervous diseases in general and neurasthenia in particular. Three of the greatest European physicians of the late nineteenth and early twentieth century offered three different opinions. Charcot felt that the Jewish tendency towards nervous disease was caused by a weak nervous system with a root cause of inbreeding.³² Richard Von Krafft-Ebing, who would later tie neurasthenia to homosexuality, believed that Jews were more liable to neurasthenia because they were perpetual overachievers in commerce and politics.³³ Cesare Lombroso, a professor and criminologist, blamed centuries of persecution by Gentiles, which had weakened the nerves of those who survived; Lombroso was clearly buying into the analogy Beard used of the millionaire and the poor man.³⁴ The French historian Anatole Leroy-Beaulieu believed Jews were “the most nervous of men” because they were also “the most cerebral” and had lived the most by their brains.³⁵ Leroy-Beaulieu saw nervous Jews as a warning sign for the rest of society: their nervousness might occur in all religions and races because of the modern “excesses” of intellectual and emotional life.³⁶ The matter was complicated by debates within the community on what was causing nervous disease, as historian John Efron has explored in his book Medicine and the German Jews.

³² Bilu, Yoram and Witztum, Eliezer. “The Mental Health of Jews Outside and Inside Israel.” In Ethnicity, Immigration, and Psychopathology. Editors Al-Issa, Ihsan, and Tousignant, Michel. New York: Plenum Press. 1997. Page 236.

³³ Ibid; For more on Von Krafft-Ebing’s work tying neurasthenia to homosexuality, see: Oosterhuis, Harry. “Richard Von Krafft-Ebing’s ‘Stepchildren of Nature.’” In Sexualities in History: A Reader. Phillips, Kim and Reay, Barry, editors. New York: Routledge. 2001.

³⁴ Ibid.

³⁵ Efron. Page 172.

³⁶ Ibid.

Efron's focus was the Jewish population in Germany. In the eighteenth century, parts of the German Jewish population re-entered intellectual and popular culture after centuries of confinement to the ghetto.³⁷ Led by figures such as Moses Mendelssohn, many wealthy German Jews assimilated wholeheartedly into popular German culture.³⁸ A century later, Germany saw an influx of Eastern European Jews fleeing the persecution in the Russian empire. The same conflict that arose between assimilated German Jews and more orthodox Russian or Eastern European Jews in America also became an issue in Germany, and one of the ways that the two groups challenged each other was on the subject of nervous disease, including neurasthenia.

Assimilated German Jewish physicians saw the Eastern European traditional lifestyle, including Orthodox Judaism and the use of Yiddish, as conducive to mental illness or even a mental illness in itself.³⁹ Dr. Moritz Benedikt, an assimilated Viennese Jew, claimed that "Eastern European Jewishness in general, and the Yiddish language in particular," were both signs of and contributors to mental and nervous illnesses in Eastern European Jews.⁴⁰ He also claimed that traditional Orthodox Jewish education, an important part of Eastern European Jewish culture, was a cause of mental illness.⁴¹ More Orthodox physicians, in turn, saw the abandonment of ritual that assimilation to western culture required as the reason for the prevalence of neurasthenia and other illnesses among the assimilated group.⁴² Many linked the pursuits of capitalism to assimilation as well as neurasthenia: those who gave up traditional ritual to pursue Western culture and

³⁷ Ibid. Page 9-10.

³⁸ Ibid. Page 162-3.

³⁹ Ibid. Page 165-70.

⁴⁰ Ibid. Page 168.

⁴¹ Ibid. Page 167.

⁴² Ibid. Page 7.

gain quickly became ill mentally or physically.⁴³ Zionist physicians echoed this criticism, calling assimilation itself the cause of mental diseases among Western European Jews.⁴⁴ This tension also occurred, though to a lesser degree, in the United States, though American Jews would prove to be more focused on education and outreach than the German doctors apparently were. Educational foundations sprung up in the large cities, founded by assimilated Jews, which stressed the education of children and the acquisition of English and tools for success in America.

According to the popular stereotype, Jews were driven to achieve, particularly in the area of commerce and industry, even if it put their health at risk. Even though Beard did not include Jews in his original descriptions of who could get neurasthenia, it is not hard to believe that assimilated Western Jews in managerial or “brain-working” positions would have fit under many of Beard’s descriptions. The number of doctors who later applied Beard’s theories of neurasthenia and heredity to assimilated Jews indicates such an idea was not at all farfetched. The relatively small numbers of the Jewish population in America before the infusion from Eastern Europe might be the reason why Beard did not include Jews in his explanations of who could get neurasthenia. Beard’s death in 1883 was only two years after the beginning of “new immigration,” and his failure to classify Jews as being prone to neurasthenia may have had to do with his own lack of familiarity with the population as well as his desire to differentiate neurasthenia from other, less socially acceptable nervous diseases.

Neurasthenia and the Jews

⁴³ Ibid. Page 7, 171.

⁴⁴ Ibid. Page 171-2.

Neurasthenia could be both a blessing and a curse. While it did offer many a name for the symptoms they had been experiencing and a certain degree of social distinction, the multiplicity of ideas about what caused it and how to treat it offered no real cure. The idea that neurasthenia was “the American disease” and was based in American culture and life contradicted the idea that all Jewish people were subject to neurasthenia simply because it was a nervous disease. Americans were ambivalent at best about the arrival of Eastern European Jewish immigrants. Concerns about the pace of assimilation were especially prevalent in many communities, particularly large cities like New York, Boston, and Philadelphia. The ability and willingness of Jews to assimilate to American life was almost universally feared, yet they were, according to the greatest medical minds of the ages, just as, if not more, likely to contract the American disease. It is this paradigm which generated the original idea for this thesis. Did a disease originally and often broadly defined as American serve as a device for the assimilation of immigrants, or did efforts to assimilate and become true Americans lead doctors to diagnose Jewish immigrants as having the American disease?

Several examples offer solutions to this problem. Mary Antin, Russian Jewish immigrant who emigrated at a relatively young age and spent much of her life in Boston, offers one solution. Her family was not wealthy even after arriving in America, but Antin’s success in school made her a believer in American culture and the need for complete assimilation by immigrants. Antin sees herself as remade by the public school system into a “good American” from the Russian Jew that she was.⁴⁵ By the end of her book, American history is more real to Antin than the past of the Jewish people.⁴⁶ Her

⁴⁵ Antin, M. The Promised Land. Boston: Houghton Mifflin. 1912. Page 222.

⁴⁶ Ibid. Page 227.

own rejection of the shletl society she was born in contrasts dramatically with her love of great American heroes; she refers to Hasidism as a “grotesque mask of forms, rites and medieval superstitions.”⁴⁷ Her attitudes towards assimilation are absolute: she refers to herself throughout as having been made into a new person, an American. In contrast to early descriptions of herself as often sickly and unable to help with household tasks, by the end of the story Antin is speaking fondly of the lessons she learned while living in the slums of Boston.⁴⁸ Antin moves from being a sickly, nervous child to a hardy slum dweller and an inspiration to the other Jewish immigrant families around her, simply by moving to the United States. Her success and her health are directly tied to her conscious decision to assimilate and give up her language, customs, and lifestyle.

The work of Maurice Fishberg has been mentioned in connection with his theories on what the ‘Jewish race’ truly was and his theories about the origins of the Jewish predisposition to nervous diseases. Part of his work The Jews: A Study of Race and Environment, like Antin’s book, heavily championed the good of assimilation into Western culture, particularly as an alternative to the Zionist movement which recommended the opposite. Fishberg believed that any Jewish immigrant who chose the path of assimilation was also making the choice to become financially prosperous in their new country, making him much more vocal on the subject than many of his contemporaries.⁴⁹ Fishberg’s beliefs on the centrality of assimilation are crucially important to his view that those practicing Judaism were not in fact a race.⁵⁰ Choosing to live according to American values would make one an American and stop some of the

⁴⁷ Ibid. Page 38.

⁴⁸ Ibid. Page 144; 353-8.

⁴⁹ Fishberg. Page 369.

⁵⁰ See Page 55 of this thesis for more information.

behaviors that caused neurasthenia.⁵¹ Rather than see neurasthenia as an American disease, Fishberg saw American life as a remedy for cultural behaviors that produced neurasthenia.

While Fishberg never implied that nervous disease were something one could contract by choice, he linked the history of the Jewish people, particularly Eastern European Jews, to both neurasthenia and their resistance to assimilation to Western culture. The lifestyle that had been forced on Jews by centuries of persecution up until Fishberg's own time in Russia had, according to him and others, prompted the development of neurasthenia. A move to the West, specifically the United States, could get rid of the offending lifestyle by offering freedom of religion and personal choice and could therefore serve as a cure to nervous diseases, including neurasthenia. According to Fishberg, truly accepting Western cultural norms and "entering the melting pot" could not only help Jews be good citizens but could also offer a cure for neurasthenia. In Fishberg's view, neurasthenia was caused by the social conditions that the Jews had been living in for centuries.⁵² America, with its freedom of religion and opportunities, particularly in education, would offer freedom from violence and the chance to disengage themselves from the world of commerce, two large factors in the development of neurasthenia. American life would offer not only a chance to assimilate and "enter the melting pot" but also a chance to escape from the hereditary passage of nervous diseases: poor nervous systems would no longer be passed down to the next generation in America.⁵³

⁵¹ Fishberg. Page 331-2.

⁵² Fishberg. 330-2.

⁵³ Ibid. 467-8.

This idea that neurasthenia could actually be cured by an acceptance of American lifestyle was perhaps the most fundamental undermining of Beard's original definition of neurasthenia. While other doctors had either ignored or tweaked the original American nature of neurasthenia, Antin's description of her own experiences as well as the application of Fishberg's theories completely reversed Beard's original theory. Rather than being a disease of American brain-working men living in large cities on the East Coast, neurasthenia was in this view actually developing more frequently in Jews living in the Russian Pale, a lifestyle that was frequently described by contemporaries as having more to do with the Middle Ages than with the modern era.

Fishberg and Antin were not the only people that applied neurasthenia to Jews and Jewish immigrants, a group that Beard did not include in any of his original definitions, though only some came to the same conclusions and reversed Beard's original intent. The American doctors who treated patients of all classes also found the disease in their working and lower class Jewish patients. For example, Dr. Sidney Schwab wrote an article for a publication of the American Economic Association entitled "Neurasthenia Among Garment Workers," a group belonging to a class Beard had declared unable to contract neurasthenia. Schwab pointed out that "the nationality of this class is almost wholly Russian Jewish" but also that the article was a "study of 7000 nervously sick individuals whose chief employment is in the garment trades."⁵⁴ Schwab worked at the Jewish Dispensary in New York City and made a point to differentiate his clientele from the Grand Avenue Dispensary, which saw little neurasthenia because most of the patients were "largely laborers, foundry workers, workers in the metal trades and

⁵⁴ Schwab, S. MD. "Neurasthenia Among Garment Workers." American Economic Association Publications. April 1911. 1;2. Page 265.

various out of door businesses.”⁵⁵ Schwab felt that not only were his Russian Jewish patients, as “types,” more likely to contract “affections of the nervous system of the class to which neurasthenia belongs,” but were also “not well suited for factory work.”⁵⁶

Schwab was not of the same opinions of Antin and Fishberg as to the healing powers of American culture with regards to neurasthenia. Rather, Schwab disagreed with Beard in another fundamental way. While agreeing with him as to the importance of heredity in the diagnosis of nervous disease, Schwab used heredity as other doctors had, as a sort of stepping stone into the world of nervous disease. For Schwab, the Jewish immigrant only really became a victim of his or her heredity when working in conditions surrounding the garment trades. American industry was causing neurasthenia, but it was causing it among the “muscle-workers” that Beard had scorned in his original works. Since industry was often thought of as an effective vehicle for assimilation, Schwab was effectively equating neurasthenia with the assimilation of the lower classes to American industry. Schwab’s descriptions of his patients make it clear that he did not see neurasthenia as a sign of status: his patients were sick, his personal definition of neurasthenia fit their symptoms, and he proceeded to treat them accordingly. Neurasthenia offered Schwab a practical diagnosis for his patients, regardless of their race and ethnicity.

The experience of the patients Schwab treated was not an uncommon one. Traditionally, dominant racial or social groups have the power to construct definitions of

⁵⁵ Ibid.

⁵⁶ Ibid.

mental illness that justify their superiority or the inferiority of a subjugated group.⁵⁷ The redefinition of neurasthenia by the doctors who followed Beard made this process much more complicated, particularly in the American context. Though immigrants were stopped at Ellis Island for “such defect or disease being of a nature to cause dependency or to affect the ability of the alien for self-maintenance,” no sign exists that the tendency of Jews towards neurasthenia, a disease that many believed could cause dependency and an inability to care for oneself.⁵⁸ It is very possible that neurasthenia was not among the diseases that immigrants were rejected for because there was no one specific medical sign that designated a neurasthenic to the outside world.

During the often cursory physical examinations, it is unlikely that a government doctor would have taken the time to ask an immigrant, through an interpreter, if he or she considered themselves to be “nervous.” The work of Amy Fairchild in her book Science at the Borders has emphasized that the purpose of the physical examinations at Ellis and Angel Island was not in fact to find diseases but instead was part of a subtle yet pervasive effort to discipline the incoming industrial labor force.⁵⁹ According to Fairchild, the medical exams only worked to exclude when immigrants failed to conform to the popular ideas of the fit industrial worker.⁶⁰ If she is correct, neurasthenia was real enough to be discussed in popular culture as a threat to America’s industry, but not real enough (at least to the medical examiners) to be a point of exclusion for incoming immigrants.

Since Schwab points to neurasthenia among Jewish immigrants who would have

⁵⁷ Turner, Castellano and Kramer, Bernard. “Connections between Racism and Mental Health.” In Mental Health, Racism, and Sexism. Willie, Charles; Rieker, Patricia; Kramer, Bernard; Brown, Bertram, editors. Pittsburgh: University of Pittsburgh Press. 1995. Page 7.

⁵⁸ Kraut, Alan. Silent Travelers: Germs, Genes, and the Immigrant Menace. New York: Harper Collins. 1994. Page 276.

⁵⁹ Fairchild, A. Science at the Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Labor Force. Baltimore: Johns Hopkins University Press. 2003. Page 7.

⁶⁰ Ibid.

gone through the medical exam Fairchild describes, it could be that the examiners were less concerned at the possibility that such immigrants might get neurasthenia. While greater America worried immensely about the “quality” and type of immigrants entering the United States, until 1907 policy did not reflect this fear, at least in regards to European immigrants. Rather, the immigration law of 1790 had mandated that all European immigrants were white and eligible for citizenship, unlike Asian and African immigrants.⁶¹ A key argument of both Fairchild and historian Matthew Jacobson is that the idea of “whiteness” as a category took hold in the nineteenth and twentieth centuries as a marker of all European ethnicities.⁶² As Europeans, Jews were eligible for citizenship and its privileges but at the same time, were not always socially welcome in certain parts of American society. Jewish immigrants, as Jacobson puts it, could be white in terms of the law and not white in many other circumstances.⁶³ The ability to gain citizenship, as immigrants since have also discovered, did not imply automatic social acceptance.

Official status as white citizens did not guarantee Jewish immigrants equal social treatment or protect them from prejudice when it did occur. In fact, popular opinions tended to favor the restriction of immigration from Eastern Europe for much of the late nineteenth century; this view was opposed and defeated by those representing American industry. According to Fairchild, though public discourse favored exclusion, the economy made exclusion impractical: America’s industries needed workers they could

⁶¹ Jacobson, Matthew. Whiteness of a Different Color: European Immigrants and the Alchemy of Race. Cambridge, Massachusetts: Harvard University Press. 1998. Page 7-8.

⁶² Fairchild. Page 218.

⁶³ Jacobson. Page 6.

hire and fire according to their own needs.⁶⁴ The workers that Schwab was treating probably developed the symptoms of neurasthenia from the horrible conditions they were working under. While the upper classes treated got neurasthenia and were able to use it as an expression of their status and the type of work they did, the fact that factory workers were showing the same or similar symptoms indicates more about Schwab than it does about the actual workers. Schwab applied his own diagnosis based little on Beard's original theories, implying that he felt he could better help his patients under a neurasthenic diagnosis. Schwab undoubtedly knew both of neurasthenia's reputation as an illness of social climbers and of greater society's mixed feelings towards the immigrants he was treating, but still opted to apply it to his patients based on their heritage and their symptoms. Neurasthenia was not only a useful diagnosis, but a means by which Schwab was able to criticize the garment trades were being run, a critique that may not have been popular economically but was possibly medically.

By the beginning of the twentieth century, Jewish immigrants were already fighting for their place in American society both by attempts at assimilation and by defense of retaining a more traditional lifestyle. Today, the immigration experience is thought of by many sociologists and physicians as causing "acculturative stress" to immigrants, particularly those unable to return to their home countries.⁶⁵ The position of Jewish immigrants, particularly those from Eastern Europe, particularly fits this description: conditions at home were such that very few chose to return to Russia and it is doubtful than many would have been allowed to by the imperial government. One article in The Dallas Morning News from 1906 explained acculturative stress and the desire to

⁶⁴ Fairchild. Page 51.

⁶⁵ Al-Issa, Ihsan and Tousignant, Michel, editors. Ethnicity, Immigration, and Psychopathology. New York: Plenum Press. 1997. Page 4-5.

return to Russia in terms of “homesickness,” which in the nineteenth century was not only an emotional state but also a specific neurologic diagnosis. According to the article, Jewish immigrants from Russia were described as completely ignoring the threat of violence and death in their home country and still applying to return to Russia.⁶⁶ The author of the article obviously did not understand such actions, but took pains to describe the immigrants as “nervous” and to point out that the homesickness was aggravated by the “natural tendency of the Jews towards nervous disorders.”⁶⁷ While the doctor in this case was not cited, it is not hard to imagine that these Jewish immigrants were experiencing the same symptoms as the patients in Schwab’s clinic in New York. For Jewish immigrants, being nervous or homesick in the eyes of the Anglo majority questioned their ability to be citizens, while being a nervous member of the majority was a distinction.

The Irish: A Counter-Example

Another immigrant group that faced similar pressures from the Anglo majority but ended up with very different social status by the twentieth century was the Irish. These two groups will be compared because both were seen by contemporaries and are seen by historians as the most likely to settle permanent in the United States rather than sojourn as members of other groups often did.⁶⁸ The Irish immigration began in mass in the 1840’s with the potato famine and continued on a large scale until the 1860’s and the Civil War. Like Eastern European Jews, the Irish were looked on by many in larger

⁶⁶ “Homesick Russian Jews.” Dallas Morning News. March 10, 1906. Page 8.

⁶⁷ Ibid.

⁶⁸ Some examples include:

Joseph, Samuel. Jewish Immigration to the United States From 1881 to 1910. New York: Arno Press. 1914. Page 134-5.

Zolberg, Aristide. “Contemporary Transnational Migrations in Historical Perspective: Patterns and Dilemmas.” In US Immigration and Refugee Policy: Global and Domestic Issues. Kritz, Mary, editor. Lexington, Massachusetts: Lexington Books. 1983. Page 27.

society as a huge threat due to their culture and customs, particularly those related to religion. Since many of the Irish were Catholic, their religion in itself was seen as a threat to the Protestant and English heritage of American society; charges were made that the immigrants would be unfit to vote because they would have to follow the orders of their priest or bishop.⁶⁹

Despite intense early prejudice, some of which has lingered to the present day, historians agree that by the 1880's Irish immigrants were mostly assimilated into mainstream American society.⁷⁰ By 1910, the Irish were much less likely to be living in ethnic enclaves in the large cities than Jews, who had arrived much more recently.⁷¹ While the Irish population was still not universally accepted, particularly after the development of political machines in many large cities, most authors had hope that the populations was already being assimilated or could be assimilated, an attitude typical towards the "old immigrant" group. As Noel Ignatiev explains in his book How the Irish Became White, much of this assimilation and identification with the Anglo-Saxon majority occurred at the expense of African Americans, particularly before the Civil War, as the Irish were absorbed into the Democratic Party as white voters.⁷² An 1899 article in the New York Times called "Social Changes in New-England" exemplifies these trends and hints at tension that still existed nearly a decade after "new immigration" began. The Irish were referred to by the author not only by that title but as "Irish-Americans," a term

⁶⁹ Higham, J. Strangers in the Land: Patterns of American Nativism 1860-1925. 2nd Edition. New Brunswick: Rutgers, University Press. 1988. Page 6.

⁷⁰ Higham. Page 26-7, 86.

⁷¹ White, Michael; Dymowski, Robert; Wang, Shilian. "Ethnic Neighbors and Ethnic Myths: An Examination of Residential Segregation in 1910." In After Ellis Island: Newcomers and Natives in the 1910 Census. Susan Watkins, editor. New York: Russell Sage Foundation. 1994. Page 195, 206.

⁷² Ignatiev, N. How the Irish Became White. New York: Routledge. 1995. Page 69.

that occurred extremely rarely in writings about American Jews.⁷³ While the author was concerned with the religion of the Irish, he seemed hopeful at the end of the article that the Irish would lose their “race characteristics” and assimilate, if not convert to Protestantism.⁷⁴ Religion was still a barrier and nationality still existed, but the Irish were settling permanently and worthy of some amount of respect what they were accomplishing. Slowly, and perhaps partly because of the arrival of the “new immigrants,” the Irish were becoming accepted by the Protestant majority.

One marker of this is the phrase “Irish problem.” While the “Jewish problem” could occur in any part of America or the world, by 1880 the “Irish problem” occurred most frequently in Ireland, especially in regards to British political rule. One typical article from The Philadelphia Inquirer was entitled simply “Irish Problem.” Rather than define any specific problem, the author discussed a number of Ireland-related topics including immigration to America and a certain political trial.⁷⁵ The reader was left to assume the “problem” was being defined in the eyes of the British and, in that sense, all of Ireland was the problem in question. Another article in The Dallas Weekly Herald claimed that “the solution of the Irish problem will be found in the dissolution of the United Kingdom.”⁷⁶ One rare mention of an American “Irish problem” was an 1880 from The Wheeling Register, which suggested the movement of Irish immigrants to “states and territories...needing immigrants” from “overcrowded cities.”⁷⁷ The article blamed the actual problem on conditions under the British in Ireland and suggested that the movement “proposes to do in America for this people what England refuses to do for

⁷³ “Social Changes in New-England.” The New York Times. August 18, 1889. Page 4.

⁷⁴ Ibid.

⁷⁵ “Irish Problem.” The Philadelphia Inquirer. May 11, 1883. Vol CVIII; Page 1.

⁷⁶ “Untitled.” The Dallas Weekly Herald. September 17, 1887. Issue 35; Page 2.

⁷⁷ “The Irish Problem in Congress.” The Wheeling Register. January 30, 1880. Vol. 17; Issue 171; Page 2.

them” by giving them full citizenship and rights.⁷⁸ American pride in their generous treatment of the immigrants, of course, did not guarantee an end to anti-immigrant prejudice.

Stereotypes about the Irish immigrants persisted, but they were of a different type than that applied to Jews. Rather than a Shylock or a wanderer, the Irish were commonly thought to be violent, ignorant, and lazy.⁷⁹ The controversial imprisonment of the Irish immigrant cook Mary Mallon, more popularly known as Typhoid Mary, can be taken as an example. In her work Typhoid Mary: Captive to the Public’s Health, historian Judith Leavitt has proposed that Mallon’s treatment was based on not only on her seeming inability to recognize that her actions were spreading typhoid, but also her gender and ethnicity. Though Mallon’s first arrest came in 1907, a time when the Irish were “increasingly assimilated socially and dispersed geographically,” ideas about Irish tendencies towards violence and irrationality powerfully affected the way Mallon was treated by the New York Public Health Department.⁸⁰ Unlike Jewish immigrants who were often described as nervous whether it related to their case or not, Mallon was described by one of her doctors as “an angry lion” and “maniacal.”⁸¹ While Jewish immigrants did not have enough nervous energy, Mallon had too much and it resulted in her violent and “unfeminine” behavior. Though Jewish immigrants were linked with nervousness and neurasthenia, the nature of their hereditary “tendency” made their treatment by officials and by the general public different than the Irish.

⁷⁸ Ibid.

⁷⁹ Feagin, Joe. Racial and Ethnic Relations. 2nd Edition. Englewood Cliffs, New Jersey: Prentice Hall. 1984. Page 82.

⁸⁰ Leavitt, J. Typhoid Mary: Captive to the Public’s Health. Boston: Beacon Press. 1996. Page 117.

⁸¹ Ibid. Page 46.

This was reflected in their connection to both nervous and contagious diseases. Upon arrival, the Irish were often associated contagious diseases, most powerfully cholera.⁸² By 1880 and up through the 1910's, however, the assimilation process was well underway and the Irish were considered, if not full Americans, then at least capable of becoming so within a generation or two. In terms of neurasthenia, the most powerful example of this came from the original definer of neurasthenia: George Beard. Beard believed strongly that America could physically assimilate immigrants, a belief echoed in part by Maurice Fishberg and others, including the famous anthropologist Franz Boas.⁸³ Physical assimilation meant that racial and ethnic groups would take on the characteristics of the country they emigrated to; for example, Jewish children would have skulls that appeared to be "more American" and less pronounced noses than their parents.⁸⁴ Beard himself wrote that the "Americanization of immigrants" was seen in the second generation of those arriving and occasionally even in the first generation.⁸⁵ Beard felt that "even Irishmen" could be at risk for neurasthenia, noting that it was more likely that English emigrants would be at risk for the illness.⁸⁶ Later physicians felt no need to modify this idea as they had felt the need to include Jews as possible neurasthenics and modify Beard's essential causes for the illness. This indicates that those who did think of neurasthenia as uniquely American had no problem in categorizing Irish immigrants as neurasthenics. While contemporary newspapers and journals often linked the Jewish

⁸² For more information on the connection of Irish immigrants to cholera, please see: Rosenberg, Charles. The Cholera Years: The United States in 1832, 1849, and 1866. Chicago: University of Chicago Press. 1987.

⁸³ One example: Hendrick, Burton. "The Skulls of Our Immigrants." McClure's Magazine. May 1910. Vol. XXXV; No. 1; Page 36.

⁸⁴ Ibid.

⁸⁵ Beard. American Nervousness. Page 292.

⁸⁶ Ibid. Page 345; 292.

population with nervous diseases and occasionally neurasthenia, the Irish were never linked in such a way.⁸⁷

Conclusion

The fall of neurasthenia from the public consciousness had everything to do with its usefulness to the medical community. The rise of psychoanalysis under Sigmund Freud and his counterparts in Europe and America led to less emphasis on mysterious lesions and a great deal more on the workings of the human mind. Some historians date the beginning of the end for American neurasthenia from Freud's famous lectures in 1909 at Clark University, while others stress the role that neurasthenia and those who diagnosed it continued to play in the development of American psychiatry.⁸⁸ What most historians agree on, however, is that in the end neurasthenia had become far too broad to be at all useful as a diagnosis; as discussed in Chapter 1, it could mean something different to every doctor.

Unlike neurasthenia, immigration and assimilation have continued to be big concerns for America society. Though new theories and goals have been set forth by Americans and their governments, the idea that certain groups must give up fundamental parts of their culture to "fit in" with the rest of society has changed little since Jewish immigrants were confronted with it in the late nineteenth and early twentieth centuries. Ideas about inferiority, which also plagued the Jewish immigrants, have continued to surface in current debates about immigration.

Neurasthenia was thought up and popularized as a uniquely American disease, which makes it an excellent reference point by which to study nineteenth and twentieth-

⁸⁷ Specific searches of databases did not find any results.

⁸⁸ Freedman, Alfred MD. "Introduction." Before Freud. Page 1-6.

century American culture. Though Beard probably did not intend for his disease to be applied to poor immigrants or to be used in debates surrounding immigration and assimilation, his term and the theories behind it gradually became part of the discourse used around issues of immigration and assimilation. The vagueness of Beard's original definition gave doctors across America and the world to interpret the disease as they wished to. Likewise, questions about what assimilation meant and who was qualified to be an American citizen allowed citizens and experts to weigh in on what immigrant groups would have to do in order to become a part of society. Debates about acceptable behavior, stereotypes, and what America could be for immigrants formed a discourse between the medical world of neurasthenia and the social world of immigration. The addition of Jews and Jewish immigrants to Beard's original definition of what neurasthenia was part of a number of additions that helped to make the diagnosis impractical and, over the course of several decades, useless, eventually leading to its veritable extinction in the medical world by the 1920's. The rise and fall of neurasthenia proves not only that the concept of disease is malleable but also that social structures have a great deal to say about what makes diseases useful to doctors. The principles and research which had given rise to neurasthenia turned out to be too weak to sustain it medically, but its social impact during the years of "new immigration" is perhaps more important. Neurasthenia was a disease defined by the positive reflection of American values, and the resistance of Americans to have immigrant groups like the Eastern European Jews included in the neurasthenic community indicates the degree to which they were not an accepted part of mainstream American society. Neurasthenia is now

extinct, but its usage by Americans and Europeans indicates how easily medicine and science can be appropriated for social initiatives.

Conclusion

This thesis has studied the medical, cultural, and social history of the Progressive Era in terms of a mostly extinct nervous disease and ideas about a particular immigrant group. When studying this era, it can be easy for a historian to fall into the trap of criticizing the decisions made by those involved and viewing their often-displayed prejudice as a sign of inferior intelligence or worse. Looking back, it is hard to believe that neurasthenia was ever a legitimate disease at all: any symptom at all could signify it, the inventor of the term honestly believed that the superior beauty of American women was a key cause, and many of those diagnosed seemed to be simply in need of a vacation or a diet adjustment. Analytically, however, this line of reasoning is unproductive. Making value judgments of those who invented neurasthenia and those who were so incredibly concerned with the pace of Eastern European Jewish assimilation to the United States does not lead to a better understanding of their actions and only tends to validate decisions made in the present.

As F.G. Gosling points out in Before Freud, the patients who came to be diagnosed with neurasthenia were truly suffering from something, and many of the doctors who treated them honestly believed in their patients and attempted to help them.¹ Similarly, Robert Zeidel constructs immigration restriction in Immigrants, Progressives, and Exclusion Politics not just as the work of bigots but as an extension of progressive politics.² Nineteenth-century Americans were truly concerned with both their nation's health and the type of immigration which was entering their country, and the steps they took to understand both issues have been detailed, at least in part, in this thesis. Studying

¹ Gosling. Page 138.

² Zeidel. Page 3.

both neurasthenia and immigration allows a historian not only to get a glimpse at controversial nineteenth and twentieth-century topics, but also for a clearer look at the controversial topics that dominate our own time.

Concern over Eastern and Southern European immigration forced Americans to re-define “whiteness” and helped, through the Dillingham commission, to the quota system that would dominate America’s immigration policy until the 1960’s. The questions of who is qualified to become an American and what is required of immigrants have continued to dominate discussion about immigration. In a sense, America is still caught between the two ideas that nineteenth and twentieth century Americans were facing: is America a place of refuge for, as Emma Lazarus, herself a Jewish immigrant put it, “wretched refuse yearning to breathe free”? Or, should immigration be limited to those who can truly aid American society, those who have something to offer in return to American society? Choosing the “correct” idea is extraordinarily difficult, and American immigration since 1880 has been dominated by one or the other with regards to different immigrant groups at different times.

Treatment of Jewish immigrants became much more nuanced since the first decades of the twentieth century. World War I, the Russian Revolution, and World War II have dramatically changed the way Jewish immigration to the United States is viewed by Christians. The use of science by the Nazis as a justification for genocide has made current society much more careful about the labeling of religions and ethnic groups, particularly in the medical sense. The diseases which are known today as “Jewish diseases,” like Tay-Sachs, are statistically more likely to appear in individuals of Jewish descent; the human genome and blood tests are much more diagnostically precise than

simple suppositions on the part of journalists and doctors that Jewish people are somehow more likely to be “nervous” or have nervous diseases. The argument of Maurice Fishberg that Judaism was just a religion and those who practiced had little in common biologically is put into question by the existence of diseases like Tay-Sachs, and his assertion that Judaism thrives best when it is cut off from or persecuted by the rest of society seems to be contradicted by religious observance within the American Jewish community. Similarly, those who predicted at the turn of the twentieth century that America was the modern Zion could not have predicted the establishment of Israel in the late 1940’s.

The legacy of neurasthenia is less obvious to current times but perhaps equally important. The work of George Beard and others who believed in neurasthenia helped shape the field of psychiatry and transform treatment of those with mental illnesses. Emphasis shifted from alienists running asylums to private practice and large mental hospitals. Freud’s division of neurasthenia into physiological and psychic halves, historian Tom Lutz claims, is still visible in psychiatry today in the division between the cat scan and the chair (psychoanalysis).³ The question of how to treat those with mental disorders that Beard and his contemporaries struggled with lives on as well and is reflected in the contentious debate over prescription drugs. The idea that class and social status has a role in illness has also lived on to the present day, if in a reduced form. The idea of the “nervous breakdown,” most commonly seen in white collar workers, is an excellent example of how the language of neurasthenia is still in circulation.

³ Lutz, Tom. “Varieties of Medical Experience: Doctors and Patients, Psyche and Soma in America.” In Cultures of Neurasthenia From Beard to the First World War. Gijswijt-Hofstra, Marijke and Porter, Roy, editors. *The Wellcome Series in the History of Medicine*. Clio Medica Vol. 63. Amsterdam: Rodopi. 2002. Page 51-2.

Neurasthenia and Eastern European Jewish immigration, when described by contemporary Americans, presented challenges to a society which saw itself as one of the most advanced in the world. The language of nervous disease was appropriated for the discussion of whether a certain group should be able to enter the United States and the degree to which their behavior had to change upon arrival. Neurasthenia is now nearly extinct, but the lessons it offers culturally are valuable to any society facing massive immigration. Labeling of an immigrant group as medically inferior accomplishes little, and insisting on a certain standard of assimilation based on what previous immigrant groups had been willing to do accomplishes even less. Defining the term “American” is a task that the current age needs to face as openly as the Progressive Era did while using the lessons learned by previous generations of Americans.

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