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On the cover is used the painting by Oakley (under the pseudonym Le Port), The last moments of HRH the Prince Consort, oil painting on canvas, 123 x 183 cm, ca. 1861. The original image is archived in the Wellcome Library image collection, accessible under a Creative Commons License on the permanent link: https://wellcomecollection.org/works/zjnmstp2.

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Vaccines, Spas and Yellow Fever: Expert Physicians, Professional Honour and the State in the Mid-Nineteenth Century[1]

Abstract: *The nineteenth century was a period when the modern sciences claimed they were the best way of improving the lives of the people and attaining useful knowledge about the world. At the same time, it was an era when the Ancien Régime, a plural world of hierarchically organised communities, was morphing into a capitalist society based on equality before the Law and the free competition of goods and ideas. Our article focuses on several aspects of the physicians' fight for professional consolidation in a changing world: the patterns of institutionalisation of medicine and healthcare as well as the dynamics of professionalisation of healthcare, including the masculinisation of authority and the public acknowledgement of expert authority in connection with the growing legitimacy – and politicisation – of scientific discourse, but also with practices reaffirming the honour and social status of physicians as a profession. We approach this vast topic from a European perspective, tracing trans-imperial and transnational trends and including the colonial dimensions, as well as the interaction of European powers and subjects with extra-European states and peoples.*

Key words: *medicine – expertise – institutionalisation – professionalisation – patients – honour*

> *"…decided in his stubbornness to demand the impossible, he (…) ends up ignoring the benefits of this saintly science, the friend of Humankind, and denies that its priests are heroic in their actions. How dark and constant is the ingratitude! How much virtue you need, son of Aesculapius, to pursue your destiny and your vocation! Continue, however, man of the man, your career, and do not be afraid of ingratitude, oh no; for it is written elsewhere that you will receive your reward".*[2] (El Siglo médico, 1856)

1 The article has been elaborated within the framework of two research projects: TRANSCAP: *The transnational construction of capitalism during the long 19th century. An approach from two peripheral regions: the Iberian World and the Mediterranean* [PGC2018–097023–B-100] (Darina Martykánová) and HONOR: *The culture of honour, the politics and the public sphere in Spain during the liberal period (1833–1890)* [PGC2018–093698–B-I00] (Víctor M. Núñez-García). Both projects are funded by the Spanish Ministry of Science and Innovation. This article was, in large part, written between Madrid and Huelva during the period of the 2020 Coronavirus quarantine, and is dedicated to all the health professionals, cleaners and volunteers that help combat the pandemic. We thank Milena Lenderová, Vladan Hanulík, Ainhoa Gilarranz, Ignacio García de Paso and Jaroslav Martykán for their useful comments.

2 *El Siglo médico*, 28th of September 1856, p. 311.

This quote from *El Siglo médico*, the most influential Spanish medical journal of the mid-nineteenth century, sets the tone for the professional discourse of medical doctors in Europe and beyond. This was a period when the modern sciences claimed they were the best way of improving the lives of the people and of attaining useful knowledge about the world. At the same time, it was an era when the Ancien Régime, a plural world of hierarchically organised communities, was morphing into a capitalist society based on equality before the Law and the free competition of goods and ideas. Physicians faced important challenges and dilemmas related to these transformations. They were torn between several contradictory processes and trends. There was, for example, a constant tension between their desire as experts to promote the notion of the superior healing powers of medical science vis à vis popular remedies and potions sold by unqualified "charlatans", on the one hand, and their self-consciousness of the limits and provisional nature of current medical knowledge, which invited them to chastise the patients for their exaggerated expectations. Moreover, they fashioned themselves as altruist "lovers of the Mankind," but at the same time they needed and desired remuneration for their work that would be sufficient for them to maintain their social standing as bourgeois gentlemen.

First and foremost, we have to be well aware of the fact that, until the twentieth century, physicians could not rely on the unquestioned respect either of their patients or of the public authorities. It was precisely in the nineteenth century when the great battle for public acknowledgement of their expert authority was raging most fiercely. Our article dwells on several aspects of the physicians' fight for professional consolidation in a changing world. First, we examine the patterns of institutionalisation of medicine and healthcare, including the foundation of hospitals and public posts for medical professionals, government intervention in the training of medical professionals through a vigorous reform and expansion of institutions of education, as well as legislative activity regulating healthcare. Second, we outline the nineteenth-century dynamics of the professionalisation of healthcare, including the masculinisation of authority in what was called the art of healing. This process was intertwined with the last aspect we intend to address: public acknowledgement of expert authority in connection with the growing legitimacy – and politicisation – of scientific discourse, but also with practices reaffirming the honour and social status of physicians as a profession. We have opted to approach this vast topic from a European perspective, tracing trans-imperial and transnational trends and including the colonial dimensions, as well as the interaction of European powers and subjects with extra-European states and peoples. We stress the existence of common trends, but also interpret the differences within the context of the various political and cultural frameworks. This is obviously not an article based on original research, but rather an overview based on both classical and the latest literature on three trends in nineteenth-century medicine

as a profession, rather than as a scientific discipline and practice. This approach makes it possible for us to formulate certain hypotheses concerning these trends, while we also intend to provide an introduction useful for teaching purposes and for historians beyond the field of the history of medicine.

The Institutionalisation of Healthcare and Medicine in Europe

In the late eighteenth century, governing elites all around Europe began systematically intervening in sanitation and healthcare, a realm that had traditionally been taken care of by church charity, private benefactors (such as Count Franz Anton von Sporck and his hospital in the Bohemian village of Kuks) and municipalities. The notion that public authorities should guarantee access of the people to basic healthcare had begun to spread earlier, in the late seventeenth and early eighteenth century. Modern economic theories that shaped the development of more robust and more interventionist institutions of government (physiocratism, classical economics of Adam Smith, Thomas Malthus, etc.) included the notion that the Crown – as well as municipal authorities – was accountable for the good health of an able-bodied population.

These concerns about the population and its health were closely linked to concerns about the health of the body politic itself, be it an absolutist monarchy or, since the last decades of the "century of Enlightenment", a nation-state in the making. Therefore, a reorganisation of existing healthcare institutions and the creation of new ones took place in constitutional regimes such as revolutionary France and Spain, but also in lands that were part of absolutist monarchies such as Prussia, Austria and Russia.[3] There are examples of efficient intervention of state institutions in health-related issues, including the promotion of medical education in German states or successful management of epidemics in France, dating back to the early eighteenth century. However, in the late eighteenth and early nineteenth century, government intervention became more systematic, and the institutions put in place were built to last.

These initiatives launched by the ruling elites strengthened the position of medical professionals trained at universities and special schools such as surgery colleges. However, they had an unequal impact on the actual accessibility of healthcare in different regions.

3 On the pioneering initiatives of the Prussian authorities see for instance Johanna GEYER-KORDESCH, *German Medical Education in the Eighteenth Century: the Prussian context and its influence*, in: William F. Bynum – Roy Porter (eds.), William Hunter and the Eighteenth-Century Medical World, Cambridge 2002, pp. 177–205; on France, Jean-Pierre GOUBERT, *The Medicalization of the French society at the end of the Ancien Régime*, in: Lloyd G. Stevenson (ed.), A Celebration of Medical History, Baltimore-London 1982, pp. 157–172; Daniela TINKOVÁ, *Zákeřná mefitis: zdravotní policie a veřejná hygiena v pozdně osvícenských Čechách*, Praha 2012.

Urban areas, particularly large cities, benefited the most, while the effect of these measures and policies was barely felt elsewhere until the mid-nineteenth century. In fact, it could even result in worsening the situation in rural areas, as the restrictions imposed on the practice of non-certified healers led to less access of the rural population to certain treatments.[4]

Besides the shifts towards greater interventionism in the understanding of the role of public institutions in the management of people's health, public authorities had to implement and supervise sanitary measures linked to the outbreaks of epidemics that became more frequent within the interconnected and porous environment of worldwide imperial competition and of the increase in transoceanic trade and labour migration, forced or voluntary, in the middle decades of the nineteenth century.[5] It was not only their frequency that impelled the action of governments and municipalities, but also the very notion that public authorities could and should intervene efficiently in order to prevent, minimise and manage the spread of disease. There are examples of successful government intervention from as early as 1720, when the further spread of the plague in Provence was prevented, involving the consistent isolation of the city of Marseille. Nonetheless, by the mid-nineteenth century, the capacity of the government to handle similar situations was under the scrutiny of foreign governments, particularly of the neighbouring countries, and of international public opinion, an emerging force which governments had to reckon with. Managing outbreaks gradually became perceived as relevant to a country's image, as well as to its capacity to succeed in global imperial competition. It is no coincidence that many governmental sanitary measures were first introduced and tested in armies and navies already in the eighteenth century.[6] Outbreaks of diseases became an important argument in favour of broader intervention, including investment in public health. The first decades of the nineteenth century were marked by the threat of yellow fever, together with a resurgence of bubonic plague in North Africa, from where it could easily have spread to the northern coasts of the Mediterranean. Cholera, previously concentrated in India, began to spread globally due to the improvements in shipping and, later, the construction of railways. As a result of these modern technologies that transported people faster and

4 Sabine SANDER, *Die Bürokratisierung des Gesundsheitswesen. Zur Problematik der "Modernisierung"*, Jahrbuch des Institutsfür Geschichte der Medizin der Robert Bosch Stiftung 8, 1987, pp. 185–218.

5 Peter BALDWIN, *Contagion and the State in Europe*, 1830–1930, Cambridge 1999; Nicholas B. MILLER, *Of dodos, cane, and migrants: networking migrant knowledge between Mauritius and Hawai´i in the 1860s*, Migrant Knowledge, 2019 June 17 [online]. URL: < https://migrantknowledge.org/2019/06/17/of-dodos-cane-and-migrants/>, [accessed 9th May 2020].

6 Jack Edward McCALLUM, *Military Medicine: From Ancient Times to the 21st Century*, ABC-CLIO, Santa Barbara 2008; E. DORSZ, *Opieka lekarska w armii pruskiej w czasie wojny interwencyjnej przeciwko Francji 1792 roku*, Wiad Lek 27, 1974, vol. 12, pp.1129–1131; Mary GILLET, *The Army Medical Department, 1775–1818*, Washington 1981 [online]. URL: <https://doi.org/10.1016/S0140–6736(02)76288–0>, [accessed 15th April 2020].

in greater numbers, cholera-inducing bacteria (*vibrio cholerae*), which due to the rapid manifestation of severe symptoms had previously had a limited radius of impact, were now able to infect people well beyond their original scope.[7] As Ainhoa Gilarranz shows in her article in this special issue, the rapid spread of the "new" disease, as well as the fact that it affected humans of all social strata particularly quickly and spectacularly, made it a terror that found its way into the social imagination and was widely represented in paintings and the press.[8] As had been the case with past epidemics such as the plague, the panic cholera caused was often manifested in outbursts of violence, the so-called cholera riots, directed towards stigmatised – though not always marginalised – groups of people (ethnic minorities, foreigners, political opponents).[9]

In fact, there are certain parallels between the past and the current pandemic of covid-19 in the collective actions and political attitudes vis à vis a disease that is understood as contagious. We may point, for instance, to the initial denial by the authorities (often including epidemiologists and other medical experts) of the seriousness of the threat until mortality reached levels that were obviously beyond tolerable for the society (i.e. Boris Johnson in the United Kingdom or Jair Bolsonaro in Brazil). Another typical pattern is the search for a group to blame for introducing or spreading the disease. The scapegoats vary according to the established socio-cultural attitudes and prejudices and their identification, and the levels of violence they suffer may be shaped by an active intervention or passive *laissez-faire* attitude of the governing elites. There are many nineteenth-century examples of scapegoating during outbreaks of a disease, directed toward ethnic minorities, but also towards political rivals. Thus, for example, European foreigners, mostly French and British, were attacked by the local population – with the tacit approval of the Spanish colonial authorities – during the cholera outbreak of 1820 in the Philippines that coincided with a constitutional revolution in peninsular Spain,[10] In which they were simultaneously accused of spreading both the disease and revolutionary ideas. In her work, Ros Costello shows how the Chinese were often blamed for outbreaks of disease in Manila throughout the nineteenth century[11]. During the current pandemic, a similar collective stigmatisation can be perceived both in political discourse, for instance when US president Donald Trump

7 Christopher HAMLIN, *Cholera. The biography*, Oxford 2009.

8 Ainhoa GILARRANZ-IBÁÑEZ, *Disease, deformity and health terrors in 19th-Century cartoons: a cultural history of science*, Theatrum historiae 27, 2020, pp. 31–57.

9 Samuel Kline COHN, *Cholera revolts: a class struggle we may not like*, Social History 2, 2017, vol. 42, pp. 162–180, here pp. 163–164.

10 Ignacio GARCÍA DE PASO, *La Constitución en los tiempos del cólera: Epidemia y violencia popular en Manila (1820)*, (in press).

11 Ros COSTELO, Epidemics, *Death, and Sanitary Infrastructures in Nineteenth-Century Colonial Manila*, paper presented at Diseases and Death in Premodern and Modern Era International Interdisciplinary PhD Workshop, University of Pardubice, 10–11 December 2019.

blamed China for knowingly spreading the virus, and in the way local communities accuse certain groups of spreading the disease, for instance the Roma people in Europe, black people in China or homosexuals in South Korea.[12]

Besides all the death, violence and anguish, epidemics, together with the growing understanding that governments had a responsibility for managing them and ought to have a capacity to mitigate them, stimulated the creation of new institutions as well as the emergence of laws and measures, or a systematic imposition of traditional ones (quarantine). Formally trained physicians shaped these policies from the beginning and benefited from them, obtaining well-remunerated posts from which they exercised a major influence. Political use of epidemics, such as the French absolutist government's imposition of a *cordon sanitaire* to physically isolate revolutionary Spain during the outbreak of yellow fever in the early 1820s[13], fostered a trend towards a "nationalisation" of medical science, in terms of the creation of temporary or permanent national health legislation and institutions such as parliamentary committees with medical experts among their members to handle disease and healthcare related issues. Moreover, it stimulated the "nationalisation" of the medical community, otherwise highly interconnected throughout Europe, the Mediterranean and the Americas. While international connections and circulation of knowledge continued and even intensified, many medical issues had now a "patriotic" dimension: i.e. debates over the contagiousness of yellow fever or medical assessment of the health and fitness of immigrant workers.[14] Katherine Arner and Pierre Nobi have shown how physicians

12 *Europe's marginalised Roma people hit hard by coronavirus*, The Guardian [online]. URL: <https://www.theguardian.com/world/2020/may/11/europes-marginalised-roma-people-hit-hard-by-coronavirus>, [accessed 11th May 2020].
Chinese official claims racial targeting "reasonable concerns", The Guardian [online]. URL: <https://www.theguardian.com/world/2020/apr/13/chinese-official-claims-racial-targeting-reasonable-concerns>, [accessed 13th April 2020]
South Korea struggles to contain new outbreak amid anti-gay backlash, The Guardian [online]. URL: <https://www.theguardian.com/world/2020/may/11/south-korea-struggles-to-contain-new-outbreak-amid-anti-lgbt-backlash>, [accessed 11th May 2020].

13 Emilio LA PARRA, *Los Cien Mil Hijos de San Luis. El ocaso del primer impulso liberal en España*, Madrid 2007, pp. 71–73.

14 Gunther E. ROTHENBERG, *The Austrian sanitary cordon and the control of he bubonic plague: 1710–1871,* Journal of the History of Medicine and Allied Sciences 27, 1973, pp. 15–23; Andrew R. AISENBERG, *Contagion: disease, government, and the 'social question' in nineteenth-century France*, Stanford 1999; Barbara DETTKE, *Die asiatische Hydra: Die Cholera von 1830/31 in Berlin und den preußischen Provinzen Posen, Preußen und Schlesien*, Berlin – New York 1995; Roderick E. MCGREW, *Russia and the Cholera, 1823–1832*, Madison 1965. An example of when sanitary innovations took place hand in hand with political ones is the outbreak of yellow fever in the Spanish city of Cadiz in the tumultuous years of the Napoleonic wars. Most of Spain was under French domination, while the Spanish liberals from the Iberian Peninsula and from America gathered in Cadiz to put in place a constitutional monarchy by assembling a representative body. The disease spread in 1810, just when the parliamentary sessions were beginning, while the city was under the siege of the French troops.

from the American continent, whether they were colonial subjects or citizens of the new republics, used the medical debate on yellow fever to assert their expert authority *vis à vis* the perceived arrogance of their European colleagues, arguing that the fact they worked in areas where yellow fever was endemic made their hypotheses and observations of greater value than those of their colleagues from the scientific centres of that time, and that they should therefore be read and listened to as equals, instead of being ignored or patronised.[15] Interestingly enough, even the physicians who represented colonial power often handled "local" diseases such as yellow fever by integrating knowledge and practices of local healers, who were, in their turn, influenced by the knowledge and practices of formally trained physicians, giving rise to a co-construction of a creole medical knowledge.[16] Nonetheless, due to the growing professionalisation of medical discussions that spread across the Atlantic – a process that excluded not only Caribbean female healers, but also European ship captains and low-ranking colonial officials, these contributions were often marginalised and the issue stood as a battle for authority between European and American certified health professionals.

For one reason or another, be it the management of epidemics or the desire for healthy and robust soldiers and workers, the rulers' ambition to rationalise healthcare and sanitary policies stimulated a dialogue between medical professionals and governing elites. The authorities called upon medical professionals for scientific advice, a practice that implied official acknowledgement of their expert authority. The influence of physicians on shaping political decisions concerning healthcare and introducing new measures was often exercised following the traditional practices of the Ancien Régime: proximity to powerful people and patronage. Not all cases were as extreme as that of the German physician and Enlightenment reformer Johann Struensee (1737–1772), who was able to introduce equalitarian measures

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The constitutionalist politicians felt the need for a dialogue between politics and medicine, and invited several physicians to take part in parliamentary commissions (mixed in terms of bringing together deputies and medical experts) to fight the yellow fever and to define and implement broader sanitary measures. See Darina MARTYKÁNOVÁ – Víctor M. NÚÑEZ-GARCÍA, *Luces de España. Las "ciencias útiles" durante el Trienio Constitucional*, Ayer [2022]; Pepa HERNÁNDEZ, *La Sanidad Pública y la influencia de la fiebre amarilla en torno al debate constitucional de 1812*, Revista de Historiografía 20, 2014, pp. 59–73, here pp. 61–64.

15 Katherine ARNER, *Making yellow fever American: The early American Republic, the British Empire and the geopolitics of disease in the Atlantic world*, Atlantic Studies 4, 2010, vol. 7, pp. 447–471; Pierre NOBI, *Rediscovering America, Rediscovering Yellow Fever. Alexander von Humboldt's Study of the Vómito Negro of Veracruz in the Context of the Circulation of Medical and State Knowledge in the Atlantic World (1790s–1820s)*, paper on the Circulation of State Knowledge in Europe and Latin America. Alexander von Humboldt Konferenz, Berlin, 4–6 December 2019.

16 Pierre NOBI, *Officiers de santé et soignantes créoles face à la fièvre jaune. Co-construction de savoirs médicaux dans le cadre de l'expédition de Saint-Domingue (1802–1803)*, Histoire, médecine et santé 10, 2016, pp. 45–61.

and abolish an important part of the Ancien Regime institutions in Denmark, while at the same time promoting access to vaccination against smallpox, by becoming first of all the confidant of the mentally ill Danish king Christian, and subsequently the lover of the Queen (for which he was ultimately brutally executed).[17] Nonetheless, royal physicians did wield important power in many European countries, an influence that often outlasted absolutism and survived in constitutional monarchies, including the French Empire under Napoleon III. Thanks to their closeness to the ruler, they occasionally promoted the creation of new institutions and the introduction of new measures concerning the field of medicine.[18]

Constitutional regimes, with their parliaments and the notion of a vigilant public opinion, were particularly lively arenas where the public role of medical professionals was redefined and took on new dimensions. The parliaments in France, Great Britain, Spain and other countries created new forums for expert debate. They established committees where deputies mixed with experts who advised them, for instance, on sanitary measures when there was an outbreak of a disease. At the same time, several medical professionals gained public recognition by mobilising public opinion on medical issues, and this reputation ensured their election to parliament. In fact, though not as over-represented as lawyers, physicians abounded in parliaments of many European countries throughout the nineteenth century. As deputies they frequently intervened in designing and shaping new healthcare policies and sanitary legislation.[19]

There were also new trends in the circulation of medical knowledge, linked to institutionalisation and the emergence of new vehicles of communication. The medical knowledge had long circulated within the trans-imperial intellectual community of learned men and women known as the *République des Lettres*, which encompassed both Europe and America, but also integrated people from beyond. Sometimes, popular practices such as inoculation against smallpox practised by Ottoman women became known to European public via the memoirs and travelogues of learned Europeans, in this specific case Mary

17 Stephan WINKLE, *Johann Friedrich Struensee. Arzt, Aufklärer und Staatsmann. Beitrag zur Kultur-, Medizin-und Seuchengeschichte des Aufklärungszeit*, Stuttgart 1983.

18 Let us mention the influence in French politics of Dr. Conneau, personal physician of the French emperor Napoleon III, or the role played by Dr. Castelló, personal physician of the Spanish king Ferdinand VII, in reforming medical education and the medical profession in Spain. Xavier MAUDUIT, *Le ministère du faste. La Maison de l´empereur Napoléon III*, Paris 2016, p. 168; Víctor M. NÚÑEZ-GARCÍA – María Luisa CALERO-DELGADO – Encarnación BERNAL-BORREGO, *Médicos en la Corte española del siglo XIX. Influencias, sociabilidad y práctica profesional*, Asclepio. Revista de Historia de la Medicina y de la Ciencia 2, 2019, vol. 71, p. 278 [online]. URL: <doi:10.3989/asclepio.2019.19>, [accessed 30th March 2020].

19 Julien BROCH, *Médecins et politique (XVIe-XXe siècles)*, Les études hospitalières, 2019; Darina MARTYKÁNOVÁ – Víctor M. NÚÑEZ-GARCÍA, *"Luces de España"* [in press].

Wortley Montague, the wife of the British ambassador in Constantinople.[20] Then they were appropriated and further refined by European medical professionals. Within the *République des Lettres*, the knowledge circulated via personal meetings and correspondence, but also through a growing number of professional journals and treatises. Physicians in several countries were mostly able to read in Latin and French in order to keep up to date, with no need for a mediator. Nonetheless, commented translations of foreign medical articles and treatises into local languages became more frequent, as did translated articles by foreign colleagues in local medical journals, whose editors, often physicians and surgeons themselves, did not hesitate to introduce their comments and modifications, often striving to adapt them to the local conditions and circumstances. Commented and creatively adapted translations represent a typical practice in Europe and beyond throughout the nineteenth century, allowing for the articulation of highly original local approaches to medical phenomena, as Javier Martínez Dos Santos has shown in his article on the creative appropriation of French medical works on hysteria in mid-nineteenth century Spain.[21] Systematic policies of informing local practitioners on the progress of medicine in different countries (such as translation of the works of foreign colleagues or sections in professional journals on foreign medical bibliographies, and on reports on innovations and practices in foreign countries, including those in Asia and America) kept knowledge circulating across borders, as did new forums of professional interaction such as international conferences, including the International Sanitary Conferences on cholera that were convened between 1851 and 1894.[22] In an apparent paradox, this occurred in parallel with the creation of national or imperial institutional mechanisms that regulated the access to and practice of medical professions, which sometimes made the circulation of medical professionals across borders more complicated.

In the context of institutionalising healthcare, circulation went beyond medical knowledge and know-how: institutional models also circulated. France in particular became an example, inviting worldwide imitation. Thus, for instance, there were clinical hospitals

20 See Robert HALSBAND, *New light on Lady Mary Wortley Montagu's contribution to inoculation*, Journal of the History of Medicine and allied sciences, 1953, vol. 8, pp. 390–405; June RATHBONE, *Lady Mary Wortley Montague's contribution to the eradication of smallpox*, The Lancet 9.014, 1996, vol. 347, p. 1566.

21 Javier MARTÍNEZ DOS SANTOS, *Lost (and Found) in Translation: The Reception of Psychiatry Textbooks and the Conformation of Melancholia, Hypochondria, Mania and Hysteria in Spain, 1800–1855*, Theatrum historiae 27, 2020, pp. 121–149. This was a common practice also in other sciences and countries: Meltem AKBAŞ (KOCAMAN), *Between Translation and Adaptation: Turkish Editions of Ganot's Traité*, in: Feza Günergun – Dhruv Raina (eds.), Science between Europe and Asia. Boston Studies in the Philosophy of Science, Dordrecht 2011, pp. 177–191.

22 Valeska HUBER, *The unification of the globe by disease? The International Sanitary Conferences of Cholera, 1851–1894*, The Historical Journal 2, 2006, vol. 49, pp. 453–476.

such as the *Collegium clinicum Halense* in Halle (1717) or the renowned *Charité* in Berlin (1710) in the German states, or the *Allgemeine Krankenhaus der Stadt Wien* in Austria years before they could be found in Paris, and several universities and colleges in the Thirteen Colonies and later the United States of America founded so-called *teaching hospitals* to enable their students to practice the art of healing (at the College of Philadelphia in 1765, King's College of New York in 1768, and Harvard University in 1783). Nevertheless, it was only after they were established in revolutionary France that other countries followed the example of establishing clinical practice as part of university education in medicine, as they did also in developing a public network of hospitals.[23] The fact that the French revolutionaries acted in a systematic way, promoting the creation in 1794 of a system of *cliniques* rather than individual institutions, made the model available and attractive to rulers and governments of different countries and ideologies who sought to implement modern public healthcare for decades to come.

While there was a general European trend to unify studies in medicine, surgery and pharmacy, it was often the specific French model that was followed to implement this unification in practice. French was also the prevailing language of trans-imperial communication: when the Austrian doctor Karl Ambros Bernhard was put in charge of reforming and modernising the Ottoman military Medical School (while several other Austrian physicians were put in charge of reforming Ottoman hospitals and military healthcare), the language of education was to be French.[24]

The Professionalisation of Healthcare[25]

We have discussed how, for the governing elites, health and sanitary policies became of strategic importance. When public authorities took specific steps in this field, they relied on

23 Michel FOUCAULT, *Naissance de la clinique, une archéologie du regard medical*, Paris 1963; Jean-Pierre GOUBERT, *La médicalisation de la société française, 1770–1830*, Waterloo 1982; Jean-Pierre GOUBERT, *The Medicalization of the French society at the end of the Ancien Régime*, The Henry E. Sigerist supplements to the Bulletin of the History of Medicine 6, 1982, pp. 157–179.

24 Claire FREDJ, *"Quelle langue pour quelle élite? Le français dans le monde medical ottoman à Constantinople (1839–1914)*, in: Güneş Işıksel – Emmanuel Szurek (eds.), Turcs et Français: une histoire culturelle, Rennes 2014, pp. 73–98; Hülya ÖZTÜRK, *Mekteb-i Tıbbiye-i Adliye-i Şahane ve kurucusu Charles Ambroise Bernard*, Estambul 2009 [online]. URL: < http://docs.neu.edu.tr/library/nadir_eserler_el_yazmalari/TEZLER_YOK_GOV_TR/239410%20mekteb-i%20tibbiye%20bernard.pdf>, [accessed 15th May 2020]; Yeşim Işıl ÜLMAN, *Tibbiye'de bir Avusturyalı: Dr. Lorenz Mathuss Karl Rigler (1815–1862)*, Doktor 32, 2006, pp. 30–31.

25 Despite having had its heyday in the 1970s and 1980s, we find the sociological approach to professionalisation particularly useful and inspiring. Concerning medicine, see Noel PARRY – José PARRY, *The Rise of the Medical Profession. A Study of Collective Social Mobility*, London 1976. Regarding the rise of the professions in general, see Harold PERKIN, *The Rise of Professional Society. England since 1880*,

medical professionals, and thus implicitly empowered them as a legitimate expert authority whose voice should count and whose expert assessments should shape public policies.[26] This state-sanctioned technocracy developed in parallel with a major redefinition of the medical professions. The so-called art of healing underwent a radical transformation in a broad sense, including the tasks and duties attributed to doctors by the law and by society, the creation of a new legal framework of medical practice and new rules, policies and contents regarding education. In many European countries, the end of the eighteenth and the first half of the nineteenth century were marked by a remarkable burst of legislative activity in the field of healthcare, which regulated medical education and practice, created new institutions, new funding schemes and new territorial frameworks for healthcare, and regulated health and healing via penal and civil codes. Medical doctors often contributed to the creation of these legal measures. They did so as experts invited to write reports for government officials or to work with the deputies or councillors in Parliamentary or municipal commissions, even exerting pressure on the legislators by publishing critical articles in press. Moreover, they did so as expert public employees and even as elected or appointed politicians themselves. In general, this legislative boom most often led to the strengthening of the process of professionalisation in the practice of healing and, more specifically, granted the physicians more control over the art of healing and over public health policies.[27]

This was by no means an uncontested process, and their increasing links to government exposed physicians to closer surveillance and public criticism. Once again, epidemics

London 1990. For the case of Central Europe, the complex and blurred process is summarised in an efficient manner in Vladan HANULÍK, *Tělo prožívané: laická recepce odborných lékařských poznatku*, in: Milena Lenderová – Daniela Tinková – Vladan Hanulík, Tělo mezi medicínou a disciplínou, Praha 2014, pp. 76–99.

26 An expert can be defined as a person whose knowledge and skills in a certain field are substantially superior to those of other people, and, as acknowledged by others, grant him/her a better understanding of and capacity for action in this field. There are several basic patterns that characterise an expert, though their importance can differ according to time and place: training, experience, neutrality, action and social acknowledgement of the field of expertise as such, and of one as an expert in this field. Christelle RABIER, *Introduction. Expertise in Historical Perspective*, in: Christelle Rabier (ed.), Fields of Expertise. A Comparative History of Expert Procedures in Paris and London, 1600 to Present, Newcastle 2007; Isabelle BACKOUCHE, *Devenir expert*, Genèses 70, 2008, pp. 2–3; Darina MARTYKÁNOVÁ, *Las raíces de la tecnocracia: los ingenieros al servicio del Estado en España entre los 1780 y los 1830*, in: David Rodríguez-Arias – Jordi Maiso – Catherine Heeney (eds.), Justicia ¿para todos? Perspectivas filosóficas, Madrid 2016, pp. 161–172.

27 We have analysed the presence and activity of Spanish physicians and surgeons in parliament as elected representatives (deputies), and as expert members of parliamentary committees during the period of constitutional revolution known as the Liberal Triennium (1820–1823), showing their important contribution to the first law on public health (1822) and other health-related debates and legal measures in Darina MARTYKÁNOVÁ – Víctor M. NÚÑEZ-GARCÍA, Luces de España [in press].

created a highly-charged environment in which these criticisms were voiced with particular vitriol. During a cholera outbreak in Great Britain, the press accused physicians of using the epidemic to enrich themselves. In particular, this criticism referred to the fact that members of the expert commission created by the British authorities in 1831 in order to conduct research into the causes of cholera received 20 guineas per day. Prestigious general and professional press outlets such as *The Lancet* and *The Times* became involved, and physicians had to defend themselves not only from accusations of profiteering, but also from an overall questioning of their capacity to do anything useful against the disease.[28]

Concerning attempts at a monopolisation of high-level medical expertise, we have already mentioned the unification of the medical professions of surgeon and physician. This was not a single act of law, but rather a gradual and heavily contested process at a European level, in which each country's specific arrangements impacted on the steps taken elsewhere. Traditionally, physicians were university-trained professionals of gentlemanly status, while surgeons were of lower status and were trained on the spot, via a master-apprentice system, although in the eighteenth century their social standing improved and colleges of surgery were founded, which provided them with standardised educational and official credentials. The nineteenth-century unification consisted in a redefinition of university studies of medicine, creating a joint degree in medicine and surgery. This degree included disciplines traditionally linked with surgery, such as obstetrics. Following the stress on practice, which was traditionally better established in the training of surgeons than in that of physicians, the new joint degree often included clinical practice. This fostered links between universities and hospitals. It also contributed to promote another innovation: the notion that medical doctors should specialise in a specific field and that they should take the first steps in this direction already during their university studies. The unification of medical professions, which eliminated the internal hierarchy that placed physicians above surgeons, helped medical doctors launch an efficient campaign to reaffirm the elite status of their profession in the changing socio-political circumstances.

In this battle, they claimed for themselves the rising social value of merit, basing their status on scientific education, on their willingness to sacrifice their lives in the face of a dangerous enemy such as disease outbreaks and epidemics, and on mechanisms of selection which they presented as impersonal, and therefore objective: examinations. They also relied on the newly created or reformed institutions, public and private: universities, hospitals, self-regulating medical chambers (*colegios médicos*, *lékařské komory*) and academies. Moreover, they also efficiently appropriated new media of public communication,

28 M.P. PARK – R.H.R. PARK, *Fear and humour in the art of cholera*, Journal of the Royal Society of Medicine 103, 2010, pp. 481–483. For the cartoon, see: URL: <https://www.britishmuseum.org/collection/object/P_1868–0822–7240>.

such as the professional and general press. Using the press and other platforms, they strove to convince the ever more influential public opinion of their expert authority by providing information about scientific progress and innovations, as well as the problems and aspirations of medical professionals, and promoted specific healthcare and sanitary policies and institutions. The freedom of the press and the liberalisation of the editorial market under the constitutional regimes during the late eighteenth and early nineteenth century often led to a proliferation of medical literature and the emergence of a combative professional press: while the medical press underwent an important restructuring rather than a straightforward boom in revolutionary France, in Spain and other countries political change marked a sharp contrast with the more restrictive management of publishing activities and the editorial market under the Ancien Régime.[29] Nonetheless, by the mid-nineteenth century, we find cases when it was actually the existence of political censorship that stimulated publications on scientific topics in general and on medicine and health in particular, as they were considered less problematic and could even become a safe way of addressing certain socio-political issues. For instance, this was the case of the so-called Moderate Decade (1843–1854) in Spain or the absolutist Restoration of the sultan Abdülhamid II (1878–1908) in the Ottoman Empire.[30] In our opinion, this shift and the fact that medical issues were considered both relevant and politically "harmless" can be interpreted as a sign of the hegemonic position scientific discourse had achieved by then among the ruling elites of different countries, becoming generally endorsed and appropriated by all kinds of regimes all over the world.

All these trends stimulated the acknowledgement of physicians as the supreme expert authority in the art of healing, in the eyes of both the public authorities and the general public. The symbolic capital accumulated through the rising prestige of the sciences as tools of political reforms and vehicles of social change became one of the main pillars of the professional honour of physicians in the rapidly transforming societies of the mid-nineteenth century. A brief glance at the medical press between the 1800s and 1850s reveals the concern for their social status in changing circumstances. It was essential for physicians to maintain and perpetuate the gentlemanly status they had achieved all over Europe

29 Christelle RABIER, *Vulgarisation et diffusion de la médecine pendant la Révolution: l'exemple de la chirurgie*, Annales historiques de la Révolution française 338, 2004, pp. 75–94, José María LÓPEZ PIÑERO, *Las ciencias médicas en la España del siglo XIX*, Ayer 7, 1992, pp. 193–240.

30 Ignacio García de Paso observed such a dynamic in relation to the press in the Spanish region of Aragon during the so-called Moderate Decade (1844–1854); the boom of French medical press under the Restauration is well known; for the Ottoman Empire see Ebru BOYAR, *The Press and the Palace: the two way relationship between Abdülhamid II and the press, 1876–1908*, Bulletin of the School of Oriental and African Studies 3, 2006, vol. 69, pp. 417–432.

during the Ancien Régime, not only as individuals, but also as a professional group.[31] The number of well-paid posts for physicians was growing due to public healthcare policies, but so was the number of medical doctors.[32] The consolidation of their socio-economic standing in the expanding capitalist system depended on their efficient use of the diverse tools they had at their disposal.

Medical professionals exploited the concerns of the governing elites in Europe and beyond for the health of the people, arguing that their science was the "most useful and humane one", demanding financial and institutional support for its practice. Sharing the codes of honour and etiquette of learned gentlemen with government officials – who were recruited in increasing numbers from among the university-trained bourgeois, and, more innovatively, benefitting from being acknowledged as active citizens, physicians "generously offered" their expert services to the public authorities and set themselves up to monopolise the newly-created posts concerning the art of healing. Moreover, they also used the new legislative and administrative mechanisms to expel or subdue their competitors and, if necessary, to discipline their colleagues. Regarding the latter, the physicians tended to prefer professional autonomy and often fiercely resisted attempts at legislation concerning the penal – or civil – responsibility of doctors. Rather, they asked the state simply to sanction the authority of their self-regulatory mechanisms such as medical tribunals, associations and chambers. During the nineteenth century, they developed mechanisms of self-regulation that not only prevented professional malpractice and fraud, but also fostered professional cohesion (collegial spirit) and sought to protect and project the image of a doctor as a respectable gentleman, deserving of a substantial income. The concern for honour led to the proliferation among physicians in France, Spain and the German states of practices such as duelling; in Germany specific tribunals of honour for medical doctors were put in place in the second half of the nineteenth century, which regulated issues related to professional honour up until the first decades of the twentieth century.[33]

31 Maria MALATESTA, *Professionisti e gentiluomini: storia delle professioni nell´Europa contemporánea*, Torino 2006; Christelle RABIER (ed.), *Fields of Expertise. A Comparative History of Expert Procedures in Paris and London, 1600 to Present*, Newcastle 2007; Víctor M. NÚÑEZ-GARCÍA – Darina MARTYKÁNOVÁ, *Charlatanes versus médicos honorables. El discurso profesional sobre la virtud y la buena praxis (1820–1860)*, Dynamis 42 [2021].

32 Petr SVOBODNÝ – Ludmila HLAVÁČKOVÁ (eds.), *Dějiny lékařství v českých zemích*, Praha 2004.

33 Robert A NYE, *Honor codes and medical ethics in modern France*, Bulletin of the History of Medicine, 1995, vol. 69, pp. 91–111; Robert A NYE, *Medicine and Science as Masculine «Fields of Honor»*, Osiris 2nd Series, 1997, vol. 12, pp. 60–79; Andreas MAEHLE, *Doctors, Honour and the Law: medical ethics in Imperial Germany*, London 2009; IDEM, *Doctors in Court, Honour, and Professional Ethics: two scandals in Imperial Germany*, Gesnerus 1, 2011, vol. 68, pp. 61–79; Ainhoa GILARRANZ, *Cultura visual y profesiones sanitarias: El médico, el charlatán y la guardiana en la Francia del siglo XIX*, Dynamis 42 [2021].

Professional self-regulation, due to mutual acknowledgement based on official credentials (mostly a diploma from a faculty of medicine), a collegial spirit and exclusion of the transgressors, proved essential in the discussions about the validity of medical theories and usefulness of certain medical procedures and therapies. A scientific methodology of verification was just being developed, and this process was not fully controlled by physicians; pharmacists, chemists, physicists and later microbiologists also came up with discoveries, inventions and procedures that were relevant in the process of disease-prevention and healing. During the mid-nineteenth century, debates raged among physicians on a wide range of issues such as the contagiousness of yellow fever, the efficiency of homoeopathy or the relevance or not of the existence of soul, and there were no clear rules for establishing a professional consensus. Moreover, physicians had to face a proliferation of all kinds of activities that were supposed to strengthen or restore one's health, from residences in a spa undergoing hydrotherapy[34] to organised sport (very important in Central European cultural nationalisms). They could not even dream of monopolising the management of these practices, so they opted – via engagement with public institutions and public opinion, through their publications and in their "public enlightenment" activities (*die Erleuchtung*, *osvěta*) – to position themselves as a particularly relevant expert authority regarding the effects of these practices on health.[35]

All these legal, institutional and informal mechanisms helped physicians successfully manage the dynamics of a capitalist market. They had to compete for patients-clients with other well-established, sought-after and often much cheaper health professionals such as healers, remedy-sellers, midwives and quacks. After the unification of medicine and surgery, it became easier for medical professionals to make an exclusive claim to superior authority in the art of healing, based on their "long and arduous" university education. Framing their "holy war" in terms of charlatanry and professional intrusion, they tried to expel from the art of healing lower class men without higher education who had participated in healing the sick for centuries[36]. What's more, they strove to either expel women who had always

34 Vladan HANULÍK, *Historie nekonvenčních léčebných praktik v době profesionalizace medicíny*, Pardubice 2017.

35 William BYNUM – Roy PORTER (eds.), *Medical Fringe and Medical Orthodoxy, 1750–1850*, London 1986. For a particularly revealing multidisciplinary study – with an emphasis on Central Europe – which shows the complex way the human body was managed in the nineteenth century, and how physicians had a limited, though privileged role in this dynamic, see Milena LENDEROVÁ – Daniela TINKOVÁ – Vladan HANULÍK, *Tělo mezi medicínou a disciplínou*, Praha 2014.

36 See for example Alexander KOHN, *False Prophets. Fraud and error in science and medicine*, Oxford 1986; Roy PORTER, *Quacks: Fakers and Charlatans in English Medicine*, London 2001; David GENTILCORE, *Medical Charlatanism in Early Modern Italy*, Oxford 2006; Nicole EDELMAN, *Médecins et charlatans au XIXe siècle en France*, Tribune de la santé 2, 2017, vol. 55, pp. 21–27; Toby GELFAND, *Medical Professionals and Charlatans. The Comité de Salubrité Enquête of 1790–91*, Social History 11, 1978,

carried out similar tasks (village healers, *báby kořenářky*) or to fully subordinate them to the authority of a male physician as trained midwives and nurses, whose right and capacity to practice was from then on to be sanctioned by physicians who tested their skills and/or oversaw their training.[37]

Physicians appealed to public authorities, demanding legal protection from the competition of healers, asking the state to impose a university diploma as an official requirement for the exercise of medical practice. Together with pharmacists, they denounced the proliferation of all sorts of quacks promising miraculous cures and remedies. While physicians and pharmacists presented these competitors as essentially ignorant of modern science, and therefore either useless or outright dangerous and harmful to their credulous patients, these people in fact often mobilised scientific imagery, playing upon faith in technical and scientific progress and hunger for novelty. They presented their remedies as the most recent inventions and used fashionable technologies such as electricity to seduce a society that had already absorbed elements of scientific discourse. Furthermore, these healers and remedy-sellers were experts in exploiting the mechanisms of the modern capitalist market, such as mass production and advertising in the press and in public spaces. Within this context, the physicians' and pharmacists' desire to monopolise expert authority in healing and thus dominate the modern capitalist market on which they had to compete for patients, stimulated the proliferation of state regulation, a superb example of how market and state regulation are not contradictory, but often intrinsically intertwined.

Besides using legal and administrative mechanisms of the emerging modern state for the regulation of medical practice, physicians also appealed to public opinion. They publicly denounced the ignorance, failings and fraudulent practices of their competitors. Criticism of charlatans, both humorous and alarmist, was extremely common among the doctors who practiced in America, Europe, Asia, Africa and Australia.[38] In their fight,

pp. 62–97; Anne BORSAY, *Persons of honour and reputation: the voluntary hospital in the age of corruption*, Medical History 35, 1991, pp. 281–294; Vladan HANULÍK, *Apoštol i šarlatán. Zakladatel hydropatie Vincenz Priessnitz*, Dějiny a současnost 8, 2007, pp. 37–39; V. M. NÚÑEZ-GARCÍA – D. MARTYKÁNOVÁ, *Charlatanes versus médicos honorables*.

37 A long-term conflict-ridden process: Monica H. GREEN, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*, Oxford 2008; Nathalie Sage PRANCHÈRE, *L'école des sages-femmes: Naissance d'un corps professionnel, 1786–1917*, Tours 2017; Olivier FAURE, *Les sages-femmes en France au XIXe siècle: mediatrices de la noveauté*, in: Patrice Bourdelais – Olivier Faure (eds.), Les nouvelles pratiques de santé. Acteurs, objets, logiques sociales, Paris 2005, pp. 157–174; Montserrat CABRÉ – Teresa ORTIZ-GÓMEZ, *Dosier Mujeres y Salud: Prácticas y Saberes*, Dynamis 19, 1999, pp. 17–400; Milena LENDEROVÁ, *Osmnácté století. Porodní báby versus akušéři*, Gynekolog 5, 1995, pp. 235–238.

38 See, for instance, A. KOHN, *False Prophets*; R. PORTER, *Quacks: Fakers and Charlatans*; N. EDELMAN, *Médecins et charlatans*; V. M. NÚÑEZ-GARCÍA – D. MARTYKÁNOVÁ, *Charlatanes versus médicos honorables*.

they could mobilise elite and petit-bourgeois allies, such as writers, journalists, teachers, reformist politicians and local public employees, who condemned these practices and popular healers as symbols of their countries' lack of civilisation. They did so in articles and caricatures in the press ridiculing or condemning these healers and remedy-sellers, but they also did so in theatre plays, stories and novels. Vivid depictions of the fraudulent practices of charlatans and faith healers and the damaging effects they had on the well-being of their credulous patients, particularly women, made an impact on the broader urban public, together with frequent representations in fiction of medical doctors as heroes of their time.[39] Thus, physicians did not need to rely on their own, limited means in order to create a heroic image of their profession, but could benefit from the modernising, pro-science agenda of many literate and publicly active men and women.

These intellectual elites also supported physicians in their desire to shape public policy: one of the examples of when this had an overwhelmingly positive effect on the health of world population was the hygienist discourse and the urban policies based on it. In fact, until the discovery of antibiotics in the mid-twentieth century, hygienic measures had saved far more lives than any progress of medical science. Hygienist discourse was embodied in a movement that brought together petit-bourgeois nationalist reformers, women engaged in religious charities and the temperance movement, engineers and architects, local politicians, leaders of the workers' movement and many others. It was not uncommon for these wildly different actors to resort to medical arguments, appeal to medical authority and demand public-funded actions carried out or supervised by medical professionals.[40]

While it is clear that certified scientific knowledge had become a persuasive argument vis à vis public authorities and a convincing source of authority for the "learned" public that had internalised scientific imagery and discourse by the mid-nineteenth century, many researchers have shown that it would still take decades before it would successfully convince potential patients, particularly in smaller towns and rural areas, even in the most industrialised countries.[41]

39 Stephanie BROWNER, *Profound Science and Elegant Literature: Imagining Doctors in Nineteenth-Century America*, Pennsylvania 2005; Bernadette BENSAUDE-VINCENT – Anne RASMUSSEN (eds.), *La science populaire dans la presse et l'edition XIXe et XXe siècles*, Paris 1997.

40 Deborah LUPTON, *The Imperative of Health: Public Health and the Regulated Body*, London 1997.

41 Francisca LOETZ, *Vom Kranken Zum Patienten. "Medikalisierung" und mediziniscche Vergesellschaftung am Beispiel Badens 1750–1850*, Stuttgart 1993.

Public Acknowledgement of Expert Authority

Physicians had always needed to establish and maintain a reputation that would bring patients to them, and to behave in a way that would encourage these patients to come back. However, we should not suppose that this required the same set of skills in all historical periods or cultural environments. It is true that university-trained physicians were considered gentlemen during the Ancien Régime, as were the lawyers – unlike engineers, who had to fight an arduous battle for a similar status during the nineteenth century. However, it is also true that there were few institutions that would guarantee a doctor a stable income. Doctors had to establish a reputation for their healing skills, but they also had to bend over backwards to satisfy the often capricious demands of their wealthy clients. The art of healing was highly diversified, and only a small segment of the population would ever dream of calling a university-trained physician. Those who could, however, felt rather confident in voicing their demands and letting the doctors know their expectations. The patients' expectations of diagnosis and treatment often had more to do with showing off their status than following medical criteria. Physicians were, in a way, tempted to satisfy the vanity and status-consciousness of their patients by diagnosing them with illnesses that were appropriate for a man or woman of a certain social standing, or administer them remedies made of expensive plants, metals (such as gold powder) or minerals, thus reinforcing the patients' status.

At least since the Early Modern Era, however, university-trained physicians had been working on articulating a powerful expert discourse that would make them autonomous of these demands and allow them to impress and intimidate patients and their families into submission to medical criteria and the doctor's authority. This was to be achieved by a combination of several factors: 1) the doctors' costly university education was available only to the well-off and a few talented commoners sponsored by rich patrons. Therefore, the doctors were *a priori* men of a certain social status, which they sought to defend and reproduce via professional practice. 2) the doctor's outfit and confident demeanour; 3) the growing medical literature that engaged in a dialogue with natural philosophy and other sciences, thus ensuring its acceptance among a broader learned community, the *République des Lettres*. This trend was further enhanced by the growing conviction of contemporary rulers and patriotic elites that basic scientific healthcare should be accessible to everyone, not so much as their right, but for the good of the country. Only healthy subjects could create wealth and perpetuate imperial power in the geopolitical competition that had intensified greatly since the Seven Years War. This led to the creation of healthcare posts and institutions that provided the doctors with good salaries and placed a profitable distance between them and patients that now had to go and seek out the physician on his own territory.

Even so, the understanding of the patient as a paying client remained strong among general practitioners.[42] This perception was reinforced also by the very settings of the medical practice: while hospitals and private surgeries proliferated, the greater part of physicians did not practice, so to speak, on their own territory. Bedside medicine, i.e. a physician visiting his patients in their homes and interacting with their families, continued to be the most common way of practising medicine throughout the nineteenth century. Physicians also had to face a vicious dynamic: except for serious accidents that caused immediately visible damage, families often tended first to use homemade remedies, then ask advice from a local healer or buy medicine in a pharmacy, while calling for a physician was considered the last resort. Physicians were costly, as they required substantial payment for their services, which was necessary for them to maintain their gentlemanly status. But as a consequence of being called so late, they also became associated with failure and death in the social imagination.

The communitarian healing practices of the Ancien Regime, when self-reliance had been the norm and institutionalised healthcare an exception, became redefined under the new liberal-capitalist paradigm: communal self-reliance due to necessity morphed into the notion of individual self-care: an individual was now responsible for his or her health, which included moderation in drink, diet and sex, exercise and cleanliness, but also stimulated a search for suitable therapies, which might have included visiting several doctors and cherry-picking from their professional advice. Patients' doctor-hopping, a sensitive and polemical topic in the professional press, was legitimised by the capitalist notion that the one who pays is entitled to a service according to his or her wishes. Against this liberal logic of payment as entitlement to authority, which often led to patients demanding therapies, medicines and diagnostic procedures that doctors considered unnecessary, useless or even harmful, physicians promoted the logic of expertise: *a priori* respect for the physician's authority due to his certified superior knowledge.

Barbora Rambousková has analysed Czech medical publications aimed at the broader public, a genre of books referred to as "household physician" (*domácí lékař* in Czech).[43] This kind of publication first appeared in eighteenth-century Europe and was aimed at the learned public (we may quote several publications by the Swiss physician S.A.A.D. Tissot, including the *Enleitung für das Landvolk in Absicht auf seine Gesundheit*, published in Zürich in 1767 and translated to Spanish in 1773, or the Scottish William Buchan and his *Domestic Medicine* from 1772, which was translated to French in 1780). Some of

42 Jens LACHMUND – Gunnar STOLLBERG, *The doctor, his audience, and the meaning of illness*, Sttutgart 1992.

43 Barbora RAMBOUSKOVÁ, *Utváření pacienta: analýza vztahu mezi lékaři a pacienty v českých zemích 1850–1914*, M.A. Thesis, University of Pardubice, 2020.

these publications were supposed to serve both medical professionals and the learned ("thinking" in the language of the time) public, this being a testimony to the different understanding of expert knowledge and professionalisation of healthcare during the late Enlightenment: an example being I.V. Müller and G.F. Hoffman's *Medizinische Rathgeber für Aerzte, Wundaerzte, Apotheker, u.s.w. für denkende Leser aus allen Ständen*, published in Frankfurt after 1797). Their immediate popularity is clear from the fact that some of them were translated into several other languages and published abroad soon after their original publication. After the mid-nineteenth century they became popular in many countries of Europe and America (*traité de médecine domestique*, *el médico en casa*, household physician, etc.), fitting in well with the new notion of the individual's responsibility to efficiently manage his/her body and that of his/her children, advised and supervised by an expert whose authority was granted by science.[44] These handbooks were supposed to explain illnesses and their treatment to laymen, though their aim was not to replace the physician but rather to encourage people to respect physicians' expert authority.

This respect still had to be won in the mid-nineteenth century; it could not be taken for granted. Rambousková shows how in this period, physicians were not only well aware of their need to satisfy the expectations of their patients, but that they still acknowledged it openly and considered it a necessary skill of a physician. Only later on did it become more frequent for them to confidently – and arrogantly – challenge their patients and bitterly complain about colleagues who compromised their medical criteria in order to accommodate their patients. Even at the end of the nineteenth century, the Bohemian doctor V.K. spoke of physicians as those who should provide help and solace to the patient, rather than depicting the doctor as an unquestionable authority who, on the basis of scientific criteria, imposes a diagnosis and a treatment on a passive, obedient patient.[45] Rambousková's research on the Czech lands resonates with the findings from other European countries: not so different from the emphasis on the key importance of a mutual bond of confidence between physicians and the patient stressed by Lachmund and Stollberg for the late 18th and the early 19th century, Alison Moulds shows how "the Victorian doctor was conceived as a reader or interpreter of the patient's emotions,"[46] and such qualities were stressed as of key importance for his professional success even in later decades of the 19th century, when a more positivist understanding of medicine was

44 Christian Friedrich LUDWIG, *Einleitung in die Bücherkunde der praktischen Medizin*, Leipzig 1806.

45 B. RAMBOUSKOVÁ, *Utváření pacienta*.

46 J. LACHMUND – G. STOLLBERG, *The doctor, his audience*; Sarah CHANEY, *Representing emotion in the doctor-patient encounter in Victorian medical writing*, in: The History of emotions blog [online]. URL: <https://emotionsblog.history.qmul.ac.uk/2016/04/representing-emotion-in-the-doctor-patient-encounter-in-victorian-medical-writing/>, [accessed 20th April 2020].

becoming widespread. Our own research shows that the stress on qualities, skills and practices beyond medical science, such as "goodness of heart",[47] as well as a capacity to use language "in a style adapted to people he addresses",[48] had by no means disappeared from the medical press's advice to fellow-practitioners by the end of the nineteenth century, and that a doctor's adaptability to his patients was – albeit grudgingly – considered key to his success well into the twentieth century, particularly in rural communities.[49]

Still, medical authority received a strong boost in the so-called century of progress. Besides the efforts of doctors themselves, this had to do with the growing weight of scientific arguments in public debate. The most obvious field was law: the growing popularity of criminal cases in the press and in oral culture (songs, public retellings of famous murders accompanied by illustrations) cemented the authority of physicians as those capable of determining the truth scientifically, and new branches of publicly-sponsored medicine appeared and flourished, such as forensic pathology. While the popularity of *causes celèbres* represented a boost for the expert authority of physicians, it also showcased the plurality of scientific opinions; physicians as expert witnesses had to compete for authority with each other, as well as with other men of science such as chemists, who were often able to demonstrate by experiment exactly what had happened, such as in the case of poisoning.[50] The emergence of the new figure of the forensic medical professional was given an immediate boost in literature and art. Besides the huge popularity of crime novels[51], a change took place also in more highbrow culture: autopsies, which had tended to be represented within the context of medical education or the public dissemination of medical science, began to appear in completely different settings, linked to forensic practice, such as the painting by Enrique Simonet ¡Y tenía Corazón! (She had a heart!) from 1890.[52]

But there were other, less obvious examples: Spas represent a revealing example of the complex relationship between expert authority and the capitalist logic of profit-making.

47 "Exposición del mérito y premio de la medicina comparado con el de las demás ciencias y otros ramos del Estado, en el año de 1820 (el 26 de julio de 1820). Por el doctor don José Francisco Pedralbes, médico de Cámara honorario de S.M." Décadas médico-quirúrgicas 2, 1820, vol. 1, pp. 66–75.

48 Repertorio Médico Extranjero 5, 1835, vol. 2.

49 Darina MARTYKÁNOVÁ – Víctor M. NÚÑEZ-GARCÍA, *Ciencia, patria y honor: los médicos e ingenieros y la masculinidad romántica en España (1820–1860)*, Studia Histórica. Historia Contemporánea 38, 2020, pp. 45–75. For an early 20th-century example, see the famous Spanish novel by Pío BAROJA, *El árbol de la ciencia*, Madrid 1911.

50 See, for instance, Katherine D. WATSON, *Medical and Chemical Expertise in English Trials for Criminal Poisoning, 1750–1914*, Medical History 3, 2006, vol. 50, pp. 373–390.

51 For their immediate popularity beyond Western Europe, see for instance Jitka MALEČKOVÁ, *Ludwig Buchner versus Nat Pinkerton: Turkish Translations from Western Languages, 1880–1914*, Mediterranean Historical Review 9, 1994, pp. 73–99.

52 URL: <https://www.museodelprado.es/coleccion/obra-de-arte/una-autopsia/d2351d88–907d-4525–85fc-aac39e7703d7>.

From the eighteenth century, it became popular among the well-off to spend leisure time in spas and socialise with their peers, while at the same time improving their health thanks to the beneficial effects of the springs in a given locality.[53] Spas could mean an important economic boost for a region due to the influx of a wealthy clientele, and had political importance as *lieux* of official and unofficial negotiations, often at an international level. The claim regarding the healing qualities of a particular spring or other water source was based on tradition, but the public also began to rely on the endorsement of these effects by medical science. Further complications arose when public authorities were supposed to provide backing for these claims, sometimes because the spas' water sources were public property, sometimes simply because public opinion demanded such a verdict. The former was the case of many French and Spanish spas. The state granted a monopoly on spa management to public employees who were either medical doctors or men of science such as naturalists, chemists and mineralogists. These men were not only to examine and certify the medical effects of the water, but also had a right to earn extra money from its exploitation, besides being paid a good public salary. As Violeta Ruiz has shown, this arrangement was questioned from the standpoint of economic liberalism as an unjust advantage, while the defenders of the existing system argued that freedom of medical exploitation would lead to the neglect of scientific criteria.[54]

The social impact of medical arguments went even further. Health had always been associated with goodness and moral values, but by the late nineteenth century medicine it came to replace religion as the ultimate point of reference in debates on legal and social reforms aimed at improving the society. Medical arguments were used to support public investment, demand changes in legislation, legitimise colonial domination and expansion, and even to promote changes in the social practices of ordinary people. The good doctor bringing an efficient cure to the deprived was one of the most powerful and attractive embodiments of the discourse of the progress of civilisation, and appeared in press articles, plays and novels. Very often, this powerful image legitimised the patronising intervention of the elites towards the rural population or urban proletariat. As for the justification of colonialism by the emphasis on bringing modern medicine to colonial subjects, this rhetoric was used to advocate for colonial expansion, to justify existing colonial domination and

53 This issue is addressed from different angles in: Phylis HEMBRY, *The English Spa, 1560–1815. A Social History*, Cambridge 1990; V. HANULÍK, *Historie nekonvenčních léčebných*; Mònica BATALLA FARRÉ, *La ciudad balneario europea en el siglo XVIII y siglo XIX. Laboratorio de pruebas del espacio público contemporáneo* [online]. URL: <https://upcommons.upc.edu/bitstream/handle/2099/15983/072_BCN_Batalla_Monica.pdf?sequence=1&isAllowed=y>, [accessed 15th May 2020].

54 Violeta RUIZ, *‚Un recurso moral para superar mi enfermedad': honor y neurastenia en las memorias de Justo María Zavala (1899)*, in: Darina Martykánová – Marie Walin (eds.), Las masculinidades en la España del siglo XIX, (in press).

to defend the glorious imperial past *a posteriori*, such as in its use by Spanish nationalists of Francisco Javier Balmis's vaccination "mission" to the colonies, which took place in the early years of the nineteenth century[55]. Nonetheless, medical arguments could also be used to question traditional authorities, subvert the power of elites, to attack the inaction or corruption of the authorities, including colonial ones, and to justify revolutions.[56]

This trend was a global one: thus for example adolescent marriage, perfectly legal according to Islamic law, came under harsh criticism among Muslim intellectuals in the Ottoman Empire. They advocated a reform of the hitherto untouchable sharia, basing their position on the "scientific truth" that early motherhood was damaging to the woman and baby, and therefore contributed to the decline of the Muslim element in the Empire and to the growing supremacy of European powers that did not promote this practice.[57] This endorsement by the learned public and parts of the working classes of the authority of medical arguments in turn strengthened the authority of the physicians themselves, and was often translated into more posts, commissions, institutions and funding of medical infrastructure, staffed by an ever expanding number of medical professionals in many countries all over the world.

Conclusions

Overall, the mid-nineteenth century appears as a period of continuing plurality in the art of healing, but also as a time when important political and social changes put pressure on physicians to embark upon a major renegotiation of their practice. The state became a major regulator of professional practice, and public authorities on the central and municipal level took the initiative in the institutionalisation of healthcare. While constitutional regimes such as France or Spain created new spaces for expert intervention in political decision-making, central European authoritarian governments pioneered in implementing social security. The romantic vision of the physician as a self-sacrificing lover of Mankind, who listened and offered solace to his patients, coexisted and was only gradually replaced with a more positivist image of an uncompromising fighter against disease. The plurality of the art of healing and the complex negotiation that doctors had to carry out in order to reproduce

55 On Balmis's expedition: Catherina MARK – José G. RIGAU-PÉREZ, *The world´s first immunization campaign: the Spanish Smallpox Vaccine Expedition, 1803–1813*, Bulletin of the History of Medicine 1, 2009, vol. 83, pp. 63–94.

56 Méropi ANASTASSIADOU-DUMONT (ed.), *Médecins et ingénieurs ottomans à l'âge des nationalismes*, Paris – Istanbul 2003.

57 Darina MARTYKÁNOVÁ, *Matching Sharia and "Governmentality": Muslim marriage legislation in the late Ottoman Empire*, in: Ioannis Xydopoulos – Andreas Gémes – Florencia Peyrou (eds.), Institutional Change and Stability. Conflicts, transitions, social values, Pisa 2009, pp. 153–175.

and enhance their status, is more reminiscent of the times of self-diagnosis on internet and doctor-hopping of today than of the godlike *primář* Sova or the well-respected *médico de familia* Nacho Martín. The kindness of these men was an extra for their patients, but it made them no more a good physician than the irritable doctors House or Blažej.[58] The quality of a professional within the highly institutionalised settings of expert-dominated public medicine that prevailed in the second half of the twentieth century was measured in terms of medical success, not in personal attributes. In this sense, current trends rather resemble the mid-nineteenth century. Personal marketing and satisfying the expectations of the patient-client has once again become a requirement for a successful doctor, while a strong public healthcare system remains a stronghold for maintaining scientific criteria, a stronghold which nineteenth-century medical professionals did not have at their disposal.

58 Nemocnice na kraji města [online]. URL: <https://www.csfd.cz/film/72122–nemocnice-na-kraji-mesta/prehled/>, [accessed 20th April 2020]; Dr. House [online]. URL: <https://www.imdb.com/title/tt0412142/>, [accessed 20th April 2020]; Médico de familia [online], URL: <https://www.imdb.com/title/tt0115284/>, [accessed 20th April 2020].

Ainhoa GILARRANZ-IBÁÑEZ

Disease, Deformity and Health Terrors in 19th-Century Cartoons: A Cultural History of Science

Abstract: *This article analyses the changes that took place in the image of disease during the nineteenth century. Ever since the Enlightenment movement introduced the scientific discourse into popular knowledge in the eighteenth century, a popular scientific culture had developed and been disseminated. The "cultural visualisation" of science via exhibitions, fairs and illustrated publications became even more intense and widespread in the nineteenth century. In this context, satirical images linked to scientific development proliferated. An analysis of this visual language makes it possible for us to learn more about the development of science and its social impact. I analyse the creation and circulation of iconographic sources, with particular emphasis on French and British sources concerning medical and epidemiological subjects. The aim is to understand the visual tradition that shaped these images and its impact on social imaginary. For that purpose, I examine scientific illustrations from the Early Modern to the Modern Era, in order to better understand their iconography and the ways symbolic language concerning epidemic diseases – mainly cholera – spread across Europe in the nineteenth century.*

Key words: *Cultural History – Science – Caricature – 19th century – Disease*

In 1890, the French writer and illustrator Albert Robida published *La Vie éléctrique* [The Electrical Life], a novel in which he reflected humorously upon the future of society. "La lutte contre le microbe" [The Fight Against the Microbe] and "Migraines scientifiques" [The Scientific Migraines] are two illustrations published in this work, which reflect the scientific revolution in nineteenth-century socio-cultural discourse [Illustrations 1–2]. Based on the theories of visual reception developed by Michael Baxandall, both images help us understand the point to which the discourse of science was internalised by the population. Baxandall has argued that each person has a set of visual codes based on his/her experience and social context, which he calls a "period eye". According to his theory, artists unconsciously incorporate their visual language into their work and translate it into visual structures. At the same time, the reception of this visual code depends on the "cognitive style", meaning that an artistic work is perceived according to the categories, visual

schemes and processes of deduction and analogy of each person, which are determined by her/his own experiences.[1]

Robida's illustrations reflect the capacity of modern society to understand visual codes related to scientific knowledge and practices. "La lutte contre le microbe" includes the language of microscopy, which had been spread among the broader public since the eighteenth century. Robida was able to caricature this language through the representation of microbes monsters that could be vanquished. At the same time, this representation exemplifies the improvements of microscopy throughout the nineteenth century, improvements that enabled the turning of unknown terrors into known threats. These monsters of modernity appeared transformed into evil test tubes and flasks in "Migraines scientifiques" with a visual code that reminds us of Goya's etching, "El sueño de la razón produce monstruos" [The Sleep of Reason Produces Monsters].

Illustration 1–2 [left to right]: "La lutte contre le microbre – médaille d'honneur de M. Philox Lorris" and "Migraines Scientifiques" (Albert Robida, 1890; Gutenberg.org)

Between the seventeenth and nineteenth centuries an evolution took place in knowledge about nature, as well as a break with the beliefs that had been held during the medieval period, giving rise to what is known as the *scientific revolution*. This concept frames a process of scientific, cultural and social change concerning the world-view (*Weltanschauung*) and perception of society; it includes the de-legitimisation of medieval beliefs due to the articulation and dissemination of the scientific theories of Galileo, Descartes or Pascal, among others. The first phase is delimited by the theories of Nicolaus Copernicus and Isaac Newton, which established the ground for a new cosmology and a union between mechanics and mathematics. The following phase was characterised by the development of

1 Michael BAXANDALL, *Painting and Experience in 15th century Italy*, Oxford 1978.

the so-called *modern sciences* – biology, physics, chemistry – and the legitimisation of the discourse of science in society, particularly during the eighteenth and nineteenth centuries.[2]

Before the Enlightenment, the fascination with sciences was reflected in cabinets of curiosities, via which a part of nature was catalogued and exhibited to select visitors. Scientific production linked to these collections grew in the eighteenth century, due to the creation and consolidation of scientific institutions linked to the armies, navies and institutions of government and encouraged by the Court.[3] Enlightened monarchies intervened in the strengthening of scientific academies, such as the French Academy, intensely supported by Louis XIV, and in the inauguration of new ones such as the Imperial Academy of Sciences of Saint Petersburg founded by Peter I of Russia in 1724 and the Royal Academy of Sciences of Stockholm created by Frederick I of Sweden in 1739.[4] These new arenas for the development and exhibition of knowledge invited an approach to the world of the sciences from a new perspective, beyond academic texts. They encouraged a visual experience, and represented the roots of a culture of scientific curiosity that reached its peak in the nineteenth century.[5]

Nineteenth-century society provided the conditions for scientific knowledge to become part of the social discourse: a mass culture that could absorb well-established scientific concepts, a socially-recognised erudite community and a widespread conviction that the sciences were useful for society.[6] A scientific and at the same time popular culture was disseminated, promoting a "cultural visualisation" of science via exhibitions, fairs and illustrated publications.[7] This idea was reflected in the term "vulgarisation", a concept that became common in French after the 1800s, describing the need to make science available to the entire population.[8] Within this context, satirical images linked to scientific development became commonplace. Therefore, an analysis of this visual language informs us about the new technology, as well as developments in scientific knowledge and practices and their

2 Simone MAZAURIC, *Histoire des sciences à l'époque moderne*, Paris 2009; Gérard JORLAND, *La notion de révolution scientifique aujourd'hui*, Revue européenne des sciences sociales 124, 2002, pp. 131–146.

3 Antonio LAFUENTE GARCÍA – Juan PIMENTEL, *La construcción de un espacio público para la ciencia: escrituras y escenarios en la Ilustración Española*, in: Luis García Ballester (ed.), Historia de la ciencia y de la técnica en la Corona de Castilla, Siglo XVIII, Valladolid 2002, pp. 111–156.

4 Jean PIERRE CLÉMENT, *Historia de la ciencia y de la técnica*, Madrid 1993.

5 Agustí NIETO-GALÁN, *Los públicos de la ciencia. Expertos y profanos a través de la historia*, Madrid 2011, pp. 81–92.

6 Bruno BÉGUET, *La vulgarisation scientifique en France de 1855 à 1914: contexte, conceptions et procédés*, in: Bruno Béguet (ed.), La science pour tous. Sur la vulgarisation scientifique en France de 1850 à 1914, Paris 1990, pp. 6–29, here p. 7.

7 Jennifer TUCKER, *The Historian, the Picture and the Archive*, Isis 97, 2006, pp. 111–120, here p. 114.

8 Describe in Bernadette BENSAUDE-VINCENT, *Splendeur et décadence de la vulgarisation scientifique*, Questions de communciation 17, 2010, pp. 1–11; IDEM, *Un public pour la science: l'essor de la vulgarisation au XIX siècle*, Réseaux 58, 1993, pp. 47–66.

social impact. In this article, disease is understood as a socio-culturally influenced reality with a dual biological-cultural nature.[9] Basing my position on this premise, I analyse the creation and circulation of iconographic sources concerning epidemics and medical issues, with a particular focus on French and British sources. The aim is to understand the visual tradition of these images and their role in the construction of the social imaginations linked to the concept of the sick, disease and contagion. Therefore, this work also includes the precedents of scientific illustrations from the Early Modern Era, in order to understand the origins of the iconography and symbolic language deployed when epidemic diseases – first and foremost cholera – ravaged Europe in the nineteenth century.

The Iconography of Disease

The role of images in the field of the sciences has mainly been studied from two perspectives: on the one hand, research into the origin and development of scientific illustrations[10]; and on the other hand, an analysis of the representation of the sciences in the history of art. In the last decades of the twentieth century, a new approach emerged within the framework of the cultural history of science. It focuses on the means of production and communication regarding the scientific field, and on the ways in which the sciences were represented.[11] The researchers who endorse this approach are interested in the visual and material culture of science. The visual and material cultures of science have been studied only recently; nevertheless, they have played a key role in the configuration of scientific and technical knowledge and in scientific and technological development. Maps, diagrams, mathematical analyses, statistical works, drawings, etc., are codes that are used to explain scientific cognition, invisible and intangible to the senses.[12]

There exists a vast bibliography on visual representations of science.[13] The observations and research carried out by naturalists during the scientific expeditions that took place from the sixteenth to the eighteenth century have been extensively analysed by anthropologists,

9 Jon ARRIZABALAGA, *Cultura e historia de la enfermedad*, in: Enrique Perdiguero – Josep M. Comelles (eds.), Medicina y cultura. Estudios entre la antropología y la medicina, Barcelona 2000, pp. 71–82; Charles E. ROSENBERG – Janet L. GOLDEN (eds.), *Framing disease. Studies in Cultural History*, New Jersey 1992.

10 Nicola MÖSSNER, *Visual Representations in Science: concept and epistemology*, London 2018; Klaus HENTSCHEL, *Visual Cultures in Science and Technology: a comparative history*, Oxford 2014; M. NORTON WISE, *Making Visible*, Isis 97, 2006, pp. 75–82.

11 Juan PIMENTEL, *¿Qué es la historia cultural de la ciencia?*, Arbor. Ciencia, Pensamiento y Cultura 743, 2010, pp. 417–424, here p. 421.

12 N. WISE, *Making Visible*, pp. 75–77.

13 John KEAN, *The Art of Science: remarkable natural history illustrations from Museum Victoria*, Melbourne 2013; Brian J. FORD, *Images of Science: a history of scientific illustration*, London 1992.

art historians and historians.[14] However, the ways in which medicine and medical subjects have been represented in art has mostly been analysed within the methodological framework of art history.[15] This is no surprise, taking to consideration the fact that medical topics have found their way into artistic representations since Antiquity.[16]

A great part of the artistic representations of medicine, disease and epidemic is associated with representations of the human body. Death and suffering have been a constant in art, though their representations have varied greatly. The interest in representing these phenomena has led to a substantial amount of portrayals of dying and suffering people, of tormented, sick, wounded and deformed bodies, though there is a differentiation in this pictorial tradition between the depiction of the ill and suffering person on the one hand, and the representation of disease on the other.[17] The plague was one of the most common ways of representing disease in the fine arts. The representation of the plague epidemic reached its peak of popularity in the sixteenth and seventeenth centuries, when Europe was – again – devastated by this pathology.[18] The symbolic universe created during the Black Death of the mid-fourteenth century served as a reference point for Renaissance and Baroque artists.[19] They mostly focused on three plague-related issues: the effects of the epidemic, the religious aspects and, to a lesser extent, medicine.[20]

During the Baroque period, artists often represented the effects of an epidemic on the population. "La Grande peste de Naples de 1656" [The plague in 1656] by Micco Spadaro or "La Peste d'Asdod" [The Plague of Ashdod] by Nicolas Poussin are examples of the style used by artists to dramatise the tragedy. On the one hand, architectural landscapes illustrated the consequences of the disease in public places. On the other hand, illustrations in classicist style sought inspiration in literature and the Bible. The representations reflected the way in which the disease was perceived and handled by the people. The epidemic was understood as a visitation of an angry god, a divine punishment for sins that required

14 Anna LAURENT, *Botanical Art from the Golden Age of Scientific Discovery*, Chicago 2016; Miguel Ángel PUIG-SAMPER, *Illustrators of the New World. The Image in the Spanish Scientific Expeditions of the Enlightenment*, Culture & History Digital Journal 2, 2012, pp. 2–28.

15 Domenico BERTOLONI MELI, *Visualizing disease: the art and history of pathological illustrations*, Chicago 2017; Julie ANDERSON et al., *The art of medicine: over 2,000 years of images and imagination*, Chicago 2011; Alejandro ARIS, *Medicina en la Pintura*, Barcelona 2002.

16 Jean ROUSSELOT (ed.), *Medicine in art: a cultural history*, New York 1967.

17 Carlos REYERO, *La belleza imperfecta: discapacitados en la vigilia del arte moderno*, Madrid 2005, pp. 10–12.

18 George CHILDS KOHN (ed.), *Encyclopedia of plague and pestilence: from ancient times to the Present*, Nueva York 2001.

19 Jean-Marc LÉVY, *Médecins et malades dans la peinture européenne du XVIIe siècle*, Paris 2008, p. 29.

20 Milagros LEÓN VEGAS, *Arte y peste: desde el medievo al ochocientos, de la mitología a la realidad social*, Boletín de Arte 30–31, 2009–2010, pp. 223–238, here pp. 225–226.

public expiation.[21] Visual representations of the plague were therefore an embodiment of a correlation established in that period between religiousness and health. The plague was identified as a sign of divine wrath: Christ throwing arrows – symbolising the plague – at the people. Saints and virgins in praying postures interceded on behalf of the sinning people. It is common to find compositions that represent Saint Sebastian, Saint Roch and Saint Charles Borromeo – protectors from the plague – during this period. Alongside them, one of the most popular representations was that of the Virgin of Mercy protecting the people with her cloak.[22] This iconography dated from the thirteenth century and became widespread after the devastation caused by the Black Death in the fourteenth century. This image continued to circulate during the sixteenth and seventeenth centuries.[23]

Illustration 3: "The Virgin of Mercy responding to the intercessions of the saints by protecting people from arrows symbolising disease; the Devil rules below, where the plague attacks the land", (15th century, Wellcome Collection. Attribution 4.0 International, CC BY 4.0)

21 Roy PORTER, *What is disease?,* in: Roy Porter (ed.), The Cambridge Illustrated History of Medicine, Cambridge 1996, pp. 82–117, here p. 88.

22 Raymond CRAWFURD, *Plague and Pestilence in Literature and Art*, Oxford 1914.

23 J.-M. LÉVY, *Médecins et maladies*, pp. 53–56.

These religious connotations had shaped the visual imaginary built around the epidemics since the Early Modern Era. A moral discourse developed concerning diseases, blaming the sick for their illness. The reasoning went as follows: one's body was unhealthy because one's soul was sick. Disease was understood as a consequence of immoral, sinful acts promoted by demons. Contagion was associated with a diabolic curse that was transmitted from person to person, equating possession with disease. As a result, the visual culture was impregnated with a pictorial discourse in which diseases were spread by monsters from the underworld. These visual codes include compositions in which the origin of the infections is linked both to the anger of God and to the action of the Devil.[24] An example of this is the "Madonna della Misericordia", a panel painting at the San Francesco del Prato church in Perugia. The image reflects the idea of the divine origin of the plague and its propagation by the Devil. This representation – a work by Benedetto Bonfigli from 1464–depicts the Virgin of Mercy protecting the religious community with her cloak.[25] Above her, Christ throws arrows of the plague, which are intercepted by the Virgin's clothes. The angels of Justice and Piety stand next to Christ. At the bottom of the piece is a representation of the city of Perugia threatened by a winged monster, symbolising the death or the Devil. The creature carries a bow and arrows, using them to attack the population, of whom numerous victims can be seen lying on the floor [Illustration 3].

This iconography was strongly linked to the way monsters had been perceived throughout history. These creatures symbolise a breach of the natural order, and their images embody anomalies of society, all that is not adapted to established rules.[26] Consequently, the representation of pathologies and corporal distortions is permeated by a pictorial tradition influenced by the mythological, monstrous and fantastical imagery that had dominated until the beginning of the nineteenth century, when a scientific explanation of monsters became possible, widely understandable and acceptable.

The Monster of Science

From the fifteenth century on, visual culture became enriched by links established among medicine, art and philosophy. Anatomical dissection became popular, due to the interest of artists and naturalists in the representation of the body. In the sixteenth century, medical

24 R. PORTER, *What is disease?*, pp. 102–108.

25 Diana BULLEN PRESCIUTTI, *Visual Culture of Foundling Care in Renaissance Italy*, London 2015, pp. 25–26.

26 Antonio LAFUENTE – Nuria VALVERDE, *¿Qué se puede hacer con los monstruos?*, in: Antonio Lafuente (ed.), Monstruos y seres imaginarios de la Biblioteca Nacional, Madrid 2000, pp. 17–37, here pp. 17–19.

concepts and practices were gradually introduced into the socio-cultural discourse in Europe, particularly in intellectual circles. As for anatomy, illustrated dictionaries and handbooks adopted a style that emphasised description and analysis, rather than mere curiosity and fascination. In the seventeenth century, a deep and systematic knowledge of human anatomy led to the configuration of a canon of the human body, while any deviation from it was construed as anti-natural and therefore monstrous.[27]

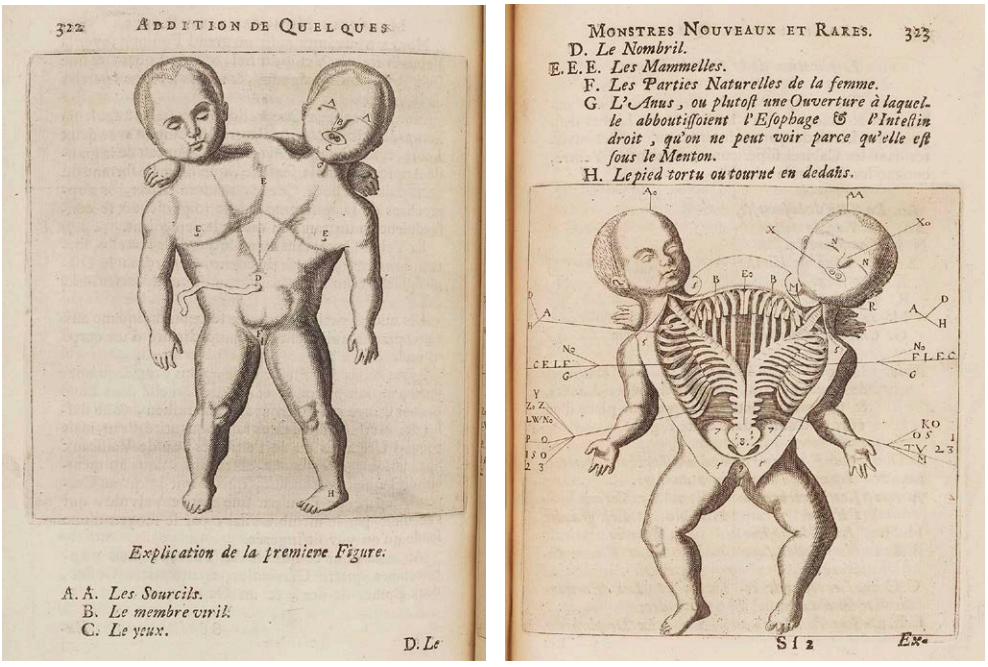

Illustration 4 (1–2): Images published in *Description anatomique des parties de la femme qui servent à la génération, avec un Traité des monstres, de leurs causes, de leur nature et de leurs différences, et une description anatomique de la disposition surprenante de quelques parties externes et internes de deux enfants nés dans la ville de Gand, capitale des Flandres* (Jean Palfyn, 1708; Gallica / Bibliothèque nationale de France, département Arsenal, 4–S-2599)

In the eighteenth century, the growing medical understanding of the frequency and variety of deformities in humans and animals and the overall secularisation of the medical imagination led to the naturalisation of monsters; rather than being labelled as anti-natural,

27 Joaquin FORTANET, *Anatomía de la monstruosidad: la figura del monstruo como objeto de la mirada médico-anatómica moderna*, Asclepio 67, 2015 [online]. URL: <http://dx.doi.org/10.3989/asclepio.2015.14>, [accessed 24th April 2020].

these creatures began to be classified as "monstrosities of nature"[28] Scientific handbooks included illustrations showing bodies with deformed limbs and skin. Bestiaries and treatises on monstrosity became popular, in which bodies with congenital or acquired deformities were associated with mythological figures and fantastical creatures. Therefore, many descriptions of illness and malformation were related to the unusual and the anecdotal[29] [Illustrations 4]. All persons affected by a corporal deformation – conjoined twins, a hermaphrodite, a dwarf – or by a skin disease was classified as a "monster of natural body," bodies marked as beyond the norms of nature.[30]

Scientific practices, including dissection, classification as well as detailed textual and visual representations, helped demystify monsters. From the eighteenth century on, the monster of nature became seen as a curiosity. The bizarre and the strange fascinated the society of the day, being considered an object of contemplation rather than deserving of rejection.[31] At the same time, the publication of scientific handbooks describing these subjects created a visual album of deformity and disease in which monstrosities were presented and analysed like other biological elements. This visual culture concerning the monster redefined its artistic representation, moving further away from the fantastical and supernatural. The visual language now included a code transferred from the field of the sciences into popular culture. For this reason, during the eighteenth century, there were large similarities in the iconographic compositions illustrating scientific works about overseas expeditions, publications about world curiosities and satirical pictures [Illustrations 5 (1–3)].

28 As in *Les Ecarts de la nature, ou Recueil des principales monstruosités que la nature produit dans le genre animal* of Nicolas-François Regnault edited in París in 1775 in the illustrated supplement of *Histoire naturelle générale et particulière, servant de suite à l'histoire naturelle de l'homme* of Jacques de Dessinateur edited in Paris in 1777.

29 Domenico BERTOLONI MELI, *Visualizing disease*, pp. 23–52.

30 A. LAFUENTE – N. VALVERDE, *¿Qué se puede hacer con los monstruos?*, pp. 27–28.

31 Michael HAGNER, *Utilidad científica y exhibición pública de monstruosidades en la época de la Ilustración*, in: Antonio Lafuente (ed.), Monstruos y seres imaginarios de la Biblioteca Nacional, Madrid 2000, pp. 107–127.

Illustrations 5 (1–3) [left–right]: Image published in *A description of the coasts of north and south-Guinea, and of the Ethiopia inferior, vulgarly Angola* (Jean Barbot, 1732; Wellcome Collection. Attribution 4.0 International, CC BY 4.0); "A girl suffering from a skin disease, identified as multiple fibroma" (Alex Hogg & Co, 1805; Wellcome Collection. Attribution 4.0 International, CC BY 4.0); satirical print "Louis XVIII, le Désiré" (18th–19th century; Gallica / Bibliothèque nationale de France, département Estampes et photographie, RESERVE QB-370 (69)-FT 4)

Caricaturists took and exploited the visual code created within the framework of the scientific revolution. By the end of the Enlightenment, political and social revolutions promoted a new bestiary, a work of satirical illustrators that combined scientific and fantastical imaginary. It was common to find images representing different kinds of monsters, such as "Le Géant Iscariotte Aristocrate" [The Giant Aristocratic Iscariot] [Illustration 6]: "a figure with snake hair and crowned with spikes, which attacks anyone

who opposes tyranny". This picture circulated in France during 1789 and 1790, and it was part of a set of satirical revolutionary illustrations against absolutism, in which various monstrosities embodied the enemies of the Revolution. The illustration of this giant was linked to a tale circulating at that time that combined fantastical and biblical elements. Its name has a double meaning: Iscariot refers to Judas and his betrayal of Christ, who in this context symbolised freedom. Moreover, the letters of Iscariot composed an incomplete anagram of "aristocrat".[32] This monstrous giant stood for the perversion and corruption of the monarchy, an evil plaguing the freedom and civilisation represented by the Revolution. For this reason, the monster was represented as a "savage man" following descriptions of other ethnicities in books narrating scientific travels during the eighteenth century.[33]

Illustration 6: "Le Géant Iscariotte Aristocrate" (1789; Gallica / Bibliothèque nationale de France, département Estampes et photographie, RESERVE QB-370 (21)-FT 4 [De Vinck, 3659].

32 Antoine DE BAECQUE, *La France de la Révolution*, Paris 2011, pp. 141–146; Antoine DE BAECQUE, *Iscariotte, géant aristocrate ou l'image monstre de la Révolution*, Annales historiques de la Révolution française 289, 1992, pp. 323–332.

33 A comparative exercise can be conducted with the illustrations published in *the Encyclopédie des voyages, contenant l'abrégé historique des moeurs, usages, habitudes domestiques, religions, fêtes…* of J. Grasset Saint-Sauveur edited Paris in 1796.

The visual code of the sciences was only one of the tools used by satirical illustrators to represent their thoughts. The influence of scientific discourse went much further and became part of the compositional message of cartoonists from the mid-eighteenth century. Thus, for example, the work on physiognomy by Johann Caspar Lavater – *Physiognomische Fragmente zur Beförderung der Menschenkenntnis und Menschenliebe* published between 1775 and 1778–was used by British and French caricaturists to criticise the double standards of important persons in society.[34] In his treatise, Lavater took up an old theory outlined by Aristotle in his *Physiognomica*, according to which one could tell people's character from their external appearance. Lavater popularised the physiognomic theory throughout Europe, and spread the belief that the external appearance of each person was a clear reflection of their inner nature, extrapolating it to the explanation of their acts.[35] This theory influenced satirical illustrators, as reflected in *Doublûres (sic) of characters* (James Gillray, 1798). The caricature plays upon the conclusions of Lavater's essay, portraying several opposition leaders – Charles James Fox, Francis Burdett or the Duke of Bedford – next to their alter-egos, which show their true personality.

This kind of image could only appear with the popularisation of science, a democratisation of scientific knowledge whose bases were established in the *Encyclopedie* project.[36] The Enlightenment built the scaffolding that helped transform the nineteenth century into an era of dissemination of scientific knowledge. The opening to the public of the cabinets of natural science, the creation of permanent exhibition spaces of natural history collections, the inauguration of *conservatoires* of arts and sciences where men could receive training in applicable scientific and technical knowledge and skills, and the popularisation of scientific spectacles made this field of knowledge accessible to a larger audience.[37] Publications aimed at the dissemination of the sciences had appeared before the eighteenth century; however, from the 1800s,[38] there were editorial companies that specialised in publishing books addressing a wider readership. With regard to medicine, as Darina Martykánová and Víctor-Manuel Núñez-García illustrate in their article in this special issue, this type of publication appeared in eighteenth-century Europe, aimed at the learned public.[39] The

34 Laurent BARIDON – Martial GUÉDRON, *L'art et l'histoire de la Caricature*, Paris 2015, pp. 28–31.

35 John GRAHAM, *Lavater's Essays on Physiognomy: A Study in the History of Ideas*, Bern 1986.

36 Bernadette BENSAUDE-VINCENT, *Un public pour la science: l'essor de la vulgarisation au XIXe siècle*, Reseaux 58, 1993, pp. 47–66, here p. 50.

37 Daniel RAICHVARG – Jean JACQUES, *Savants et ignorants: une histoire de la vulgarisation des sciences*, Paris, 2003, pp. 52–71.

38 In Spain, William Buchan's manuals were translated from the end of the 18th century. In 1785, *Medicina Doméstica* [*Domestic Medicine*] was published in Spanish and in 1808, *El conservador de la salud de las madres y de los niños* [*Advice to mothers, on the subject of their own health; and on the means of promoting the health, strength and beauty of their offspring]*.

39 Darina MARTYKÁNOVÁ – Víctor-Manuel NÚÑEZ-GARCÍA, *Vaccines, Spas and Yellow Fever: Expert Physicians, Professional Honour and the State in the Mid-Nineteenth Century,* Theatrum historiae 27, 2020, pp. 7–30.

translation of these works into other languages soon after they were published demonstrates their broad popularity and circulation. From the 19th century onwards, books on "household medicine" became popular in Europe and America, such as the books by William Buchan and Samuel-André Tissot.[40] The hygienist discourse was gradually introduced into the social discourse due to popularising works such as those written by François Vicent Raspail.[41] His *Le Manuel annuaire de la santé* [The Health Yearbook] was a true bestseller. This reference work began its publication in 1846 and ended with the death of its creator in 1878, representing one of the most long-lived dissemination publications.[42]

The editorial world soon grasped that there was an increase in demand for information on medical and hygienic issues. Periodical publications on these subjects began to emerge from the beginning of the nineteenth century, such as *Gazzete de santé* (1833–1836) [Journal of Health] and *Diccionnaire de la santé et des maladies* [the Health and Disease Dictionary]. Health became part of the public debate and so-called "social medicine" emerged, a set of rules of hygiene promoted by experts and implemented by governments and municipal authorities and disseminated via periodical publications and specialised dictionaries.[43]

These works described good habits in terms of hygiene, and usually included illustrations representing the main symptoms of diseases and preventive action to be taken against contagion. The use of illustrations in such publications was part of a general phenomenon from the mid-eighteenth century. During this period, prints of all kinds circulated in large numbers both in France and in Great Britain. The fact that such circulation was extremely common can actually be deduced from the frequent attempts to limit it by the authorities, in order to control particularly the illustrations on political subjects. For example, in 1793 all printers were obliged to send a copy of every image they printed in their workshop to the government. However, this control was impossible because of the very nature of the print, which circulated as an independent object even though it was originally part of an editorial collection or handbook.[44] This wide circulation of images took place because of illiteracy levels; in the early nineteenth century the literacy rate was approximately 60% among adult men in both France and Great Britain, reaching a similar rate throughout the whole

40 Agustí NIETO-GALÁN, *Los públicos de la ciencia: expertos y profanos a través de la historia*, Madrid 2011, p. 54.

41 José PARDO TOMÁS, *De los libros de secretos a los manuales de la salud: cuatro siglos de popularización de la ciencia*, Quark 37–38, 2005–2006, pp. 30–38.

42 Jacques POIRIER – Claude LANGLOIS (eds.), *Raspail et la vulgarisation médicale*, Paris 1992.

43 Isabelle DUSSERT-CARBONE, *Les diccionaires de vulgarisation médicale au XIXe siècle en France*, in: Bernadette Bensaude-Vincent – Anne Rasmussen (eds.), La science populaire dans la presse et l'edition XIXe et XXe siècles, Paris 1997, pp. 87–102.

44 Robert Justin GOLDSTEIN, *Censorship of Political Caricature in Nineteenth-century France*, Kent 1989, pp. 93–94.

population by the middle of the century.[45] Individual prints, engravings, leaflets and posters were a common tool of expression capable of reaching a larger public, in comparison for instance with painting on canvas, which to a great extent was monopolised by the social elite and exhibited in privileged spaces.[46]

This regular use of images is also seen in publications on health and sciences, such as the work of Thomas Bateman, who in 1817 published *Delineations of Cutaneous Diseases*, a visual atlas that represented known skin diseases. These specialised handbooks were not the only illustrated publications; works intended for a non-expert audience, such as the aforementioned *Domestic Medicine* by William Buchan, also influenced the work of the cartoonists who took these health manuals as a point of reference for their cartoons. A clear example can be found in *A Cure for a Cold: Here's a go; I must keep my feet in hot water 20 minutes Take two quarts of gruel wrap my head in flanel and Tallow my nose* (Gabriel Shear Tregear, 1833), which illustrates one of the cold remedies explained in Buchan's handbook.

This medical literature influenced the work of satirical illustrators, who came to compose their own medico-satirical "encyclopaedias" consisting of prints such as *The Gout* (James Gillray, 1799) [Illustration 7], *Ague & Fever* (Thomas Rowlandson, 1788) [Illustration 8] and *The Head Ache* (George Cruikshank, 1819). All these illustrations exaggerated the actual manifestations of disease, representing corporal changes such as enormous red noses or disproportionate bellies and extremities.[47] The main difference with respect to the scientific illustrations consisted of explaining the origin of disease by means of the intervention of supernatural creatures. This explanation was inherited from the visual tradition of the Medieval Era. Thus, headaches were caused by the action of little demons, fever and the influenza were caused by monsters from whose claws nobody could escape, and gout was the result of the bite of a certain type of devil.

The illustrations in which illness was associated with the intervention of fantastical and supernatural creatures were present until the end of the eighteenth century. Nevertheless, the spread of scientific knowledge modified the perception of the origin and propagation of pathologies after the first decades of the nineteenth century. The popularisation of scientific tools, in particular, had an important impact. The camera obscura, the magic lantern, the optical box and the microscope were applied within a broadening range of circumstances and burst onto the public stage in the services of entertainment and social life.

45 Carlo M. CIPOLLA, *Literacy and Development in the West*, Harmondsworth 1969; Lawrence STONE, *Literacy and Education in England 1640–1900*, Past & Present 42, 1969, pp. 69–139, here p. 120.

46 Anne SANCIAUD-AZANZA, *Le texte au service de l'image dans l'estampe volante du XVIII*[e] siècle, Bibliothèque de l'École des chartes 158, 2000, pp. 129–150.

47 Mortimer FRANK, *Caricature in Medicine*, Bulletin of the Society of Medical History of Chicago 1, 1911, pp. 46–57.

Firstly, the naturalisation of these elements made possible the appearance of scientific and medical objects within a different context and with varied connotations. This is the case of the preserved dead bodies depicted by Charles Joseph Traviès de Villiers in *Foetus politiques morts-né*s, a caricature published in 1834.[48] The illustrator used this conservation procedure – very common in curiosity and natural science cabinets[49] – to explain the end of the government known as the "Tiers-parti", which only survived a few days during the July Monarchy in France. But above all, the most popular medical procedure, at least among the cartoonists, was the clyster, and it was often used outside its medical context. Overall, the use of medical instruments proliferated in political caricatures in the first half of the nineteenth century, these tools becoming common accessories of French politicians. This is the case of the marshal Lobau, represented as a clyster himself, after having dispersed a demonstration in favour of Bonaparte with fire-hoses in 1831.[50]

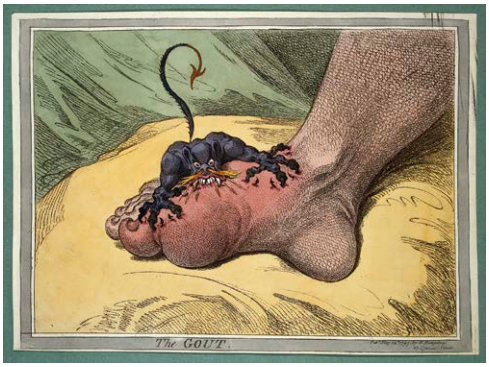

Illustration 7–8 [left to right]: "The Gout" (James Gillray, 1799; Wellcome Collection. Attribution 4.0 International, CC BY 4.0); "Ague & Fever" (Thomas Rowlandson, 1788; Wellcome Collection. Attribution 4.0 International, CC BY 4.0)

Secondly, as they did with botanical and anthropological illustrations of scientific expeditions, the cartoonists adopted codes of representation based on scientific methodology, specifically microscopy.[51] Since 1665, the *Micrographia* of Robert Hooke had popularised illustrations with a microscopic perspective beyond the scientific community. This work

48 Published in *La Caricature,* 20 November 1834, nº 211.

49 Marc HERBIN, *La conservation des collections en fluide. Approche historique et conservatoire*, CeROArt HS, 2013.

50 David S. KERR, *Caricature and French Political Culture, 1830–1848: Charles Philipon and the Illustrated Press*, Oxford 2000, pp. 45–47.

51 Jesusa VEGA, *Ciencia, arte e ilusión en la España ilustrada*, Madrid 2010, pp. 370–372.

triggered a true visual revolution, and around 1000 copies circulated in Europe.[52] But it was only in the nineteenth century that the visual structure of microscopy (a circle – a shape imposed by the lens of a microscope – in which tiny elements of natural world become visible) was incorporated to visual culture, becoming a part of the codes of representation of the society. The images with "a microscopic point of view" were popularised in periodical publications and in other genres such as advertising posters and children's books.

After the Enlightenment, scientific illustrations spread a representation of nature as organised, measured and controlled by human reason. Even so, satirical illustrators turned the message on its head and transformed organised nature into chaos. Microscopy showed an invisible, disorganised world full of unknown creatures compressed into a small place; this idea seeped into the visual imagination that humoristic illustrators applied to social and political compositions. Clear examples of this are found in the works of Baric, a cartoonist of *Le Journal Amusant*, such as: "Etudes microscopiques" and "Une goute de vin vue au microscope", published in the journal in 1862. Both images represent a chaotic scene, a crowd of small figures in different positions and actions. This kind of illustration was used for political subjects: "The Wonders of a London Water Drop" and "Essence of Parliament," two illustrations with a visual code similar to that of microscopy, which appeared in the vastly popular magazine *Punch*, presenting members of parliament as microbes.

The link between microorganisms on the one hand, and chaos and social evil on the other, has its origin in the popularisation of the discourse of science. Next to scientific illustrations about diseases, graphic depictions of microbes and mites circulated in works such as *Histoire Naturelle de la Santé et de la Maladie* of Raspail, published in Paris in 1843. As I have already mentioned, after the Enlightenment, scientific knowledge became part of the social imagination and influenced the perception of monsters.[53] However, within this context monstrosity was not only rationalised but also renovated. Thus, in the first decades of the nineteenth century when the cholera epidemic reached Europe, unidentified microbes were transformed into nightmares of modernity.

Cholera and Invisible Monsters

If, in the Medieval and Early Modern periods, the Devil and other supernatural creatures were the source of evil, then the end of the eighteenth century diseases had their origin in the immoral actions of society. Satirical prints that included references to diseases, insalubriousness or infection become widespread particularly in the times of revolution,

52 A. NIETO-GALÁN, *Los públicos de la ciencia*, p. 48.

53 Katharine PARK – Lorraine J. DASTON, *Unnatural conceptions: the study of monsters in sixteenth-and seventeenth-century France and England*, Past & Present 92, 1981, pp. 20–54, here pp. 51–54.

such as the French Revolution or the liberal revolutions of the first half of the nineteenth century. "La crise salutaire", "Epidémie revolutionnaire" or "La France rétablit sa santé" are examples of this kind of caricature. In "La crise salutaire", disease has taken control of Napoleon's body; the emperor asks a doctor for a solution, he responds that the cure is to reinstall the Old Regime, introducing a pun linking a medical regimen to a political regime. In the same way, watching the supporters of the republic from his window, Louis-Philippe – the last king of France – compares the republican system to rabies in "Epidémie revolutionnaire", published in 1848. In these illustrations, the society falls ill because of a social evil. In both cartoons, which support the absolutist monarchy, the origin of the disease lies in the endorsement of other forms of government. The republicans are depicted as literally rabid, in other words rabies stands for the republic. This iconography is part and parcel of the discourses of that time, with the revolution being compared to the cholera epidemic. Similarly, an opponent of the popular uprising of 1849 expressed it by identifying the epidemic with a "revolutionary infection" and arguing that both evils – cholera and the revolution – "must be eradicated".[54] Such a discourse is shared across political boundaries, being present also among the supporters of the republic, who portrayed the monarchy as a disease for the people and the nation. In another example published at the moment of the abdication of Louis Philippe, the allegory of the French nation exclaims "Me voici purgée de ce ver rongeur" [Here I am purged of this rodent worm]; France rid itself of the parasite that had made her sick, a larva with human face symbolising the monarch [Illustration 9].

Besides political criticism, pathologies were represented in many satirical prints with a social perspective. The advance of cholera or yellow fever, together with the lack of explanations from governments, led to the general feeling of terror of disease, permeating the social discourse in the first half of the nineteenth century. Besides epidemics, crime and alcoholism were also on the rise, and all these evils were linked with the effects of social, industrial and economic transformations.[55] The growth of cities and the increase of their population promoted an uncontrolled urban development, in which the cities were deprived of sanitary infrastructures. For this reason, urban transformations were characterised by the "4 Ds": dirt, disease, deprivation and death.[56]

The protagonists of the social hygienist movement proposed different projects, wrote reports and gave advice to the authorities in an endeavour to improve the situation. Even so, the sanitary problems suffered by the great part of citizens created a lively socio-political debate, pictorial works by cartoonists being part of it. The impurity of the water and its

54 Richard J. EVANS, *Epidemics and revolutions: cholera in nineteenth-century Europe*, Past & Present 120, 1988, pp. 123–146, here p. 135.

55 Ricardo CAMPOS MARÍN, *La sociedad enferma: higiene y moral en España en la segunda mitad del siglo XIX y principios del XX*, Hispania 191, 1995, pp. 1093–1112, here pp. 1093–1095.

56 Ian MORLEY, *City Chaos, Contagion, Chadwick and Social Justice*, Yale Journal of Biology and Medicine 80, 2007, pp. 61–72, here pp. 63–64.

identification as the focus of infection was a common subject of satirical illustrations, especially after the publication of John Snow's research on the contaminated waters in 1849.[57] This message is represented in "Monster soup commonly called Thames water, being a correct representation of that precious stuff doled out to us!!!" by William Heath. He used the visual code of microscopy to illustrate the fauna living in a water drop of the Thames. The picture represents the "microcosmos" of London water, inhabited by horrible and grotesque creatures of different shapes and sizes. The same issue was addressed in "Father Thames introducing his offspring to the fair city of London" published by *Punch* in July of 1858. On this occasion, the Thames was represented as a filthy, semi-human figure that introduced diphtheria, scurvy and cholera to the allegory of the city. Each disease has an unhealthy and disproportionate body.

Illustration 9: "La France rétablit sa santé" (E. Perrot, 1830; Gallica / Bibliothèque nationale de France, département Estampes et photographie, RESERVE QB-370 (107)-FT4)

57 Joan SERRALLONGA URQUIDI, *Epidemias e historia social. Apuntes sobre el cólera en España, (1833–1865)*, Historia Social 24, 1996, pp. 7–21, here p. 10.

Among nineteenth-century epidemic outbreaks, cholera caused great fear and created a lively public debate aggravated by social riots. This disease, unlike some others, made no social distinction. It became a major problem for all social classes, like other epidemics from the past, such as the plague. Medical experts at the service of the public authorities decided to isolate affected areas, building *cordons sanitaires* that restricted the circulation of people. Although in the first half of the nineteenth century the source of infection was unknown, the sanitary control established a social division that resulted in the identification of poor people and marginalised social groups as the possible origin of contagion, because these social groups often lived in an unhealthy habitat.[58] Within this context, the cartoonists represented cholera using two main visual codes: the beast and the monstrous sick.

On the one hand, the tradition of bestiary continued through a visual discourse based on the fantastical imaginary inherited from the Early Modern era. This visual code appeared on public posters that described measures to prevent the contagion or in allegorical illustrations such as the "Portrait de l'Impératrice Eugénie protégeant les villes de Paris et Amiens du cholera" (Léon Brunel-Rocque, Paris, 1866). This picture is a clear example of how a liberal government tried to build a secular iconography using elements from religious visual culture, a common practice since the beginning of the nineteenth century. The pictures that represent the visits of politicians, kings and queens to hospitals were other examples of attempts to create a secular hagiography during a constitutional regime.[59] In this sense, the portrait of the empress Eugénie protecting French cities shares common ground with the depictions of the Virgin of Mercy from the fifteenth and sixteenth centuries.

The allegory of cholera as a beast with an undefined body was linked to the popularity of the miasma theory of the eighteenth and nineteenth centuries. The miasma referred to the union of contaminated substances – water or infected food – as sources of infectious diseases; a belief widespread from the hygienist theories of Thomas Sydenham until the discovery of the microbiological origin of cholera in 1884.[60] The miasma postulate attributed great importance to the alteration of the atmosphere in the spread of cholera or yellow fever.[61] The cartoonists adapted this theory to their visual codes and presented cholera as a faceless creature and accompanied by a fog or contaminated atmosphere, as in the case of *Cholera "Tramples the victors & the vanquished both"* (Robert Seymour, London, 1831).

58 I. MORLEY, *City Chaos, Contagion*, pp. 68–69.

59 C. REYERO, *La belleza impecfecta*, pp. 21–23.

60 Vicente PLA VIVAS, *Del individuo soberano al individuo patógeno. La representación del enfermo y la enfermedad a través de dos ilustraciones Valencianas del XIX*, Ars Longa 9–10, 2000, pp. 231–238, here p. 234.

61 Luis URTEAGA, *Miseria, miasmas y microbios. Las topografías médicas en el estudio del medio ambiente en el siglo XIX*, Geocrítica. Cuadernos críticos de Geografía Humana 29, 1980, pp. 1–34, here pp. 4–5.

Based on these ideas, disease was linked to poverty, as poor nutrition and unhealthy urban areas were identified as the main sources of infection. The idea of that the pauper classes were more affected than others by the epidemic started to circulate; the homeless, drunks and all persons whose morals were considered questionable by the liberal consensus were pointed to as sources of infection, and represented as guilty of spreading the disease in the socio-cultural imagination.[62] On a pictorial level, the focus shifted from the pathology to the patient; the illustrations implied that the sufferer was guilty of the spread of the disease.[63] Thus the social evil ceased to be an external creature and was replaced by the sick themselves, transformed into monsters. Cholera caused diarrhoea and massive vomiting; within a few hours the sick became apathetic, comatose, presenting a grey-blue skin tone and deep-set eyes. The epidemic caused a huge impact among the population, as it could affect anyone, and caused terror reflected in the social imagination.[64] Representations of the infected were based on the following symptomatic picture: blue figures with a thin body, writhing face and aggressive gesture. The patient was transformed into a monster, a creature to run away and hide from [Illustration 10].

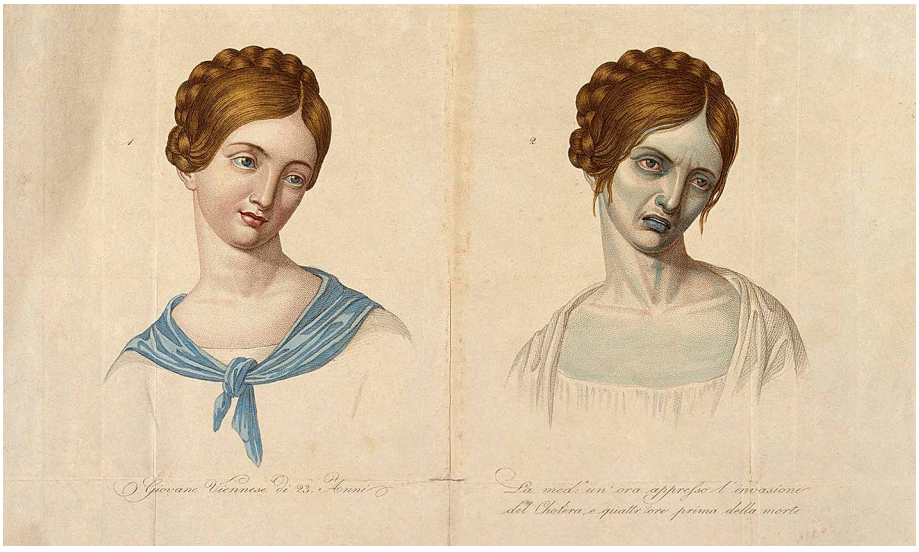

Illustration 10: "A young woman of Vienna who died of cholera, depicted when healthy and four hours before death. Coloured stipple engraving" (1831 approximately, Wellcome Collection. Attribution 4.0 International, CC BY 4.0)

62 I. MORLEY, *City Chaos, Contagion*, p. 67; R. J. EVANS, *Epidemics and revolutions,* pp. 128–129; L. URTEAGA, *Miseria, miasmas y microbios*, p. 6.

63 V. PLA VIVAS, *Del individuo soberano al individuo patógeno*, p. 234.

64 R. J. EVANS, *Epidemics and revolutions*, pp. 127–128.

The cartoonists endorsed this vision and represented the sick as deprived of their human appearance, as we can appreciate for instance in the print *A case of True Cholera* –dating back to 1832–in which several physicians are cleaning the hands and feet of a cholera patient. The sick man barely maintains his human form and looks like a giant larva with reddened eyes; his humanity is only apparent in his bare feet, revealed by his clothes. This image reflects the terror caused by cholera and other epidemic diseases in the nineteenth century. Social fear accompanied by a lack of information and circulation of rumours and incorrect hypotheses made the situation worse, particularly among the most disadvantaged, similarly as in other sanitary crises.[65] Once again, monsters were created in contrast to the parameters of normativity. While in the past the monsters had been people removed from the natural order, in modern times those displaced by the political and social morals were turned into monsters.

In addition to the social fear surrounding the spread of epidemic diseases, the satirical illustrations present another message: a criticism of the scientific discourse and medical practices of that moment. Popular cartoonists as George Cruikshank and Honoré Daumier created some compositions about greedy doctors surrounded by money, who had benefitted from epidemic outbreaks by the sale of healing remedies. In the cartoon "The Central Board of Health",[66] George Cruikshank illustrated a group of physicians celebrating and toasting the spread of the epidemic. These doctors profited financially thanks to the increasing of number of consultations demanded by people and government, wishing to know how treat and reduce cholera symptoms. Very similar is the satirical illustration "An Address of thanks from Faculty to the Risht Hon.ble Mr. Influenzy for his kind visit to this country". The cartoon shows a group of doctors expressing their gratitude to the influenza outbreak. The arrival of the disease means economic and academic profits, and the doctors gain prestige because of their research on the disease. The image represents famous physicians of the medical field such as Pearson, Falconer and Baker, doctors from funded medicine schools and members of important institutions as Royal College of Physicians.[67]

The fear of epidemic diseases lasted throughout the nineteenth century. Nevertheless, the situation changed towards the fin-de-siècle due to the development of the germ theory of disease. After that time, the origin of some diseases was understood, allowing for the development of efficient measures of prevention and/or cure.[68] Microbes and other

65 Manuel FERREIRO ARDIÓNS, *El cólera en las transformaciones del siglo XIX en Álava. La epidemia de 1834*, PhD diss., University of Basque Country, Vitoria 2012, p. 412.

66 "The Central Board of Health", George Cruikshank (1832), The British Museum, Registration number: 1859,0316.201.

67 Renate BURGESS, *A Satire on The Influenza of 1803*, Medical History 23, 1979, pp. 469–473.

68 Jon ARRIZABALAGA – Àlvar MARTÍNEZ-VIDAL – José PARDO-TOMÁS, *La salut en la història d'Europa*, Barcelona 1998, p. 38.

microorganisms of the invisible world were domesticated, in the same way as cabinets of curiosities had exhibited exotic monsters and rendered them less threatening. These creatures were transformed into life forms that were amazing and repulsive at the same time, exposed in public spectacles such as the one announced by the Menus-Plaisirs Theatre in 1883. The spectacle entitled *Les Invisibles* offered a trip to the "infinitely small" world thanks to the use of a giant electrical microscope [Illustration 11]. The poster for the event shows two huge monsters projected onto a stage; the magic lantern spectacle had developed technically so it could show the spectator "tous les monstres effroyables qui grouillent dans une seule goutte d'eau,"[69] as described in *Le Figaro*. The illustration showed the new monsters of science, creatures visible to the human eye thanks to technical development; at the same time the image represented their domestication. Thus society could enjoy them as entertainment under human control.

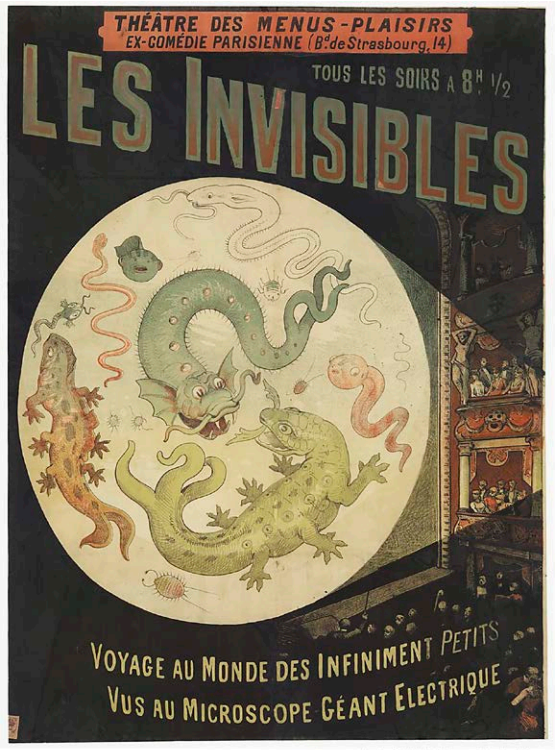

Illustration 11: "Théâtre des Menus-Plaisirs, ex Comédie-Parisienne... Les invisibles. Voyage au monde des infiniment petits, vus au microscope géant électrique" (1883; Gallica / Bibliothèque nationale de France, département Bibliothèque-musée de l'opéra, AFFICHES ILLUSTREES-451)

69 Published in *Le Figaro*, 10 November 1883.

"La Guerre Miasmatique" and other Terrors of the Future

The Great Exhibition of London in 1851 symbolises the starting point of the modern popularisation [*vulgarisation*] of science. One million citizens gathered in the same place for this event, and the audience attending the exhibitions that followed continued to increase, reaching nearly 48 million in the Paris edition of 1900.[70] Scientific dissemination went beyond a utilitarian approach – which had been an important force behind it since the eighteenth century. It was now directed at the whole society, beyond experts and the learned public. The publishing world sensed society's interest in the future of science and technology[71]; companies such as Hachette, Flammarion and Larousse invested in publications focused on scientific popularisation, and created diverse collections targeting children and young people.[72] "La science est partout et dans tout" announced the popular magazine *La Science Universelle* (1865–1861), a slogan reflecting the growth of specialised publications and literary works of scientific popularisation from the 1850s. The target public was diverse, from well-off urban classes to social groups that might have been less wealthy but had intellectual concerns and interests: professional scientists, writers, journalists and skilled industrial workers.[73] Both experts and amateurs provided and publicised scientific information, the weight of each group differing from one country to another. In France, scientific dissemination was highly professionalised, the popularisers of science tended to have strong links with the French Academy of Sciences.[74]

Within this context a hybrid scene emerged, marked by the publication of reports about strange, anecdotal and unusual things next to information about discoveries and scientifically-proven theories. The representations of a utopian world were among the main subjects of scientific dissemination, besides reports about technological developments or chemical, physical and astronomical phenomena. The reports were often accompanied with illustrations. On many occasions, these representations showed contradictory or impossible scientific processes, being more picturesque than scientific.[75]

Scientific knowledge appeared expressed in other cultural forms, such as literature. Inventions and scientific theories caught the attention of writers, who impregnated their

70 Antonio LAFUENTE – Tiago SARAIVA, *La buena nueva de la ciencia*, in: Antonio Lafuente – Tieago Saraiva (eds.), Imágenes de la ciencia en la España contemporánea, Madrid 1998, pp. 16–27, here p. 20.

71 B. BÉGUET, *La vulgarisation scientifique en France de 1855 à 1914*, p. 8.

72 B. BENSAUDE-VINCENT, *Un public pour la science*, pp. 51–53.

73 A. NIETO-GALÁN, *Los públicos de la ciencia*, pp. 63–65.

74 Florence COLIN, *Les revues de vulgarisarion scientifique*, in: Bruno Béguet (ed.), La science pour tous. Sur la vulgarisation scientifique en France de 1850 à 1914, Paris 1990, pp. 71–9, here pp. 79–80.

75 Bruno BÉGUET, *L'imagerie de la vulgarisation*, in: Bruno Béguet (ed.), La science pour tous. Sur la vulgarisation scientifique en France de 1850 à 1914, Paris 1990, pp. 162–167.

texts with inventions and new scientific discoveries. Scientific concepts found their way into literary texts, and discourses on chemical, physical, biological and medical matters inspired writers, from Mary Shelley's *Frankenstein* to Émile Zola's *Le roman experimental.*[76] In France – and in many other countries of the world where the elites were interested in all things French – the extremely popular novels of Jules Verne brought together the main features and values of scientific literature. Other, less popular authors also knew how to utilise the popularisation of science in their works. I will focus on the writer and illustrator Albert Robida, author of the futuristic trilogy *Le vingtième siècle (1883), La guerre au vingtième siècle (1887)* and *La vie électrique (1890).* These three satirical novels explore and exploit scientific knowledge in order to speculate about the future of the society. Robida was an enthusiast of optical inventions; in his works he depicted the visual play of magic lanterns, microscopy and the telescope.[77] He even created new inventions and machines in his literary and pictorial work, basing it on recent technological and scientific developments.

Robida imagined different machines such as the "photo-phonographe", a hybrid between a magic lantern and a microscope, with a clear reference to visual spectacles such as the above-mentioned show at the Menus-Plaisirs Theatre in 1883. This influence appeared in *La vie électrique*, showing a researcher studying the microbes in a drop of water. This image projects the fascination and fear felt by society towards creatures of the natural world. This fear was morphing into dialogue with the advent of microbiology, including the work of Louis Pasteur and Robert Koch.[78]

Nevertheless, behind the apparent technological utopia, Robida remained sceptical about development without control of scientific knowledge, a terror presented in infernal scenes influenced by the miasma theories popularised in nineteenth-century Europe and beyond.

> "*Les trop grandes agglomérations humaines et l'énorme développement de l'industrie ont amené un assez triste état de choses. Notre atmosphère est souillée et polluée, il faut s'élever dans nos aéronefs à une très grande hauteur pour trouver un air à peu près pur,—vous savez que nous avons encore, à 600 mètres au-dessus du sol, 49,656 microbes et bacilles quelconques par mètre cube d'air.—Nos fleuves charrient de véritables purées des plus dangereux bacilles; dans nos rivières pullulent les ferments pathogènes.*"[79]

76 A. NIETO-GALÁN, *Los públicos de la ciencia*, pp. 73–80.

77 Fleur HOPKINS, *Albert Robida's of future time: the magic lantern turned into a magic mirror*, The Magic Lantern Gazette. A Journal of Research 28, 2016, pp. 3–18.

78 Roy PORTER, *Medical Science*, in: Roy Porter (ed.), The Cambridge Illustrated History of Medicine, Cambridge 1996, pp. 154–201, here p. 184.

79 Albert ROBIDA, *Le vingtième siècle: la vie électrique*, Paris 1892, p. 146.

In these words, Robida expressed fears of wild industrialisation and its consequences on public health. Such a threat was present in the cultural imagination from the beginning of the century, as in the illustration "The March of Break and Mortat" by the cartoonist George Cruikshank. This satirical image, published in the second volume of *Scrap and Sketches* in 1829, presents London invaded by bricks and building tools. The illustrator made references to the urban development that took off in the first decades of the century, an urban transformation that consisted of the construction of huge factories and neighbourhoods characterised by high population density.[80] Far from celebrating the benefits of this radical transformation, Cruikshank represented the problems of this chaotic development in a satirical way. He depicted a battle scene: different anthropomorphic building materials fighting for control of the territory. Not only did he express the aggression of the urban revolution, but he also announced the extinction of nature.[81] Albert Robida followed on from Cruikshank, incorporating into his illustrations the miasma and microbiology theories present in the medical and social debate of the second half of the century.[82]

For Robida, the city of the future was corrupt, the water and air were contaminated by infectious microorganisms. He drew a lugubrious and dark scene with two containers, flask style, in which the consequences of urban illness are observed: the death of every living being. Air pollution is represented as a toxic cloud that reminds us of the visual code of cholera, a non-corporeal infection that surrounds everything.

Le Vigtieme Siècle also represented the progress of microbiology during the last decades of the nineteenth century. From the 1880s onwards, the scientific and medical discourse was able to explain the origin of several infectious diseases; several vaccines were developed and applied, and control over diseases was translated into a more rational and less terrifying image of epidemics. Bacteriology emerged, and medical researchers focused on finding pathogenic germs and ways to combat them.[83] Within this context, Robida imagined a terrible future where the human power over microorganisms was used to cause damage. The French illustrator described a society where scientific experimentation created new pathogens, against which men could not fight. Furthermore, populations clashed in miasmatic wars where chemical battalions bombed the enemy with paralysing gases that produced epileptic attacks.

80 I. MORLEY, *City Chaos, Contagion*, p. 62.

81 Michael RAWSON, *The March of Bricks and Mortar*, Environmental History 17, 2012, pp. 844–851, here p. 848.

82 Maria José BÁGUENA CERVELLERA, *Algunos aspectos de la asimilación de la teoría del contagio animado en la España del siglo XIX*, Cronos: cuadernos valencianos de historia de la medicina y de la ciencia 2, 1999, pp. 285–308.

83 L. URTEAGA, *Miseria, miasmas y microbios*, p. 18.

The terrifying future spawned by an out-of-control experiment is shown in "La Chimie venéneuse, empoisonneuse et sophistiqueuse" [Illustration 12]. This illustration represents a scientist whose head is a flask with crazy features, surrounded by all sorts of laboratory containers and artificially-manufactured food. Once again, monstrosity reflects social fear. Robida's novel of anticipation leads the reader to reflect upon an uncertain future,[84] the pillars of which are based on the benefits of scientific and technological development, but the results of which can be monstrous.

Illustration 12: "La Chimie venéneuse, empoisonneuse et sophistiqueuse" (Albert Robida, 1890; Gutenberg.org)

84 Novels of anticipation are understood as stories framed within the genre of science-fiction, in which the social consequences of scientific and technological advances are described.

Conclusions

Diseases have symptoms that science strives to identify and explain. But together with the symptoms, each pathology generates a reaction in the society that can be manifested through practices and images. Understanding the impact of diseases goes beyond the field of science because the disease is shaped not only by biological factors, but also by socio-cultural ones. This analysis has strived to shed light on the bridge that connects both branches of knowledge.

Diseases have been represented in other ways besides medical description, and these representations should be studied to understand the social impact of these diseases. The satirical illustrations analysed are cultural manifestations of the notion of disease that was circulating in the given society. The response to diseases, particularly infectious diseases, has been changing constantly as society has evolved. In the visual code of the caricatures, we may clearly observe how as soon as scientific knowledge evolved the changes were incorporated into the discourse of the caricaturists.

By focusing on an iconographic analysis, it is possible to detect the codes of representation based on the study of monsters on the one hand, and from the visual code of science on the other. Illustrations depicting beasts and monsters were common during the eighteenth century, but with the naturalisation of monsters the representations that linked illness to supernatural creatures or elements decreased. New monsters appeared, but these were already incorporated into the natural and social system, as nightmares explained by science and not by fantasy or magic.

Another aspect highlighted in this article is the construction of social terror linked to infectious diseases, and how a moral discourse is built around them. We have observed how the ill person is linked to bad social attitudes: from disease understood as an evil ensuing from the devil because of an impure soul during the Middle Ages to the link between poverty and the spread of cholera during the nineteenth century.

The expansion of scientific dissemination shaped the reflection about the present and the future. All publications, exhibitions and scientific debates open to the public provided a basis for thinking about the future from the perspective of the present, all of which promoted scientific speculation and the appearance of works such as Albert Robida's. The publication of these works of anticipation expresses the naturalisation of the scientific discourse in society: despite all the fantastical and imaginary elements represented, the work is no longer framed within the cultural tradition of the fantastical and the supernatural.

Šárka Caitlín RÁBOVÁ

Anonymous Bodies? The Process of Disciplining in Tuberculosis Sanatoriums[1]

Abstract: *This paper presents a normative analysis of the internal regulations (house rules) of tuberculosis sanatoriums during the first half and the early second half of the 20th century. It analyses regulations for children and adult patients, enabling a direct comparison of the rules applicable to each group and a characterisation of the specific rules applied to children. The second part of the study investigates patients' reactions to the strict and monotonous regime in sanatoriums, which was controlled and enforced by the staff of these institutions. The analysis of social practices draws on a unique set of documents detailing complaints about patients' behaviour written by Dr. Svatopluk Basař, the director of the Na Pleši sanatorium.*

Key words: *sanatoriums – tuberculosis – internal regulations (house rules) – discipline – normativity – Na Pleši sanatorium*

It took a relatively long time before specialist institutions were set up to provide medical treatment. Historically, most patients remained at home, relying on non-expert forms of treatment passed down from generation to generation. In the best cases, a doctor was summoned to treat the patient, though the effectiveness of this treatment was limited by the current state of knowledge of the human body and diseases, and naturally also by the environment in which the treatment was provided. The precursors of today's hospitals were institutions which provided sanctuary not only to the sick, but to anybody in need of help – including vagrants and travellers.[2] The development of healthcare in Central Europe was decisively influenced by the reforms introduced by Maria Theresa and Joseph II, which established a network of healthcare professionals and central healthcare institutions.[3] However, the key period in this process of development was the 19th century, which saw

1 The study is based on the GAČR research project (GAČR no. 20–17978Y) *The Making of the Doctor and the Patient: the Doctor-Patient Relationship in the History of Bohemian Lands 1769–1992.*

2 On the history of hospitals see Petr SVOBODNÝ – Ludmila HLAVÁČKOVÁ, *Pražské špitály a nemocnice*, Praha 1999, pp. 8–23.

3 In 1753, Maria Theresa issued a set of regulations on healthcare in Bohemia, which became the basis for the imperial healthcare regulations introduced in 1770. Of no less importance were the directive

the emergence of new theoretical fields and types of healthcare, scientific discoveries, and the gradual specialisation of therapeutic care – which required specialist institutions to provide it. One such type of specialist institution that emerged in the mid-19th century was the tuberculosis sanatorium. These sanatoriums were special institutions for the long-term isolation of large numbers of infected patients, who were thus kept apart from society as a whole. Because sanatoriums often treated hundreds of patients at the same time, it was essential to organise and monitor the treatments they provided, and to ensure that the institution as a whole operated efficiently. This requirement led to the establishment of internal regulations (house rules), and it is these documents that are analysed in the present case study. The analysis presented here focuses on regulations for children and adult patients issued during the first half and the early second half of the 20th century. These regulations are most frequently found in the archives of tuberculosis sanatoriums, and sometimes they formed part of the promotional materials issued by individual institutions.[4] The main aim of this paper is to identify the normative content of these regulations and to determine how the staff of sanatoriums attempted to impose discipline on their patients. One expectation of this study was that the house rules of children's sanatoriums would reflect the specific needs of child patients; this thesis was verified on the basis of the analysed material. However, merely studying the house rules and disciplining strategies of the selected institutions would not on its own provide a full insight into the issue. It is also important to take into account social practices and the behaviour of the individuals affected by the rules. Therefore, an equally important question relates to how these disciplining techniques were perceived by the patients themselves – did patients resist the rules, did they respect them as part of the therapy, or did they submit to them? – and to what extent the rules became an integral part of patients' bodies. The analysis of normative rules and social practices will thus present a multifaceted view of the issue, as well as revealing whether

rules issued by Joseph II in 1781, which introduced a categorisation of healthcare institutions. *Ibid*., pp. 28, 46–62.

4 The house rules of the Albertinum sanatorium form part of the publication Jan DVOŘÁK, *Vznik a vývoj organisace boje proti tuberkulose v Čechách. Pamětní spis vydaný na počest otevření „Jubilejního sanatoria na oslavu J. V. císaře a krále Františka Josefa I. Na Pleši" z podnětu, jednomyslného usnesení a nákladem Česk. pomoc. zem. spolku pro nemocné plicními chorobami v král. Českém. I.*, Praha 1916 [?], pp. 29–30; the house rules of the Hamza's children sanatorium in Luže during the first years after its opening are held in SOA Zámrsk, Hamzova dětská léčebna, inv. no. 1833, book no. 875, MUDra Františka Hamzy Sanatorium pro skrofulosní. Léčebný ústav chorob dětských v Luži, undated, p. 20; the house rules of the Hamza's sanatorium for preschool children, schoolchildren and adolescents in the 1950s (including examples of the standard rules for adult patients in the mid-20th century) are likewise held in SOA Zámrsk, inv. no. 752, box no. 21, domácí řády na odděleních; the house rules of adult sanatoriums in Görbersdorf (1909), Na Pleši and Prosečnice (first half of the 20th century) are held in SOA Praha, Odborný léčebný ústav tuberkulózy a respiračních nemocí, Nová Ves pod Pleší, nezpracovaný fond, ukázky tiskopisů, řádů a instrukcí.

the rules were rigid or whether boundaries could sometimes be overstepped, if staff took into account the individual behaviour of patients whose illness had placed them in the unusual position of being permanently watched and restricted.

In the 19th and 20th centuries, tuberculosis (TB) was one of the most widespread and feared diseases in society – though post mortems show that people also died of it in the previous centuries. The main reason for the rapid and massive spread of TB was the Industrial Revolution, which affected most countries in the world during the 18th and 19th centuries. The Industrial Revolution brought wide-ranging political, cultural and social changes. It sparked mass migration from rural areas to cities, as people sought new opportunities and a new life; a new social class – factory workers – also emerged. Many of these people soon had to cope with the cruel reality that their search for a better life came at a high cost. Cities were unprepared for the massive influx of new arrivals, who ended up living in unhygienic basement rooms, subsisting on the poverty line – in addition to which public hygiene was practically non-existent. Although people died of TB regardless of sex and social status, the largest number of casualties was recorded among the poorer strata of society, whose living, housing and working conditions made it impossible to effectively prevent and fight the disease. During this period, tuberculosis was at the forefront of attention for many scientific authorities, who developed sophisticated strategies for the protection, prevention and treatment that ultimately helped eradicate the disease. TB became a major problem across the whole of society: it was discussed in periodicals and radio broadcasts, it was the subject of short educational films,[5] and it was even reflected in art and literature.[6]

Already at the beginning of the 19th century, doctors noticed the positive effects of marine and mountain climates on the health of people suffering from what was known as "consumption". TB sufferers were sent on long curative stays, the main purpose of which was to allow them to rest and spend time outdoors, which helped their treatment.[7]

5 E.g. *Hromadné snímkování se štítu* (1940s/50s); *Na kořen zla* (1948); *Navrácený život* (1940s); *Tuberkulosa* (1924); *Co se dokáže vlastní silou* (1940); *Zdraví vstříc* (1941).

6 Alexandre DUMAS, *La Dame aux Camélias*, France 1848; Victor HUGO, *Les Miserables*, France 1862; Fyodor DOSTOEVSKY, *Crime and Punishment*, Russia 1856; IDEM, *The Idiot*, Russia 1869; Erich Maria REMARQUE, *Three Comrades*, Germany 1936; IDEM, *Heaven Has No Favourites*, Germany 1959; Thomas MANN, *The Magic Mountain*, Germany 1924, etc.

7 Jean DUBOS – René DUBOS, *The White Plague: Tuberculosis, Man and Society*, New Jersey 1952, pp. 12–13, 15–17; Sheila M. ROTHMAN, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History*, Baltimore 1995, pp. 131–147 (the chapter *Come West and Live*); *Ibid*., pp. 148–160 (the chapter *The Physician as Living Proof*); journeys south to more favourable climates are also mentioned by Marie Baškircevová in her diary, see Marie BAŠKIRCEVOVÁ, *Denník Marie Baškircevové II. díl*, Praha 1908, p. 272, entry for 5 December 1880; *Ibid*., p. 279, entry for 26 December 1880; *Ibid*., pp. 388–389, entry for 21 November 1881; *Ibid*., pp. 393–394, entry for 9 December 1881; *Ibid*., pp. 490–493, entry for 28 December 1882.

The curative effects of certain climates were also noticed by the German doctor Hermann Brehmer,[8] who himself contracted tuberculosis yet later recovered during a stay in the Himalayas. After his recovery, he decided to devote his life to fighting the disease, and in 1854 at Görbersdorf[9] he established Europe's first specialist tuberculosis treatment institution.[10] At that time, medical professionals still held the opinion that tuberculosis was a hereditary disease, and that it was incurable. A milestone in the battle against TB came on 24 March 1882, when Dr. Robert Koch[11] gave a presentation to the members of the Berlin Physiological Society on the bacillus which caused tuberculosis; Koch declared that TB was an infectious disease.[12] This discovery brought a fundamental shift in approach both among medical experts and the general public, creating an imperative to prevent and treat the disease. In 1890, Koch himself announced that he had developed a cure known as tuberculin, which was applied intracutaneously in several doses. However, the effects on patients were often drastic, and it soon became clear that it was not a viable treatment. Nevertheless, tuberculin continued to be used for purposes of diagnosis, as it enabled doctors to determine the presence of the bacillus in the organism.[13] Providing therapy

8 Hermann Brehmer (14. 8. 1826 – 28. 12. 1889) was a German doctor who founded Germany's first sanatorium providing fresh air treatment. He studied mathematics, astronomy and natural sciences at Breslau University. After leaving for Berlin, in 1850 he began compiling a herbarium and pursued a medical career. After being diagnosed with tuberculosis he decided that a change of climate would be beneficial for him. He travelled to the Himalayas, where he continued to study, and after a while he found that he had been cured. In 1854 he returned to Germany to study medicine; his dissertation was entitled *Tuberculosis is a Curable Disease*. In the same year he settled in Görbersdorf (now Sokołowsko, Poland), where he opened the first sanatorium for TB patients. His work was continued by his student Peter Dettweiler.

9 Now Sokołowsko; until 1945 it was part of Germany.

10 Cf. Thomas M. DANIEL, *Hermann Brehmer and the Origins of Tuberculosis Sanatoria*, The International Journal of Tuberculosis and Lung Disease 15, 2011, vol. 2, pp. 161–162.

11 Robert Koch (11. 12. 1843 – 27. 5. 1910) was a German doctor and microbiologist who was the founder of bacteriology. In 1905 he received the Nobel Prize for physiology and medicine. He studied medicine at Göttingen University. He introduced numerous methods of fixation, dyeing and photography, and he is considered to have been a pioneer in the field of microphotography. Besides his work on tuberculosis, in 1883 he also discovered the bacillus responsible for cholera. In 1885 he became a professor of hygiene at Berlin University, and from 1891 to 1904 he was the director of the Institute for the Study of Infectious Diseases. Koch travelled widely, mainly to countries that suffered from epidemics of various diseases, such as India or African countries. He died of a heart attack.

12 Roy PORTER, *Největší dobrodiní lidstva: Historie medicíny od starověku po současnost*, Praha 2001, p. 480.

13 *Ibid*., p. 484; Vítězslav JANOVSKÝ, *O Kochově methodě léčení tuberkulosy*, Časopis lékařů českých 29, 1890, vol. 49, pp. 965–967; vol. 50, pp. 989–992; vol. 51, pp. 1017–1019; vol. 52, pp. 1041–1045; on the principles of diagnosing tuberculosis using tuberculin, see e.g. Augustin HOFFMANN, *Protituberkulosní poradna (dispenzář)*, Praha 1940, pp. 31–36.

was a major challenge to doctors, as an effective cure was not developed until the second half of the 20th century;[14] for this reason, prevention was considered a far greater priority.

In order to prevent the further spread of tuberculosis, it was essential to teach society – especially TB patients – how to live with the disease and limit their contacts with other people. As a result, the first half of the 20th century saw the establishment of tuberculosis sanatoriums in many countries; this made it possible to isolate infected individuals for long periods and educate them about the principles of everyday hygiene. The fundamental basis of the therapy provided at these institutions consisted of hygiene-based and diet-based treatments whose principles were laid down by the above-mentioned Hermann Brehmer, working alongside his patient and student Peter Dettweiler.[15] They defined this form of treatment as follows:

> *"Make the patient's home and household hygienic, adjust their lifestyle, feed them properly and appropriately; strengthen and refresh the patient by means of healthy fresh air, sunlight and appropriate water treatment. Protect the patient from everything that harms the body and soul, and devote the same care to both."*[16]

This hygiene and diet based treatment consisted of an appropriate combination of bed-rest, fresh air, nutritious food, and in milder forms of the disease also physical work. This

14 The first antituberculotic was streptomycin, which was isolated on 19 October 1943 at Rutgers University by Albert Schatz; it was first used on human patients in 1947. Another antituberculotic was PAS – a synthetically produced substance that was first trialled in around 1940; in 1946 it was found to be effective against tuberculosis bacilli. The last key antituberculotic was isoniazid; although the drug was first produced at the beginning of the 20th century, it was not until 1952 that isoniazid was found to be effective against TB. For details on the development and use of antituberculotics see Zdeněk ŠIMÁNĚ – Pavel KRAUS – Eva KRAUSOVÁ, *Antituberkulotika*, Praha 1966.

15 Peter Dettweiler (4. 8. 1837 – 12. 1. 1904) was a German doctor specialising in pneumology. He began his medical studies in 1856, attending the universities in Gießen, Würzburg and Berlin. From his childhood Dettweiler suffered from pulmonary problems, so he entered Dr. Brehmer's sanatorium for treatment. After his recovery he stayed on at the sanatorium, working as Brehmer's assistant. Dettweiler's treatment is known mainly for its emphasis on nutrition; the patient's food had to have a high fat content. The number and size of meals was precisely calculated for particular times of day, and this prescription had to be followed strictly. Initially, Dettweiler included alcohol (cognac, wine, champagne) in his treatment, but eventually he began to reduce his patients' alcohol intake. His treatment included plenty of rest. Fresh air treatment took place in all weathers and at all times of year; patients lay on special loungers (designed by Dettweiler himself to provide maximum comfort) on open-air terraces. Each patient had to spend between six and ten hours a day outdoors. Dettweiler educated his patients on the principles of hygiene and the rapid spread of tuberculosis; he even invented a special bottle (known as the *Blue Heinrich*) into which patients could discharge their sputum. Peter Dettweiler died of cardiac complications. His method for TB treatment spread worldwide and became highly successful.

16 „*Uprav hygienicky domov a domácnost nemocného, uprav jeho životosprávu, vyživuj ho řádně a přiměřeně; utužuj a osvěž nemocného zdravým volným ovzduším, proudem slunečním a přiměřenou vodoléčbou. Chraň nemocného přede vším, co škodí tělu a duchu a věnuj stejnou péči oběma.*" František HAMZA, *Boj naší doby proti tuberkulose*, Luže 1908, pp. 200–201.

specific regime required great discipline and care. In certain circumstances, it was possible to follow the regime at home: patients had to have their own room (so that their presence would not harm other members of their family), and it was necessary for a family member to look after the patient. However, doctors tried to persuade patients to undergo treatment in specialised institutions, where the entire process was monitored by experts and trained staff. It should be mentioned that severe and incurable cases were isolated in special hospital wards, while patients with a chance of recovery were housed in sanatoriums. The sanatoriums had internal regulations (house rules) which served to organise life for the large number of patients under their roofs; patients were informed of the rules upon their arrival at the sanatorium, and they had to follow the rules strictly or disciplinary sanctions were imposed. The rules were displayed in prominent locations, such as in corridors or communal areas, in order to ensure that the appeal to obedience was omnipresent. The patients were subject to the house rules not only when in the sanatorium itself, but also during their permitted walks, which offered the chance to leave the zone of the patients' limited everyday movement.[17]

A turning point in the development of Czech sanatoriums came in 1948, when Act no. 185/1948 was approved; this legislation nationalised medical treatment and care institutions, and outlined new rules for the organisation of state-provided medical care.[18] One of the aims of the act was to standardise the organisation of medical care; for this purpose, the Ministry of Health issued a standard set of house rules in two versions – one for children and one for adult patients. Previously there had been no standardised house rules, as these had been a matter for the private individual or association that owned the sanatorium. However, an analysis of the house rules prior to and after 1948 reveals that in many ways they were identical. Of equal importance was Act no. 103/1951 on the standardised prevention and medical care, which made it compulsory to undergo treatment for certain diseases, including tuberculosis.[19] Before this legislation came into effect, patients had the option to undergo treatment, but it was not compulsory. The introduction of compulsory treatment may have had an effect on patients' acceptance of the regime at the sanatorium, on their behaviour while at the institution, and also on doctors' perception of these patients.

Upon an analysis of individual sets of house rules, it is clear that many of their stipulations were related to the daily routines at the sanatoriums – primarily the daily regime

17 The fact that the house rules also applied beyond the confines of the sanatorium is explicitly stated in the rules for adult patients. See e.g. SOA Zámrsk, Hamzova dětská léčebna, inv. no. 752, box no. 21, domácí řády na odděleních.

18 Petr SVOBODNÝ – Ludmila HLAVÁČKOVÁ, *Dějiny lékařství v českých zemích*, Praha 2004, p. 219.

19 *Ibid*., p. 220.

for patients, which was organised in considerable detail on an hour-by-hour (or sometimes minute-by-minute) basis. After undergoing an initial medical examination, patients were allocated to different rehabilitation groups depending on the extent and gravity of their condition.[20] The regime of daily activities depended on which group the patient was allocated to. Patients with milder forms were allowed more free movement and were involved in work activities – gardening, basket-weaving, hand crafts etc. All members of a group had to perform all their tasks together at a precisely stipulated time; this was monitored by nurses, and in some sanatoriums a gong or a bell was used to signal the beginning and end of different phases of activity. The patients thus got up and went to bed at the same time, and the same applied to washing and bathing, meals, resting, and leisure time. Other aspects of sanatorium life were also subject to a weekly or monthly routine – including some therapeutic procedures, weighing of patients, or detailed medical examinations.

Patients' freedom of movement was highly restricted; walks outside the confines of the institution had to be approved on an individual basis by doctors. The regulation of free movement clearly reflected an attempt to prevent the spread of the disease – as well as preventing disciplinary offences such as smoking, drinking alcohol, or visiting restaurants and pubs. An equally important factor was the reaction of the inhabitants in nearby towns and villages, who were afraid of contagion and did not want the patients to cross the demarcation line between the institution and the outside world.[21] Similar considerations applied to visits from family members, which the house rules described as disrupting the operation of the sanatorium.[22] Visits to both children and adult patients

20 Sanatoriums for adults classified patients into four rehabilitation regimes. Regime no. 1: strict rest; regime no. 2: mainly rest; regime no. 3: tonic regime; regime no. 4: training regime. SOA Zámrsk, Hamzova dětská léčebna, inv. no. 752, box no. 21, domácí řády na odděleních; child patients were allocated to one of the following groups: 0: strict bed-rest and no movement; 1: permission to go to the dining hall; 2: one session lying down per day; 3: two sessions lying down per day; 4: four sessions lying down per day; 5: one short walk; 6: one walk or games, sports, dance etc. *Ibid*.

21 J. DVOŘÁK, *Vznik a vývoj organisace*, p. 19; this is also evident from complaints from people living near the Na Pleši sanatorium (29 May 1935 and 8 June 1950). SOA Praha, Odborný léčebný ústav tuberkulózy a respiračních nemocí, Nová Ves pod Pleší, nezpracovaný fond, vyhlášky ředitele sanatoria.

22 See e.g. SOA Praha, Odborný léčebný ústav tuberkulózy a respiračních nemocí, Nová Ves pod Pleší, ukázky tiskopisů, řádů a instrukcí. Domácí řád sanatoria v Prosečnici, p. 8; SOA Zámrsk, Hamzova dětská léčebna, inv. no. 1833, book no. 875, MUDra Františka Hamzy Sanatorium pro skrofulosní. Léčebný ústav chorob dětských v Luži, undated, p. 20; a similar situation was faced by Zdena Wolkerová, the mother of the writer Jiří Wolker, who was treated in a private sanatorium at Tatranská Polianka. Mrs. Wolkerová stayed with her son for the first few days of his treatment, but the head physician soon asked her to leave and entrust her son's care entirely to the experts. He stated that the presence of family members had a negative effect on patients' psychological state, and noted that family members often tended to interfere with the treatments. Cf. Zdena WOLKEROVÁ, *Jiří Wolker ve vzpomínkách své matky*, Praha 1951, p. 205.

were only permitted once a month, at clearly stipulated times and in premises reserved for that purpose. Child patients had to write to their parents once every two weeks, and their letters were monitored by the institution's staff.[23] If this correspondence included negative comments about the staff or the sanatorium itself, the patient had to rewrite the letter. If children's letters were censored in this manner, the question arises as to what value they have for researchers today, and to what extent they genuinely reflect the child's personal experience. On the other hand, these letters – alongside promotional materials and annual reports – were used by the institutions to influence their perception by the general public, primarily by the parents of their child patients.

The second main aspect on which the house rules focused was personal and public hygiene. Patients were to conduct themselves with the awareness that they suffered from an infectious disease, behaving in such a manner that they would not endanger other patients or staff at the sanatorium. Hygiene regulations involved complying with and monitoring basic principles of personal hygiene – principles which many of the patients lacked. Particular emphasis was placed on the safe handling and disposal of patients' sputum. There were spittoons in communal areas, but each patient had their own pocket spittoon which they were required to use; if they failed to do so, they would be expelled from the sanatorium. The spittoons had to be disinfected regularly, and it was strictly forbidden to empty them into toilets or washbasins. The purpose of these rules was not only to maintain hygiene in the sanatorium itself, but also to teach patients how to behave in a safe manner and instil in them the principles of personal hygiene in both public and private spaces. This educational aspect was of great importance, because a patient's life after recovering and leaving the sanatorium was never the same as it had been previously. Doctors were aware that there was a high risk of recurrence in previously infected individuals,[24] so each patient had to learn how to behave with consideration towards their family and others around them – as well as to themselves – in order to reduce the risk of recurrence.

A direct comparison of the house rules for children and those for adult patients clearly indicates that the disciplining of small children was viewed as a gradual process that was under the control of the institution's staff. Parents were acquainted with the house rules

23 Compulsory correspondence applied to school-age children and those under age 18. In the case of bedridden children and those of preschool age, the institution sent a detailed progress report to the parents once a month. SOA Zámrsk, Hamzova dětská léčebna, inv. no. 752, box no. 21, domácí řády na odděleních.

24 The patients themselves also witnessed cases of recurrence, which greatly affected them, causing anxiety, feelings of hopelessness, and fear for their own health. The writer Jiří Wolker, writing to his parents, noted that recurrence happened very frequently, and that he himself feared it, as he felt he lacked the strength to undergo the treatment all over again from the very beginning. Cf. Jan KÜHNDEL – Zdena WOLKEROVÁ, *Korespondence s rodiči*, Praha 1952, p. 171. Letter dated 10 September 1923.

when their child was inducted into the institution; the rules were often displayed in the induction room. After 1948, the house rules for non-adults were divided into three age groups: preschool children, school-age children, and under-18s. The older the children, the more the rules focused on hygiene, free movement and moral disciplinary offences – in other words, they became increasingly similar to the adult rules. With regard to behaviour, children were expected to respect the institution's staff – the doctors and nurses – as bearers of natural authority. If a child broke a rule, they could have their toys confiscated, be separated from their peers for a period, or in cases of repeated rule-breaking they could be reprimanded by the head physician. Physical punishments were not specified in the house rules of any sanatorium, though it is not known whether they were used in practice. Because separation from their families was more difficult for children than for adults, and because children were still undergoing a process of socialisation, they needed much more attention as well as special educational methods. However, this was not explicitly stated in the house rules, which focused strictly on the organisation of everyday life at the sanatorium.

For adolescent and above all for adult patients, the house rules attempted to govern physical behaviour through moral imperatives. These patients too were required to obey the instructions of the medical staff without exception, but they were also expected to be aware of the gravity of their condition, and to a large degree they were expected to take personal responsibility for the course and successful outcome of their treatment. Irresponsible and ill-disciplined patients were designated as cases that were difficult to cure:

> *"For your treatment to be successful, for you to be able to return home as soon as possible, you must submit to a certain order which is summarised in these rules, as approved by the Ministry of Health."*[25]

The question remains as to whether the doctors genuinely believed that the daily regime would have such strong therapeutic effects, or whether when responding to patients' complaints they were in fact merely deflecting the blame for unsuccessful treatment onto the patient's failure to comply with this regime in its entirety. Because adults were much more keenly aware of their own identity and often attempted to reassert a degree of personal freedom, the house rules contained stipulations on the moral regulation of their behaviour. As mentioned above, patients were forbidden from smoking, drinking alcohol, visiting restaurants and pubs, or engaging in any personal contact whatsoever with patients or staff of the opposite sex. Many sanatoriums were for men or women only, though there were mixed sanatoriums where sexual contact could potentially occur. Violations of rules

25 „*Aby Vaše léčení bylo úspěšné, abyste se co nejdříve mohly vrátit domů, musíte se podrobit jistému pořádku, který je shrnut v tomto řádu, schváleném Ministerstvem zdravotnictví.*" SOA Zámrsk, Hamzova dětská léčebna, inv. no. 752, box no. 21, domácí řády na odděleních.

by adolescents and adults naturally incurred different penalties than violations by small children: adolescents and adults were forbidden from receiving visitors or going on walks, they were publicly reprimanded, and in extreme cases they could be expelled from the institution. Once expelled, a patient was never readmitted to the institution, and they may also have encountered problems being admitted to other sanatoriums.[26] Besides the several differences outlined above, the basic stipulations and principles of the house rules were identical for children and adult patients. On the theoretical level, then, the goal of these house rules was to construct a typical (or ideal) tuberculosis patient, whose disciplined behaviour would ensure the smooth and efficient operation of the entire institution.

But how did the patients themselves respond to these rules? Did they accept them, aware that they were an essential part of the therapeutic process, or did they resist them? It is very difficult to reconstruct historical social practices, though some information is available from the personal memoirs or correspondence of former patients.[27] A unique source of insight here is provided by complaints about patients' behaviour written by Dr. Svatopluk Basař,[28] who was the director of the Na Pleši sanatorium for adults between 1926 and 1951.[29] Basař's complaints cover his entire time at the sanatorium, and they are

26 SOA Praha, Odborný léčebný ústav tuberkulózy a respiračních nemocí, Nová Ves pod Pleší, nezpracovaný fond, ukázky tiskopisů, řádů a instrukcí. Domácí řád sanatoria v Prosečnici, p. 11; similarly a letter from the Central Social Insurance Company in Prague dated 28 June 1935, stating that patients expelled from the Na Pleši sanatorium for disciplinary offences would not be admitted to other sanatoriums. *Ibid*., vyhlášky ředitele sanatoria.

27 Works from other countries include e.g. C. Gale PERKINS, *The Baby's Cross: A Tuberculosis Survivor's Memoir*, Canada 2011; Shirley MORGAN, *Well Diary... I Have Tuberculosis: Researching a Teenager's 1918 Sanatorium Experience*, Published by the author 2014; Gloria PARIS, *A Child of Sanitariums: A Memoir of Tuberculosis Survival and Lifelong Disability*, North Carolina 2010; Czech works include e.g. SOkA Kutná Hora, Josef Braun, osobní fond; *Ibid*., Jiří Ostaš, osobní fond; SOkA Náchod, Otto Berger, osobní fond; J. KÜHNDEL – Z. WOLKEROVÁ, *Korespondence*; Zina TROCHOVÁ, *Jiří Wolker dopisy*, Praha 1984; Z. WOLKEROVÁ, *Jiří Wolker ve vzpomínkách*; Jiří WOLKER, *Do boje, lásko, leť*, Praha 1975; František SMETANA, *Jak jsem se uzdravil*, Praha 1947; Max BROD – Franz KAFKA, *Přátelství*, Praha 1998; Franz KAFKA, *Deníky 1913–1923*, Praha 1998; IDEM, *Život ve stínu smrti. Dopisy Robertovi*, Praha 2012; IDEM, *Dopisy rodičům z let 1922 a 1924*, Praha 1990; IDEM, *Dopisy rodině*, Praha 2005; Adina MANDLOVÁ, *Dneska už se tomu směju*, Praha 2015.

28 Svatopluk Basař (31. 12. 1895 – 15. 4. 1982) was a Czech doctor who specialised in tuberculosis and pulmonary diseases. He studied medicine at the Prague Medical Faculty, graduating in 1920. In his early career he focused mainly on diabetes, but he soon began to specialise in tuberculosis and other respiratory ailments. During his career he undertook study visits to various institutions in foreign countries, including Canada, the USA, Britain, France, Italy, Germany and Sweden. In 1927 he became a specialist in internal and nervous disorders, and in 1932 he became an associate professor of pathology and therapy of internal diseases. From 1951 to his retirement in 1978 he worked at the tuberculosis and respiratory diseases department of the clinic in Roudnice nad Labem, and between 1952 and 1956 he was the district's head physician for tuberculosis.

29 The Na Pleši sanatorium was the first institution on the territory of the Bohemian Lands to specialise solely in the treatment of adult tuberculosis patients. It was established by the Bohemian Provincial

very diverse in nature. Nevertheless, it is possible to identify the most common breaches of the rules. Patients showed a lack of respect for each other – making noise during the night, shouting and insulting each other. The director frequently reminded them of the principles of good table manners, as some patients threw food or crockery at each other in the dining hall, poured tea on each other, or took food to their rooms (which was strictly forbidden).[30] The patients frequently failed to respect the daily regime, arriving late for their rest sessions or treatment procedures. They failed to keep the sanatorium clean and tidy – both in communal areas and in their own rooms. Among the most frequent and most serious infractions was spitting on the floor. Basař's complaints reveal that many patients were completely unaware of the importance of using and correctly disinfecting spittoons. They emptied their spittoons into washbasins or toilets even though the sanatorium had a special disinfecting device. Sputum was found not only on the floors, but even on the walls, chairs and other items in communal areas:

> *"… And yet on ward II we have a miscreant who is proficient at spitting on the floor around the wall at regular intervals. Wonderful! I would like to see the animal with a cloth in his hand, trying to clean up after himself and make the place right for decent people – I don't think he'd have the stomach for that…"*[31]

After breaches of hygiene, the second most common type of infringement was moral in nature. Patients left the sanatorium without the director's permission, visited pubs and attended dances, returned drunk, and smoked in the sanatorium grounds. In the woods they caught songbirds that they could sell for money to buy alcohol and cigarettes, which they purchased themselves or from young orphans in nearby villages. They also breached the rules forbidding contact with members of the opposite sex, whom they met in their

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Association for Assistance to Patients with Pulmonary Diseases, and the land for the sanatorium was donated to the association by Prince Colloredo-Mansfeld and his wife. The foundation stone was laid on 6 December 1908, and the main building work began in 1912. The sanatorium was opened on 2 February 1916; the first patients were soldiers returning from the front. When antituberculotics were discovered, the sanatorium became a specialist pneumological institution with its own laboratories and a bronchology department. In the 1980s the institution began to focus on oncological treatments – and this remains its primary focus today.

30 SOA Praha, Odborný léčebný ústav tuberkulózy a respiračních nemocí, Nová Ves pod Pleší, nezpracovaný fond, vyhlášky ředitele, e.g. complaints dated 2 June 1927, 10 June 1927, 26 June 1929, 8 March 1933, 20 September 1934, etc.

31 „*… A přece máme mezi sebou na II. odd. výtečníka, který na záchodě mistrně sází chrchle podle stěny na zem v určitých vzdálenostech. Krasochuť! Rád bych viděl toto zvíře, kdyby měl s hadrem v ruce takto znečištěnou místnost učinit zase přístupnou slušným lidem – na to by měl asi slabý žaludek…*" *Ibid*., complaint from March 1944, similarly complaints from 5 December 1926, 16 February 1929, 30 August 1937.

rooms or in the woods.[32] Although the director had a certain degree of understanding for some breaches of hygiene, he was far more militant when it came to dealing with moral infringements. In his eyes, such behaviour meant that a patient was consciously harming their own health, and evidently had no interest in being cured. Such cases resulted in expulsion from the sanatorium. Other penalties included a complete ban on walks or visits to the sanatorium cinema, or an increase in the number of sessions in which patients had to lie entirely still without moving or speaking.[33]

Logically, some patients found it difficult to accept their loss of control over their own lives, and attempted to regain at least some elements of "normal life". However, as the director's complaints reveal, these patients evidently failed to appreciate the gravity of their condition and the need to behave with great consideration for those around them – either that, or they were simply uninterested. This is reflected in letters written by some former patients who left the sanatorium due to the poor behaviour of the other patients and felt the need to inform the director of the problem:

> *"I was admitted on 8 June of this year to the above-mentioned sanatorium, and yesterday afternoon, on 6 July 1931 at 10 a.m., I left the premises because I had lost my appetite – despite the fact that the food was hygienically prepared and initially tasted good to me – because in the dining hall with 60 or 70 patients there is so much noise and such a racket that I could not eat properly, and in the end I ate only half of what I had previously eaten. There were only a few German-speakers among the patients. The Czech patients mocked us and shouted 'German cows' at us. I also found it disgusting that the patients used their own spoons to take food from shared pots, which ruined my appetite. Etc."*[34]

Conclusion

The house rules of tuberculosis sanatoriums were focused mainly on issues related to everyday operations. The second major element of the rules concerned personal and public hygiene. Until effective medicines were developed, doctors could never rule out the possibility that the tuberculosis would recur even after a patient's recovery, so recovered

32 Cf. *Ibid*., complaints from 20 April 1929, 13 November 1929, 29 September 1932, 13 March 1935, 20 June 1936, 30 July 1937, etc.

33 For examples of the most frequent penalties imposed see *Ibid*., 4 June 1931, 19 March 1932, 17 October 1930, 30 April 1934, 31 August 1937, 29 January 1939 or 25 January 1940.

34 *„Byl jsem přijat 8. června t. r. do zmíněného sanatoria a včera dopoledne t. j. 6. července 1931, v 10 hodin jsem je opustil, poněvadž přestalo mi chutnati jíst, ač jídlo bylo dobře a čistě připraveno a zprvu mi chutnalo, poněvadž na jídelně se 60ti či 70ti nemocnými je tolik hluku a kravalu [sic!], že nemohl jsem se ani pořádně najíst a nakonec jedl jsem jen polovinu toho, co dříve jsem snědl. Mezi nemocnými bylo nás jenom několik Němců. Pacienti české národnosti vysmívali se nám a pokřikovali na nás ‚německé krávy'. Mimo to se mi hnusilo, když nemocní ze společných nádob nabírali vlastními lžícemi jídla a tím mně jídlo ošklivili, atd."* *Ibid*. Letter from Antonín Knauschner dated 7 July 1931.

patients still had to take measures to protect themselves and others, and even after returning home from the sanatorium they still carried with them the stigma of potential risk. The hypothesis of a different approach to child patients was not confirmed; on the contrary, the house rules approached patients as anonymous bodies which were subjected to control and monitoring. However, these conclusions were only drawn from the analysis of normative sources, which offer researchers an insight into the theoretical (or ideal) functioning of an institution. As mentioned in the introduction, the study of social practice is an equally important source of insights, as it indicates how these normative regulations were applied and the extent to which they were respected. Although the written texts of the house rules do not explicitly mention a different approach to child patients, other sources clearly indicate that children's sanatoriums attempted to function as hygienic homes in which the staff would at least partly act as a substitute for the children's missing families and help alleviate their homesickness.[35] Further evidence is provided by the establishment of sanatorium schools, which (despite obvious differences) functioned as substitutes for normal schools and ensured that children would not lag behind in their studies. A certain degree of flexibility in the house rules is revealed by the behaviour of adult patients. Confining patients in institutions – where they were subject to strict discipline and constant observation and monitoring – had a negative impact on their mental state. The collective psyche responded by violating the social norms governing polite, responsible behaviour; this was particularly manifested in resistance to disciplinary strategies, regardless of the original intentions that motivated these strategies. The fact that the rules were repeatedly violated without patients incurring the associated disciplinary sanctions indicates that the rules were in fact adapted to suit the momentary conditions, and that there existed a form of "negotiation" between the patient and the doctor who represented the rules. This case study thus shows that the historical reality was a product not only of discursive norms, but equally also of the individual actors, who were unwilling to become mere anonymous bodies controlled by regulations, and who instead used various tactics to manifest their individuality and assert their specific needs and opinions.

35 SOA Zámrsk, Hamzova dětská léčebna, inv. no. 1833, book no. 875, MUDra Františka Hamzy Sanatorium pro skrofulosní. Léčebný ústav chorob dětských v Luži, undated, p. 10; *Ibid*., inv. no. 949. box no. 43, Paměti učitele a správce ústavní školy – Václava Svatka 1910–1950.

Jan BOUŠKA

The Death of a Child in a Noble Family: Prince Walter Prosper (1839–1841) and the Funeral Ritual of the House of Schwarzenberg in the Nineteenth Century

Abstract: *The funeral rituals and ceremonies of the House of Schwarzenberg were passed from generation to generation from the seventeenth and eighteenth century until the interwar period, and contributed significantly to the identity of the family. This article is focused on the specific case of Prince Walter Prosper (1839–1841), who died at the age of two as a consequence of a severe head injury. The article describes not only the ceremonies and rituals which took place during Prince Walter's funeral, but also uses them to explain the general course of Schwarzenberg burials. As mentioned above, Prince Walter died tragically and suddenly, which was in sharp contrast with the Schwarzenberg ideal of death. The question of the tragic and sudden death of a child and its impact on the rest of the family and its behaviour is also dealt with in this article. Our research is based on the study of the archival material in the Třeboň State Regional Archive, Department in Český Krumlov, where the archive of the House Schwarzenberg is stored, and on a comparison with the research conducted by other Czech historians, mainly Václav Grubhoffer.*

Key words: *Schwarzenberg – Walter Prosper – 19th century – death – funeral –rituals –ceremonies – tomb*

Funerals of the Schwarzenbergs[1] consisted of a number of mutually connected ceremonies and rituals, the ground principles of which were established in the seventeenth and eighteenth century. In the eighteenth century, the pattern of something which might be called the "Schwarzenberg funeral" was consolidated. This

1 In this article, the name 'Schwarzenberg' is used only for the primogeniture line of the House. On the general history of the House see Karl zu SCHWARZENBERG, *Geschichte des reichsständischen Hauses Schwarzenberg*, Neustadt an der Aisch 1963; Martin GAŽI (ed.), *Schwarzenbergové v české a středoevropské kulturní historii*, České Budějovice 2013; Hannes STEKL, *Österreichs Aristokratie im Vormärz. Herrschaftsstill und Lebensformen der Fürstenhäuser Lichtenstein und Schwarzenberg*, München 1973. On the second line see Zdeněk BEZECNÝ, *Příliš uzavřená společnost. Orličtí Schwarzenbergové a šlechtická společnost v Čechách v druhé polovině 19. a na počátku 20. století*, České Budějovice 2005; IDEM, *Smrt šlechtice,* in: Fenomén smrti v české kultuře 19. století: sborník příspěvků z 20. ročníku sympozia k problematice 19. století, Praha 2001, pp. 206–266. On the general history of the Bohemian aristocracy see Václav BŮŽEK – Josef HRDLIČKA – Pavel KRÁL – Zdeněk VYBÍRAL, *Věk urozených. Šlechta v českých zemích na prahu novověku,* Praha – Litomyšl 2002; CERMAN, *Šlechtická kultura v 18. století. Filozofové, mystici, politici*, Praha 2011; Jiří HRBEK, *Proměny valdštejnské reprezentace. Symbolické sítě valdštejnského rodu* v 17. a 18. *století*, Praha 2015; Petr MAŤA, *Svět české aristokracie*

pattern was then passed down from generation to generation for many decades and centuries. Although the form of some particular ceremonies changed to a greater or lesser degree over time, the overall funeral pattern nevertheless remained almost the same until the interwar period, and without doubt contributed significantly to the identity of one of the most powerful houses in the Habsburg Empire.

This article presents the funeral of one particular member of the House Schwarzenberg – Prince Walter Prosper (1839–1841).[2] The course of this funeral is used not only to describe the entire burial ceremony with all its individual elements, but also to explain how the particular rituals could change in such an exceptional case as the funeral of a two-year-old, tragically deceased child.[3] The question of tragic and sudden death, and the impact it could have had on the rest of the family and their behaviour, is also covered in this article.

Prince Walter was born in Vienna on 22 April 1839, the third and last child of the highly renowned couple Prince Johann Adolf II (1799–1888) and Princess Eleonore (1812–1873), and was Christened Walter Prosper Joseph Soter Cajus. All these names, except for Joseph,[4] were rather unusual if not exceptional for the Schwarzenbergs, and have always attracted the attention of laypersons as well as historians. In the nineteenth century a story about the illegitimacy of Prince Walter even circulated, due to the unfamiliarity of his names within the family context. Although this question is not the subject of this article, we consider it important to express that though Walter was certainly an unusual name for the Schwarzenbergs, it did not reflect his theoretical illegitimacy, but instead undoubtedly the very strong relationship his parents had to the British Isles, where they spent a great

(1500–1700), Praha 2004; Radmila ŠVAŘÍČKOVÁ SLABÁKOVÁ, *Rodinné strategie šlechty. Mensdorffové-Pouilly v 19. století*, Praha 2007; Jan ŽUPANIČ, *Nová šlechta rakouského císařství*, Praha 2006.

2 This article is based mainly on the study of archive documents from the State regional archive in Třeboň, which include personal documents of Princess Eleonore and reports about the funeral of Prince Walter (Family resource of the Schwarzenbergs – Eleonore Gemahlin Johann Adolfs II., fass. 581, fass. 581/1, fass. 584; Kinder Johann Adolf II. Walther, fass. 593), diaries of Princess Eleonore (Collection of manuscripts) and materials about the tomb of Prince Walter (Fund Český Krumlov Estate – Sig. I^{A} $3K^{\alpha}$ 15 c/1).

3 On childhood in the milieu of the Bohemian aristocracy see Zdeněk BEZECNÝ, *Dětství, mládí a výchova Karla IV. ze Schwarzenbergu,* in: Tomáš Jiránek – Jiří Kubeš (eds.), Dítě a dětství napříč staletími, Pardubice 2003, pp. 67–72; Milan HLAVAČKA, *Dětství, dospívání a rodinná strategie* v *korespondenci dětí knížeti Jiřímu Kristiánu Lobkovicovi*, in: Porta Bohemica, Litoměřice 2003, pp. 7–23; Milena LENDEROVÁ, *Tragický bál. Život a smrt Pavlíny ze Schwarzenbergu*, Praha – Litomyšl 2005; Milena LENDEROVÁ – Karel RÝDL, *Radostné dětství? Dítě v Čechách devatenáctého století*, Praha 2006; Milena LENDEROVÁ – Tomáš JIRÁNEK – Marie MACKOVÁ, *Z dějiny české každodennosti. Život v 19. století*, Praha 2017.

4 Some ancestors of Prince Walter were Christened Joseph – above all his grandfather, Prince Joseph II Johan (1769–1833).

deal of time during their travels.[5] Prince Johan Adolf II and his wife were also very fond of British culture,[6] and it seems as very probable that the name Walter referred to the Scottish author Walter Scott (1771–1832), whose books were ranked among the favourites of Princess Eleonore, which might be proven by consulting her library.[7]

It was not only Walter's name that drew attention to him, but also the way in which he died and was buried. Prince Walter breathed his last suddenly on 19 April 1841, just a few days before his second birthday, when the family was staying in the imperial capital of Vienna. The specific cause of Walter's death remains unknown due to the lack of archive materials. The official announcement published by the Schwarzenberg Office states only that the death was *"unexpected and sudden"*. However, there is one preserved document which may provide us with some information – the autopsy protocol. According to this protocol, the Prince suffered several injuries including a cerebral oedema and brain haemorrhage, while the rest of his body did not show any other injury. It seems as inevitable that Prince died from severe trauma to the head.[8] There have been many theories attempting to clarify the cause of Walter's death, i.e. the origin of the severe injuries, including the possibility that the Prince fell out of a carriage during a ride through Vienna.[9] Nevertheless, these hypotheses are not especially important for the subject of our article, namely Schwarzenberg funerals.

The whole chain of interconnected rituals, similar for all members of the Schwarzenberg family, was started after the Prince died. His death, as in the case of most of the Schwarzenbergs, was immediately followed by the placing of the dead body on a death bed, where it was displayed for some time. The closest and also the momentarily present members of the family had the opportunity to bid farewell during that time, which was very often connected with the kissing of the deceased's forehead, cheek or hand. As Walter

5 On the travels of Johan Adolf II and Eleonora, see especially Filip BINDER, *Zámek Hluboká v 19. století a Jan Adolf ze Schwarzenberga*, MA thesis, Charles University Prague, Praha 2014; Jindřich VYBÍRAL, *Století dědiců a zakladatelů. Architektura jižních Čech v období historismu*, Praha 1999; Jindřich VYBÍRAL – Milada SEKYRKOVÁ, *Britská cesta Jana Adolfa roku 1825*, Umění. Časopis Ústavu dějin umění Akademie věd České republiky 46, 1998, vol. 1/2, pp. 129–145.

6 The most compelling proof of this relationship was the reconstruction of the Hluboká palace in neogothic style.

7 An inventory of Eleonore's library is stored in Státní oblastní archiv Třeboň (SOA Třeboň), oddělení Český Krumlov (odd. Český Krumlov), fond Rodinný archiv Schwarzenberků (RA Schwarzenberků), Eleonore Gemahlin Joh. Ad. II., fascikl (fasc.) 581. [State regional archive Třeboň, department Český Krumlov, Family archive of the Schwarzenbergs].

8 The autopsy protocol is stored in SOA Třeboň, odd. Český Krumlov, RA Schwarzenberků, Kinder Johann Adolf II. Walther, fasc. 593.

9 This theory was presented by Anna KUBÍKOVÁ, *Walterova hrobka u Červeného Dvora,* Obnovená tradice 17, 2006, vol. 34 [online]. URL: <http://www.hss.barok.org/text-clanku.php?t=664&a=Kub%EDkov%E1%20Anna#top>, [accessed 24th May 2020].

died at the age of two, kissing his forehead or cheek seems highly probable. It was usual that such great reverence was devoted to the death bed and death space in the Schwarzenberg family in the nineteenth century. In some specific cases, such as the room in which Princess Eleonore died in 1873, the space was kept unchanged for many years, as we are informed by Josef Šusta (1874–1845) in his memoirs: "*…as children, we were shown the bed on which she [Princess Eleonore] died in 1873, shortly before I was born. The reverence of keeping the death room unchanged made a cold impression on us…*"[10]

The autopsy usually took place on the second day after death, but Walter's autopsy was delayed and carried out on 22 April, three days after he died.[11] This delay was most probably caused by the absence of Prince Johan Adolf II, who was at the Château Murau in Styria at the time, and not in Vienna.[12] As the head of the family, he had to be informed about the death of his son, then he had to travel to Vienna to set the whole chain of rituals in motion. During the autopsy, not only was the body examined, but also the viscera were removed from the body and placed in a separate urn, after which the mortal remains were embalmed.

There was a long tradition of removing the viscera from the dead body among the Schwarzenbergs in the nineteenth century. One of the reasons for carrying out this practice was the effort to delay the decaying of the dead body and ensure that it would last the many days long burial. Another reason was a long family tradition established in the seventeenth century – the separate funeral of the heart and other viscera. The general tradition of separate viscera funerals was founded by Prince Johan Adolf I (1615–1683) after the death of his wife in 1681, who also chose St. Giles Church in Třeboň as the resting place for the organs. Five decades later, in 1732, Prince Joseph I Adam (1722–1782) established a new line of this tradition – separate funerals for hearts, which took place in St. Vitus Church in Český Krumlov. Both these traditions of separate funerals were abandoned by the Schwarzenbergs over the course of time; first the tradition of burying organs in Třeboň in 1782 and then, in 1833, also the tradition of the funerals for hearts.[13]

However, the process of removing the organs from dead bodies continued, as we are also informed in the autopsy protocol of Prince Walter, whose viscera were removed and

10 Josef ŠUSTA, *Léta dětství a jinošství. Vzpomínky I*, Praha 1947, p. 47.

11 An autopsy protocol was written by the specialist Doctor Dlouhý, and the autopsy itself was carried out under the supervision of Doctor Franz Ritter von Rettenbach, Doctor Götz and Doctor Lenk.

12 SOA Třeboň, odd. Český Krumlov, RA Schwarzenberků, Kinder Johann Adolf II. Walther, fasc. 593, Reports about Prince Walter's funeral at Třeboň Estate.

13 Václav GRUBHOFFER, *Pod závojem smrti. Poslední věci Schwarzenbergů 1732–1914*, České Budějovice 2013, pp. 165–194; IDEM, *„Mou nesmrtelnou duši poroučím milosrdenství jejího stvořitele…" Pohřby Schwarzenbergů* v 19. a *na počátku 20. století*, in: Martin Gaži (ed.), Schwarzenbergové v české a středoevropské kulturní historii, České Budějovice 2013, pp. 653–664.

placed in a separate urn, but buried alongside the body. It seems that in Walter's case we most likely see the last reverberation of the tradition of separate funerals for organs, since after all the last burial of a heart took place only eight years before the Prince died. From this perspective, the Prince's funeral, i.e. the autopsy and the removal of the organs, stands on a boundary, as the practice of removing organs was replaced by injecting special embalming solutions in the second half of the nineteenth century.[14]

After the autopsy had been carried out the dead body was dressed in funeral clothes, which in most cases were black,[15] although according Walter's death portrait his were white. The body was then transferred to the chapel or drawing room of that particular family seat, where it was put on display, and the first private or semi-public *ostentio corporis* began. Family members and closest friends could use this display of the body to bid farewell to the deceased, and in some rather rare cases, e.g. when a high ranking member of the family died, even the highest representatives of the Empire could come and pay their tribute.[16]

The first display of the dead body usually lasted one day, and was followed by the transport of the remains to the place of burial, traditionally the Southern Bohemian town of Třeboň. The time sequence in the case of Prince Walter was kept very similar. The autopsy was carried out on 22 April, and one day later the dead body was transported in the funeral carriage to Třeboň, meaning that the first *ostentio corporis* must have taken place from the afternoon of 22 April until the morning of 23 April.[17]

The journey from Vienna took more than one day, and the carriage accompanied by the family officers and servants arrived in Třeboň on 24 April. Before the carriage entered the town, all those attending the funeral *"… sorrowful and full of sincere feelings of love…"* walked from the edge of the town to meet and welcome the carriage carrying *"the youngest bud of The House Schwarzenberg"*, and the public part of the whole funeral ceremony began. After that the coffin was consecrated by the dean of Třeboň and the funeral procession was formed by the funeral guests.[18]

14 On autopsy and embalming and its development in history see Pavel KRÁL, *Smrt a pohřby české šlechty na počátku raného novověku*, České Budějovice 2004; Christine QUIGLEY, *Dissenction on Display. Cadavers, Anatomists, and Public spectacle*, McFarland 2012; IDEM, *The Corpse. A History*, McFarland 1996. As case studies for the premodern period in Bohemia Bohdana DIVIŠOVÁ, *Smrt, pitva a pražská balzamace vévody Jindřicha Julia Brunšvického, tajného rady císaře Rudolfa II*, Dějiny věd a techniky 50, 2017, vol. 1, pp. 47–64; Jan BETLACH, *Pitva Melchiora* z *Redernu roku 1600 v Německém Brodě,* Havlíčkobrodsko: sborník příspěvků o historii region 31, 2017, pp. 105–113.

15 V. GRUBHOFFER, *Pod závojem smrti*, p. 127.

16 *Ibid*., pp. 130–140.

17 SOA Třeboň, odd. Český Krumlov, RA Schwarzenberků, Kinder Johann Adolf II. Walther, fasc. 593, Reports about Prince Walter's funeral in Třeboň.

18 SOA Třeboň, odd. Český Krumlov, RA Schwarzenberků, Kinder Johann Adolf II. Walther, fasc. 593, Reports about funeral rituals and ceremonies of Prince Walter which took place in Třeboň.

The funeral procession, often referred to as the "conduct" and described as the peak of the whole funeral ceremony by many historians[19], in Walter's case consisted of several groups of different people representing the House Schwarzenberg, the Habsburg Empire, the Roman-Catholic Church and the town of Třeboň. At the very front a crucifix was carried, followed by school children, paupers and people treated in the Schwarzenberg hospitals, wearing their uniforms. Behind them walked musicians and singers, local clergymen, jägers and foresters working on the Třeboň estate. These were followed by the carriage carrying the dead body and the highest ranking Schwarzenberg officers,[20] representing the House in this most honourable place throughout the whole conduct. Behind them was Michael Freiherr von Dobřenitz, representing the military officers stationed in Třeboň, and he was followed by the higher Schwarzenberg officers working on the Třeboň estate, Třeboň town officers, some citizens of Třeboň and wives and widows of the Schwarzenberg officers. At the very end of the funeral procession walked all the citizens of the town of Třeboň and the surrounding villages.[21]

At this stage it is necessary to make a short digression from the description of Walter's funeral ceremony, because of one rather striking modification concerning the composition of the funeral conduct – the absence of Prince's parents and family in general. The House Schwarzenberg was truly represented only by its highest ranking officers – *Hofmeister* Josef Horský and *Sekretär* František Kaizl. The absence of the parents and the rest of the family might be indeed rather surprising, and also added credence to the rumour of Prince's illegitimacy. Nevertheless, the fact that no one from the House Schwarzenberg attended either the conduct or the rest of the public rituals should not be understood as especially rare.

Research conducted by Czech historians, in particular Václav Grubhoffer from the University of South Bohemia, has proven that an aristocrat of the nineteenth century found himself in a difficult situation after someone very close to him passed away. During that

19 Philippe ARIÉS, *Dějiny smrti I.*, Praha 2000, pp. 207–210; for another perspective see Norbert ELIAS, *O osamělosti umírajících v našich dnech*, Praha 1998. On death and funerals of the Bohemian aristocracy in the pre-modern period, see especially Pavel KRÁL, *Smrt a pohřby české šlechty na počátku novověku*, České Budějovice 2004; Tomáš KNOZ, *Krankheit, Tod und Verwigung von Adligen in der Frühen Neuzeit. Im Schnittpunkt von Historischer Anthropologie, medizinischer Anthropologie und Kunstgeschichte*, in: Václav Bůžek – Dana Štefanová (eds.), Menschen-Handlungen-Strukturen. Historisch-antropologische Zugangsweisen in den Geschichts-wissenschaften, České Budějovice 2001, pp. 81–115. In general for the period of the nineteenth and twentieth century see Helena LORENZOVÁ – Taťána PETRASOVÁ (eds.), *Fenomén smrti v české kultuře 19. století. Sborník příspěvků z 20. ročníku sympozia k problematice 19. století*, Praha 2001; Lenka NEŠPOROVÁ, *Smrt, umírání a pohřební rituály v české společnosti ve 20. století*, Soudobé dějiny 14, 2007, vol. 3–4, pp. 354–378.

20 Hofmeister Josef Horský and Sekretär František Kaizl.

21 SOA Třeboň, odd. Český Krumlov, RA Schwarzenberků, Kinder Johann Adolf II. Walther, fasc. 593, Reports on the funeral rituals and ceremonies of Prince Walter which took place in Třeboň.

century, the funerals of members of famous aristocratic houses gradually became "a matter of great public interest", closely watched by many. Under such conditions the aristocrats had to choose between two opposing options – either to attend the funeral, fulfil their social duty and also bid farewell to the deceased at the risk of expressing their emotions and grief in the public eye, thus damaging their image as aristocrats without emotions, or not to attend the funeral at all.[22]

The unbearable burden of grief was the reason why not a single member of the House of Schwarzenberg attended Walter's funeral. Substantial evidence of sorrow might be found in the Schwarzenberg archive, which demonstrates how the family, especially the mother Princess Eleonore, was saddened and needed to commemorate the deceased. One of these means of commemoration was a black leather case with the inscription *† W. S.*, containing certain items belonging to Prince Walter – a few items of clothing, an illustrated book, Walter's death portrait or several sketches of the sepulchre, which was built for him.[23] Princess Eleonore also started to write special diaries, in which she copied melancholic and grim passages from her favourite books, and later on she even composed her own mournful poems.[24] She also became withdrawn for some time after Walter died and did not communicate even with her best friends.

Direct proof of Eleonore's grief might be found in a quote from the letter she sent to her perhaps very best friend Princess Leontine Clary-Aldringen, a few weeks after her son had died:

> *"My dear Leontine, I did not reply to your many kind letters, but believe me that I am very grateful for them and for all the kindness you have shown me. It was absolutely impossible for me to write letters for a long time, and even now I do so only with great difficulty […] It is not only a huge suffering for a mother, it is a terrible sorrow and pain, as if a piece of your heart has been torn out. And there is nothing in this world which could heal this wound. Only belief in God Almighty […]"*[25]

It must be said that the Schwarzenberg family were absent at more funerals than just Walter's in the second half of the nineteenth century. When Princess Eleonore died in the summer 1873, the mental condition of her husband, Prince Johann Adolf II, was so bad that he did not attend her funeral and his son and heir took over his role. A similar situation to the death of Walter Schwarzenberg occurred also in the next generation of the family,

22 Václav GRUBBHOFER, *Paměť rodu* v *zrcadle smrti. Funerální obřady* v *rodině Schwarzenberků* v *občanské době,* in: Václav Bůžek – Pravel Král (eds.), Paměť urozenosti, Praha 2007, pp. 201–202.

23 The record of this case is stored in SOA Třeboň, odd. Český Krumlov, RA Schwarzenberků, Kinder Johann Adolf II. Walther, fasc. 593.

24 Princess Eleonore's diares are stored in SOA Třeboň, odd. Český Krumlov, Sbírka rukopisů.

25 SOA Třeboň, odd. Český Krumlov, RA Schwarzenberků, Eleonore Gemahlin Johann Adolfs II., fasc. 584, Letter sent by Princess Eleonore to Princess Leontine Clary-Aldringen.

when the young ambassador to Tokyo Karl Laurenz (1871–1902) died of scarlet fever. His parents, primarily his mother Princess Ida (1839–1921), also decided not to attend the public part of the funeral ceremonies and preferred to bid him farewell in private.[26]

It was not only the members of the Schwarzenberg family who were affected by the loss of their loved ones. In 1869 Mathilde Windisch-Graetz (1835–1907) and the whole extended family were saddened by the death of her ten-year-old daughter Eleonore (1859–1869). The devastating impact of the death of a child for a mother is even better demonstrated by the case of Mathilde's relative Valerie Windisch-Graetz (1843–1912), who lost her first son Paul Emil at the age of five (1876–1881). She was also tormented by the sorrow for a longer period of time, and similarly to Princess Eleonore of Schwarzenberg after the death of Prince Walter, Valerie used letters and diaries as a form of therapy to relieve her pain.[27]

Let us now return to the conduct and funeral rituals of Prince Walter in Třeboň. After the funeral procession was formed, it set off on its way to the town. The conduct entered the town through the Hradecká gate and walked to the courtyard of the château, where the coffin and the urn with the remains were taken down from the carriage and carried by four Schwarzenberg officers into the château chapel, where they were placed on the catafalque, which was decorated with flowers and the Schwarzenberg coat of arms. The ducal crown, symbolising the power of the House, was carried together with the remains and placed on the coffin. A requiem was then offered for the repose of Prince Walter. The first truly public *ostentio corporis* was opened by this service, during which several groups of Schwarzenberg employees stayed in the chapel and prayed for the soul of the deceased, and the general public was allowed to enter and bid farewell.[28]

The public display of the dead body took place overnight, and ended soon after noon on 25 April. The overwhelming majority of Schwarzenberg funerals would end at this hour, or more precisely at the moment when the remains were carried into the crypt of the Church of St. Giles near Třeboň,[29] which was the Schwarzenberg resting place for many years, but this did not apply in the case of the funeral of Prince Walter. The rituals and ceremonies which took place in Třeboň were not a culmination of the funeral, as they would usually be, but rather a part of a longer chain of funeral rituals.

26 V. GRUBHOFFER, *Pod závojem smrti*, pp. 117–118, 139–140. For more details on the aristocracy and grief see Silvia HÖLBL, *Harrach. Familienangelegenheiten: eine mikrohistorische Untersuchung zu Familienbeziehungen (19./20. Jahrhundert)*, PhD diss., Universität Wien, Wien 2010; Radmila SLABÁKOVÁ, *Žal a umírání v denících a soukromé korespondenci rakouskouherské* šlechty *19. století*, Studia Historica Nitriensia 9, 2001, pp. 153–163.

27 Hannes STEKL – Marija WAKOUNIG, *Windisch-Graetz. Ein Fürstenhaus im 19. und 20. Jahrhundert*, Wien – Köln – Weimar 1992, pp. 248–250.

28 SOA Třeboň, odd. Český Krumlov, RA Schwarzenberků, Kinder Johann Adolf II. Walther, fasc. 593, Reports on funeral rituals and ceremonies of Prince Walter which took place in Třeboň.

29 The resting place was located at the Church of St. Giles outside the town of Třeboň.

After the *ostentio corporis* in the Třeboň château had ended, the coffin and the urn were again placed on the funeral carriage and, accompanied by Schwarzenberg officers, departed for Český Krumlov, which was considered the main residence of the House in Bohemia at that time. The carriage and its company passed several Schwarzenberg villages, in which the journey was interrupted, and Walter's remains consecrated by local priests, before they arrived in Český Krumlov at dusk.[30]

As a matter of fact, the rituals and ceremonies which took place in Český Krumlov after the carriage arrived there were very similar, almost identical. The remains were welcomed outside of the town, by the chapel of the Holy Trinity, where the conduct was formed. The composition of the funeral procession was the same as in Třeboň, with the difference only that the Schwarzenberg employees in the conduct were those working on the Český Krumlov estate. The conduct, lit up by many candles and torches, walked from the Holy Trinity Chapel towards the town, passed through the Budějovická gate and entered the second courtyard of the family residence. Then the Schwarzenberg grenadier guard performed a parade to honour the Prince, after which Walter's remains were taken to the château chapel of St. George. The coffin and the urn were again placed on the catafalque, and a requiem service was held at 10 o'clock in the evening, which opened another public *ostentio corporis*, lasting for next twenty-four hours, during which more services were held.[31]

The prelate of St. Vitus Church in Český Krumlov held the last requiem for Prince Walter at 10 o'clock in the evening on 26 April, and with that the last *ostentio corporis* of Walter's entire funeral was concluded. The coffin and the urn were taken from St. George's Chapel after the service, and in a more modest conduct carried through the palace into the much smaller chapel of St. Anne, where they were placed and locked away. The act of handing over the keys of the chapel to the keeper of the Český Krumlov château and the director of the Český Krumlov estate was the very last step in the funeral of Prince Walter of Schwarzenberg.[32] However, Walter's posthumous journey was only temporarily interrupted.

Very soon after Walter's death, the princely couple Johan Adolf II and Eleonore decided to erect a completely new and separate tomb for their deceased child – the chapel of the Holy Cross. Their motives for doing this are unknown, and we only know what the requests of the Prince and the Princess were. They chose a location which they named *Waltersruhe* near the Červený Dvůr château, the neo-gothic style for the building, and they also insisted on it being built quickly. The request for a building permit was therefore filed on 21 May

30 Namely Štěpánovice, Plavnice, Kosov, Rájov and Přísečná.

31 SOA Třeboň, odd. Český Krumlov, RA Schwarzenberků, Kinder Johann Adolf II. Walther, fasc. 593. Reports on funeral rituals and ceremonies of Prince Walter which took place in Český Krumlov.

32 SOA Třeboň, odd. Český Krumlov, RA Schwarzenberků, Kinder Johann Adolf II. Walther, fasc. 593. Reports on funeral rituals and ceremonies of Prince Walter which took place in Český Krumlov.

1841 and processed only one month later. The Prince even the delivery of as many bricks as possible from the ongoing reconstruction of the Hluboká château. His haste to finish the building in the shortest possible time may be also evident in the case of the decorative elements. Johan Adolf II ordered most of these decorations – a stone crucifix, three coats of arms, a pedestal for the coffin and altar, a wooden gate and iron bars all from Vienna, but as the delivery of the altar was delayed it was decided to place an older altar from the chapel of the Červený dvůr château into the tomb rather than wait.[33]

Already on 23 November 1841, the Schwarzenberg officers of the Český Krumlov estate were notified that the remains of Walter were to be transferred to the Chapel of the Holy Cross, which was also due to be consecrated the next day.[34] The ceremony took place on the morning of 24 November, when the bishop of České Budějovice Arnošt Konstantin Růžička (1761–1845) consecrated the chapel, and the coffin with the urn were placed there.[35]

It may seem unbelievable, but even in the Chapel of the Holy Cross Prince Walter did not find his eternal peace. When his mother Princess Eleonore died in the summer of 1873 after a long sickness, the coffin and the urn were taken from *Waltersruhe* and transported back to Třeboň, so they could be buried alongside the remains of Eleonore. Nevertheless, the traditional resting place of the House – the crypt in the Church of St. Giles Church near Třeboň – was inappropriate for any more burials around 1873 with regard to the hygienic and representation aspects. The decision was therefore taken to bury Princess Eleonore and her son Walter in a separate grave at the graveyard of the Church of St. Giles. Prince Johan Adolf II, devastated by the death of his wife, obligated by the legacy of his father and restricted by the inconvenient state of the contemporary resting place, decided to erect a completely new family tomb just one year later, in July 1874. Faithful to the family tradition, the Prince chose Třeboň as the location for the new tomb, i.e. again in the immediate proximity of the town. The new, grand and also expensive neo-gothic sepulchre was finished four years later. The ceremonial consecration took place on 29 July 1874, precisely on the fourth anniversary of Princess Eleonore's death. The remains of Prince Walter and his mother were transferred to the new tomb as its first occupants, alongside the coffin of Prince Joseph II Johan (1769–1833), who was Walter's grandfather

33 The foundation act and the plans of the tomb are stored in SOA Třeboň, odd. Český Krumlov, fond Velkostatek Český Krumlov (VkČK), signatura (sign.) I^{A} $3K^{\alpha}$ 15c/1. [State regional archive Třeboň, department Český Krumlov, resource Český Krumlov Estate].

34 SOA Třeboň, odd. Český Krumlov, RA Schwarzenberků, Kinder Johann Adolf II. Walther, fasc. 593, Circular of the Director of the Český Krumlov Estate.

35 SOA Třeboň, odd. Český Krumlov, VkČK, (sign.) I^{A} $3K^{\alpha}$ 15c/1, Description of the consecration of the Chapel of the Holy Cross.

and the founder of the primogeniture line of the House of Schwarzenberg, and they have rested there ever since.[36]

As can be seen above, the funerals of the Schwarzenberg family members were truly sophisticated events, full of interconnected ceremonies and rituals, which helped to shape the family identity and maintain an awareness of its continuity. The pattern of these events was definitively established in the eighteenth century and then maintained until the interwar period, with some specific changes of the form of the rituals. Prince Walter's funeral seems to have taken place on the brink of the changes mentioned. His viscera were taken from the body, placed into a separate urn, yet they were not buried in a special tomb as they would have been just a few years before. He still had a painting of himself on his deathbed, and this custom was replaced by photographing the dead body in the second half of the nineteenth century. These changes show that the pattern of the funeral was truly settled, but also capable of responding to changes in the contemporary mentality.

Because Prince Walter's funeral was a special case, it was also modified in specific ways. The biggest change was that his remains were buried in the newly constructed tomb *Waltersruhe*, and not in the traditional resting place of the family, which at that time was the crypt of the Church of St. Giles near Třeboň. Moreover, the Prince's remains underwent further funeral ceremonies and rituals, which took place in Český Krumlov. It must be stated that the family did not modify Walter's funeral into a completely new one, but only added another chain of rituals to a longer funeral process, and these additional rituals were performed in the same pattern as the traditional ones, which always took place in Třeboň.

Another oddity in Walter's posthumous whereabouts was the numerous transfers of his remains to different tombs or graves. We can only speculate with regard to the first transport of his coffin and urn to the chapel of the Holy Cross, known as *Waltersruhe*, directly connected to the decision of Johann Adolf II and Eleonore to build the new tomb. But the shock of the sudden and tragic death, which was in such a high contrast with the Schwarzenberg ideal of dying, seems to be the most probable reason.[37] The reasons for the two further transports are rather clearer. In her last will, Princess Eleonore, thanks to her strong position within the family, ordered that her son was to be buried alongside

36 V. GRUBHOFFER, *Pod závojem smrti*, pp. 165–168, 203–210.

37 The paradigm of a *"good death"* in the Schwarzenberg family of the nineteenth century was established in 1833, when Prince Joseph II Johann (1769–1833) died. The ideal way of dying was divested of the baroque theatrical religiousness and gestures, and was replaced by family intimacy. Even though the presence of a clergyman, who heard the confession and administrated the Last Sacrament of the Church, was still natural, the space around the *deathbed* was reserved mainly for the family members, who were supposed to gather in high numbers and bid farewell to the dying one. For more information see V. GRUBHOFFER, *Pod závojem smrti*, pp. 110–115.

her. And after four years, when Prince Johan Adolf II finished the construction of the new neo-gothic tomb, he wanted to gather all the relatives under the same roof.

This article has also shown what an impact such a sudden and tragic death of a two-year-old child could have on the rest of the family and its behaviour. In a comparison with the research of other Czech historians engaged in the study of the aristocracy, the article demonstrated that the members of the family sometimes preferred to not attend the public part of the funeral, in order to avoid the risk of expressing their grief in public.

Michal JIRMAN

The Death of Jaromír Czernin 1908

Abstract: *This article evaluates the death and funeral culture in the high aristocratic society of the Habsburg monarchy at the turn of the twentieth century, focusing on the illness and death of the mostly forgotten Count Jaromír Czernin (1818–1908). It attempts a comparison with other cases that took place within a similar period and social milieu, and tries to define what constituted an ordinary funeral ceremony. The text below illustrates that this specific funeral was entirely typical in its time within this stratum of societ . The article uses mostly archive sources from the family archive in Jindřichův Hradec and articles from newspapers of the time.*

Key words: *Jaromír Czernin – funeral – burial – death – Jindřichův Hradec*

As the Viennese weekly high society magazine *Wiener Salonblatt* reported: "*26 November 1908 saw the death of a doyen of the Czech aristocracy.*"[1] The figure of this count has hitherto been neglected, since Jaromír Czernin was less publicly active and visible than his father Eugen Charles Czernin (1796–1868).[2]

This article will focus strictly on the death of Jaromír Czernin, and as a material contribution it can be used as a basis for further research into the figure of the count.[3] The methodology is quite simple. It makes use of deep research into part of the Czernin family archive in Jindřichův Hradec, where Jaromír's estate is located.[4] Documents were selected

1 Wiener Salonblatt, 28th November 1908, p. 16.

2 An example of the very broad focus on Eugen Charles is the voluminous study: Adolf HRADECKÝ, *Evžen Karel Černín z Chudenic; jeho život dílo a odkaz*, Jindřichův Hradec 1997.

3 The general problem with the literature about the Czernin Family is its scarcity. Certain periods are covered by quality publications such as Hana BOROVSKÁ, *Jazyk a korespondence Humprechta Jana Černína z Chudenic a Zuzany Černínové z Harasova*, Brno 2013; Jaroslav ČECHURA, *Černínové versus Kysíbelští*, Praha 2003; Zdeněk HOJDA – Eva CHODĚJOVSKÁ (eds.), *Heřman Jakub Černín na cestě za Alpy a Pyreneje I+II.*, Praha 2014; Pavel KOBLASA, *Czerninové z Chudenic*, České Budějovice 2000; Ingeborg MECKLING, *Die Ausenpolitik des Grafen Czernin*, Wien 1969; František TEPLÝ, *Dějiny města Jindřichova Hradce,* Jindřichův Hradec 1936; Zdeněk KALISTA, *Korespondence Zuzany Černínové z Harrasova s jejím synem Humprechtem Janem Černínem z Chudenic*, Praha 1940; etc.

4 SOA Třeboň, pobočka (subdivision) Jindřichův Hradec, Rodinný archiv (RA, family archive) Černínů, kart. 456.

from this archive which contain information about the death and burial of Jaromír Czernin, for example letters, the funeral announcement, a commemorative file, bills and others. These sources were deeply examined and compared with the literature. The literature in the footnotes refers to the context which is outside the focus of this material study.

Jaromír Czernin was born on 13 March 1818 to the young couple Eugen Charles Czernin and his wife Maria Theresia, née Orsini-Rosenberg. The name Jaromír is Czech and unusual in this family, but his father Eugen was highly interested in the Czech National Movement. Eugen and Maria enjoyed a stable and calm relationship, and the number of their children gradually increased to a total of four sons and two daughters. From his childhood Jaromír was quiet, calm and balanced, as well as introverted and individual. As was common in his time and social rank, he studied at home with the help of private teachers and tutors, as did his siblings. He was constantly prepared for the role of Head of the House of Czernin. After completing his studies he attempted to find work as a state officer in the Moravian Land office. In Brno he fell in love with Caroline Schafgotsch (1820–1876), who was from a less renowned but noble family. This couple also brought six children into the world. Their four daughters married eminent men, thus bringing powerful and noble relatives into the family. Alas, both their sons Eugen (1851–1925) and Francis (1857–1932) remained childless. Family was of especial importance for Jaromír, and he did not take positions in politics and the state because this would have forced him to spend considerable time away from his family. For example, in 1865 he refused an offer from the Prime Minister Richard Belcredi (1823–1902) to appoint him to the position of Czech Land Governor. Politicly he remained moderate, without expressing any strong viewpoints, criticising only nationalism. As the head of the house of Czernin he was a member of the Imperial House of Lords. After Caroline's death in 1879 he married once more, to the widowed countess Josefine Falkenheyn née Paar (1839–1916). In his old age he lived in seclusion, with the result that his legacy is not so visible as that of his father, and he fell into oblivion.

Nowadays death is separated from reality as much as possible, with the result that a modern man does not want to look at a dying person. Death is left to doctors and hospitals as the relevant institute, and as such is viewed rather as the jurisdiction of the state than of the family. In many cases, death is understood rather as a failure of medical science. Today the process of reconciling oneself to the death of a loved one is more complicated, because there is a lack of more pronounced rituals such as the period of mourning and grief.

At the beginning of the twentieth century, death took place at home, within the family circle. It took time, but the family grieved together and it was easier for them to come to terms with the event. Although death became an uncomfortable and to a certain extent unnatural matter from the middle of the 19th century onwards, in noble society the tradition of a "good death" within the family circle was maintained for much longer than among

the bourgeoisie, where death was gradually transformed into something that was refused and cast out, as it was not a part of a life.[5]

The manner of Jaromír Czernin's death is a shining example of a "good" noble death.[6] His daughter-in-law Francisca (1857–1926), the wife of his son and heir Eugen, wrote three letters to the forestry officer in the city of Jindřichův Hradec, Henry (Jindřich) Wachtel.[7] The first latter dates to 23 November 1908. Francisca informs that the count has been struck down with a mild case of pneumonia, but he is still able to move, he is eating sufficiently and his heartbeat is as it should be. The doctor has said that the chances of recovery are remarkably high, although at his advanced age nothing is sure. The letter ends by expressing the wish that with the help of the Lord, all will be good again. On the following day, 24 November, Francisca was not so optimistic. The powers of the noble patient were rapidly draining away. The doctor was called from the city of Teplice, and stated that if the patient's condition had not improved within two days, the family should prepare themselves for the worst. He also recommended that the patient receive the Last Rites the next day. Jaromír did not eat and his condition worsened. The last letter from 25 November is only waiting for death. *"Today my dear father in law slept only half the time, he is very weak. He received the Holy Communion at the beginning of this sickness, and yesterday he received the Last Rites"*.[8]

Let us pause briefly to examine the role of the doctor and priest.[9] Like many others, Jaromír's case confirms Philippe Aries's theory about *Nuncius Mortis*.[10] Documents such as bills show that a doctor must have been called, possibly the best doctor available.[11] He had to say what nobody wanted to hear: "Prepare yourselves for a death in the family." Of equal status with the doctor was the priest, whose role it was to prepare the dying person's soul

5 Václav GRUBHOFFER, *Pod závojem smrti*, České Budějovice 2013, pp. 32–34.

6 More on the concept of "good death" in Philippe ARIÈS, *Dějiny smrti II*., Praha 2000; Michel VOVELLE, *La morte e´Occidente, Dal 1300 á nos jours*, Paris 1983. This concept is well known from late medieval title *Ars Moriendi* from the first half of the 15th Century. Jaromír died in a time of transition. Until the first half of the 19th century, the dying process took place within the family circle and under the impression of romanticism, but after half a century the death of someone else became a reminder of one's own mortality.

7 From the 18th century, the Wachtel family was strongly fixed on forests in the domain of Jemčina and Jindřichův Hradec. It is possible to assume that after so many generations the attachment between the Czernin and Wachtel families was more than professional. It was absolutely unusual to inform somebody outside the family about sickness and dying, except for employees. The reason why these letters are addressed to the officer Wachtel is a question for future research.

8 SOA Třeboň, pobočka Jindřichův Hradec, RA Černínů, kart. 456, letters of countess Francisca.

9 More on the role of the priest in Pat JALLAND, *Death in the Victorian family*, Oxford 1996, pp. 17–19.

10 P. ARIÈS, *Dějiny smrti II*., pp. 318–323.

11 More on the role of the doctor in Petr SVOBODNÝ – Ludmila HLAVÁČKOVÁ, *Lékař a smrt*, in: Helena Lorenzová et al. (eds.), Fenomén smrti v české kultuře 19. století, Praha 2001, pp. 383–398.

for eternal life. As the member of the highest society in the Habsburg monarchy, Jaromír was also a member of the Catholic Church. He wished to take communion *at the beginning of his sickness*. He was balanced and well prepared to depart from this life.

The motif of a "good death" was well known in noble families. Jaromír saw his father die this way. Eugen Charles died of pneumonia on 11 July 1868. To his last days he actively participated in cultural and political life. Jaromír was by his father's side while his sickness progressively worsened, and helped him with his diaries.[12] Eugen's process of dying involved the same stages we have seen in the case of Jaromír, namely: deteriorating condition – family congregating together – summoning a doctor and priest. On the last day of his life, at four o'clock in the morning the family was woken up to pray in the church. They then came to his bedside, and Count Czernin died shortly before seven o'clock within the family circle. His funeral was grandiose, and his remains were placed in the family crypt in the Church of St. James in Jindřichův Hradec, next to his wife.[13] The burial ritual itself was entirely commonplace for the House of Czernin and for the aristocracy[14] in the Habsburg Monarchy in general.

Let us return to Jaromír. His exact time of death was four o'clock in the morning on 26 November. As we can see on his funeral card (Attachment 1), printed the same day:

> "*… (he) died at the age of ninety-one years after a short illness and last anointing at four o'clock in the morning on 26 November. The earthly remains of the beloved will be ceremonially blessed on Saturday 28 November and placed in to the family crypt in Jindřichův Hradec and laid to eternal rest at ten o'clock in the morning on 30th November. Requiem masses will be held in all patronal churches.*"[15]

This card was used not only for the announcement, but also for family representation. Jaromír's son Eugen promptly adopts the title *Head of the House, Hradec,* as a symbol of continuity. The document names Jaromír's wife Countess Josefine and his daughter-in-law Francisca as the next relatives, mentioned immediately in bold script, followed by. the full name of Jaromír with all his titles and functions.

12 Eugen Charles left behind thousands of pages of grand diary work.

13 A. HRADECKÝ, *Karel Evžen*, pp. 376–377.

14 On the complicated system of the nobility in the Habsburg monarchy in the 19th Century, and its lifestyle, see Hannes STEKL – Marija WAKOUNIG, *Windisch-Graetz. Ein Fürstenhaus im 19. und 20. Jahrhundert*, Wien – Köln – Weimar 1992; Jan ŽUPANIČ, *Nová šlechta rakouského císařství*, Praha 2006; Hannes STEKL, *Österreichs Aristokratie im Vormärz. Zur Geschichte der Fürstenhäuser Liechtenstein und Schwarzenberg*, Mnichov 1973; Karl SCHWARZENBERG, *Geschichte des reichständischen Hauses Schwarzenberg*, Neustadt a. d. Aisch 1963; Ralph MELVILLE – Armgard VON REDEN-DOHNA (eds.), *Adel an der Schwelle des Bürgerlichen Zeitalters 1780–1860*, Mainz 1988; Ivo CERMAN, *Chotkové: příběh úřednické šlechty*, Praha 2008; etc.

15 SOA Třeboň, pobočka Jindřichův Hradec, RA Černínů, kart. 456, Funeral card.

This printed funeral card was sent to 620 addresses, mostly institutions and persons such as municipalities, doctors, lawyers, teachers, associations, clubs, important local personages, military officers, and many others. The card for aristocratic relatives may have been different and more personal, alas this has not been preserved. This card may have been attached with a letter, usually funeral and wedding cards are well preserved and documented in the archives of noble families. Although it may seem to be quite a large number of funeral cards, for example when Princess Marie of Schwarzenberg, née Kinsky died, the family had a total of 3 100 funeral cards printed.[16]

The burial ceremony in Jindřichův Hradec was very well prepared.[17] The attending guests were guided through the ceremony with a printed flyer, which contained information about the order of the funeral procession. The crowd was divided into twenty-two groups. The first leading group were the paupers of the city, followed by other groups such as paupers from the poorhouse and hospital of St. Vincentina, schoolchildren, menial staff, deputies of various local associations, singers, tourists and firemen. Behind them were students from high school, marksmen, the deputy of the city, local bankers, and senior domestic staff, who formed the last of the public part. There then followed musicians, wreath bearers, clerics, and the burial carriage itself, drawn by a team of six black horses. Behind the carriage went the family and the invited mourning guests.[18]

It is a pity that no reports about appearance of the funeral procession have been preserved, except for a few photographs (Attachment 2) and necrologies, which we will deal with later. No narrative sources on the event have been preserved, and so we must instead turn to financial documents. We can form a certain picture of the appearance and course of the burial ceremony from a bill for a similar occasion held for Jaromír's younger brother Humbert (1827–1910), who was buried two years later. He was the founder of another lineage of the House of Czernin in Graz, Austria.[19]

It is not so important as to how much money was spent, but rather what it was spent on. The final sum of money was 710 crowns. The issue is that Humbert was not the Head of the House, and in Jaromír's case the sum was appreciably higher. The largest amount was spent on the construction and decoration of the catafalque. The second largest was a payment to the choir. It was then necessary to remunerate the provostship for the ecclesiastical matters of the funeral. Additionally, a solo singer was hired just for the requiem. The gardeners

16 Zdeněk BEZECNÝ, *Smrt šlechtice*, in: H. Lorenzová et al. (eds.), Fenomén smrti, p. 264.

17 Contemporary research focuses more on burial culture in Czech Renaissance and Early Modern history. More on the burial ceremony in: Václav BŮŽEK a kol., *Věk urozených, šlechta v českých zemích na prahu novověku,* Praha – Litomyšl 2020.

18 SOA Třeboň, pobočka Jindřichův Hradec, RA Černínů, kart. 456.

19 *Ibid*.

were also on standby, and had to prepare and hold the floral decoration. Flowers were placed by the catafalque and in the rooms of the castle. The catafalque itself was built anew every time, but the black velvet fabrics were stored in the castle and were used many times. It was necessary to clean and repair them just before the ceremony. A small amount of money was also paid to a man who took care of the flags and standards. A larger amount was earmarked for the repair of a road leading to St. James Church and family crypt. This work was performed by twenty-five men and women. Because of the sum for sand, it is possible to assume that it was necessary to repair the road. The cleaning of the surroundings and cutting of the grass was surely included. However, the fact that some of the workers were paid also for night watch duties indicates that this did not merely concern the paving of the road, but also decorative adaptations, which may have included floral decoration, cutting of the grass and cleaning of the surrounding area, with night watchmen paid to ensure that the decoration was not damaged. The family also provided money for the city thoroughfare. As was customary from the Early Modern period onwards, some money was also spent on candles.[20] Other items such as horses, the banquet, the carriage and the guards of honour, were covered by the running costs of the estate of Jindřichův Hradec.

An important issue is the coverage of the nobleman's death in the newspapers. In the archive files we can find different clippings, and one is even copied. It is a text of a funeral speech written and presented by Alphonse Mensdorff-Pouilly. This speech was printed in the newspaper *Das Vaterland*.[21] If we consider that the name Alphonse is quite common in the Mensdorf family, then we cannot be entirely sure which Alphonse it was, although most probably it was Alphonse Vladimír Mensdorf-Pouilly (1864–1935), who was politically active at that time and was also related to Jaromír. Their wives were both from the Paar family, related as aunt and niece.

After a short introduction, in which he mourned good times past, he came to the interesting and symbolic part, which took us to the family crypt above the city of Jindřichův Hradec. *"From here we can see the never ending forests that Jaromír loved so much. And so, like the roots of that forest, Jaromír was connected with his Czech land"*.[22] The forest plays a substantial role in the thoughts of the nobility. It acts as a symbol of the long-term purpose of the family, and not only the individual. The speech is also emotional and deeply moving. The description of the personality of the beloved gives an impression of a true ruler.

> "*The title of ruler was not empty for him, (…) he fulfilled it with dignity, although he was always polite. He must have made a strong impression on the people who had the pleasure of knowing him.*

20 SOA Třeboň, pobočka Jindřichův Hradec, RA Černínů, kart. 456.
21 Das Vaterland, 4 December 1908, p. 7.
22 *Ibid*. (paraphrase)

He was balanced in every aspect of his character. He represented precisely the best qualities of a noble man. An aristocrat from head to toe."[23]

Jaromír's political activities as a member of parliament were also evaluated by Alphonse M.-P. It is possible to characterise Jaromír as a typical aristocrat of his time. Rather than identifying with any of the individual nations, he accentuated the dynasty and monarchy. On occasion he attempted to calm national tensions. Alphonse referred to him as a true black-gold Austrian. He was at home in Jindřichův Hradec, where the Czechs were in the majority, as well as in Petrohrad and Krásný Dvůr, where the Germans were in the majority. As Alphonse added: *"We are in ever increasing need of men like him!"*[24]

Naturally, other newspapers and local journals also noticed that something greater had passed with the death of the count. A biographical portrait of him was published as a two-page supplement in a special edition of the local paper *Ohlas od Nežárky*, which had been supported by the House of Czernin for many years. One interesting aspect of the funeral procession is clarified in this paper, namely the position of the poor at the head of the funeral procession: *"A recent noble contribution of His Highness was our city's collection of over 9000 crowns for beds in the St. Vincentina hospital."*[25] This charitable foundation for the poor and sick was only one part of Jaromír's philanthropy. Every year, to mark the anniversary of the House of Czernin's dominion of the Jindřichův Hradec estate, several financial donations were divided among the local poor and needy.[26] Jaromír was highly interested in this philanthropy, and for this reason the local poor were at the front of his funeral procession, symbolising his extraordinary solicitude.

Czernin's death was also covered in most national newspapers, although mostly only with a few lines. The Czech papers were not especially flattering towards him, but neither were they particularly disparaging. Jaromír was referred to as a *true black-gold Austrian,*[27] which can we translate as a man loyal to the emperor and a true member of aristocratic society. The aristocracy liked to regard itself as a group above nations within a monarchy composed of several nations, and wished to be a unifying force. They adhered to the notion of a nation in the sense of belonging to the land, and wanted to maintain the interests of the land where they lived. It was not important to them as to whether they spoke German or Czech.

For context and comparison can we mention other funerals which were similar in terms of the time in which they took place, and their social rank. The first of these is the well

23 *Ibid*. (paraphrase)
24 *Ibid*.
25 Ohlas od Nežárky, 27 November 1908, special attachment.
26 *Ibid*.
27 Das Vaterland, 4 December 1908, p. 7.

documented burial of Prince and head of the House of Schwarzenberg, Adolph Joseph (1832–1914). The funeral was held in the city of Třeboň. Many important personages such as the bishop and deputies from political and public life were in attendance. The black catafalque containing the remains of the prince was placed in the middle of the monastery church. The mass in the town was followed by the funeral procession, ranked according to social status. The coffin was taken to the funeral carriage, and brought to the family crypt by the lake beyond the city.[28] In short, it was a larger and more ostentatious ritual, but otherwise very similar to that held six years earlier for Jaromír Czernin.

The death of Jaromír Czernin was reported, but not as widely as the death of Charles V von Schwarzenberg (1886–1914). This man was highly valued and marked as a possible national leader, even by the enemy of the Czech aristocracy Joseph Holeček.[29] Charles Schwarzenberg died young, in the first days of the First World War in Vukovar in the Balkans. His funeral was not so grandiose.[30] Much more honour was paid to Wenzel Robert Kounic (1848–1913), who died unexpectedly of a cold. After his last farewell in Uherský Brod, a special burial train was dispatched for him. A crowd numbering thousands came to the train station and lined the railway tracks.[31] Wenzel R. Kounic was active in the aristocratic political party of the conservative aristocrats, and subsequently in the *Young Czech Party.*[32] He tried to improve the position of the Czech language and nation within the monarchy for many years. He was in touch with several distinguished Czech figures, for example the *Daughter of the Nation* Zdenka Havlíčková. In short, he was adored because of his pro-Czech stance. In the case of Jaromír, such interest was inconceivable. He lived for many years remote from the centre of interest, and left almost nobody to remember his political career. In addition, his opinion was more universal than national, which was not a popular stance at that time.

Conclusion

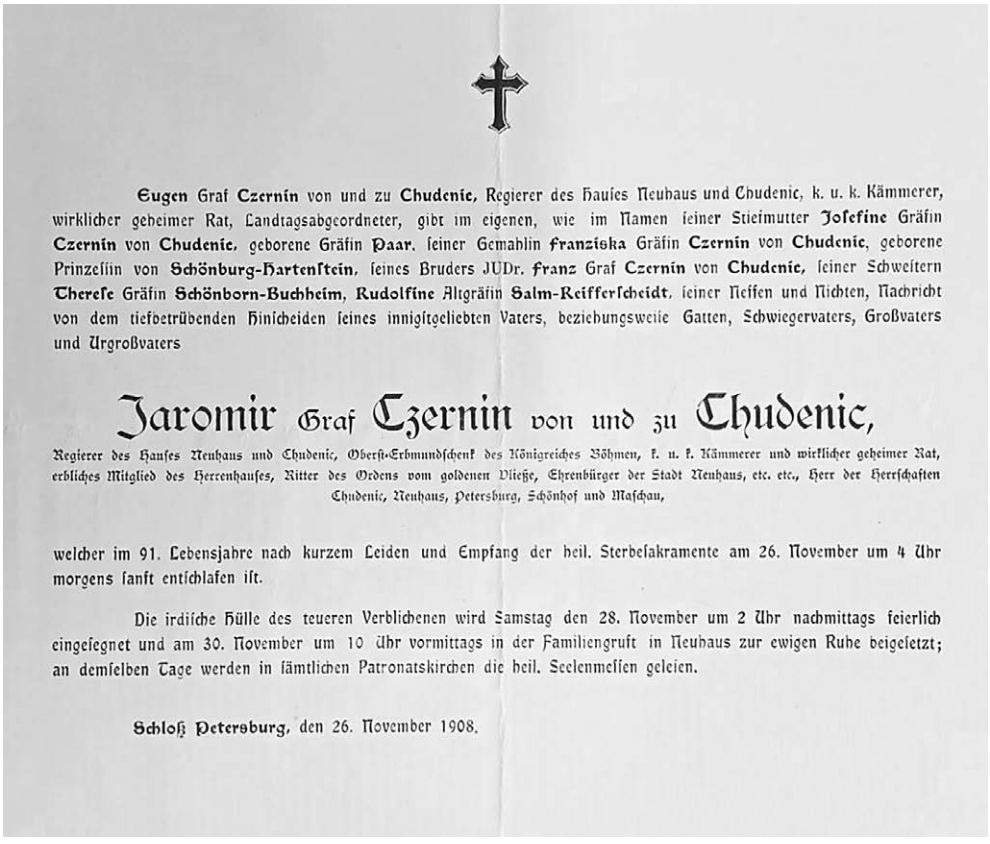
Jaromír Czernin died at the age of ninety-one years old. Despite his advanced years, his death came as a surprise, after he suddenly contracted influenza. His funeral was held in grandiose style, with the procession passing through the city of Jindřichův Hradec, from the castle to the family crypt in the Church of St. James above the city. The funeral

28 Václav GRUBHOFFER, *Pod závojem smrti,* České Budějovice 2013, pp. 151–153.
29 Josef HOLEČEK, *Česká šlechta*, Praha 1918, p. 42.
30 Karl SCHWARZENBERG, *Geschichte des reichständischen Hauses Schwarzenberg band II.*, Neustadt a. d. Aisch 1963, pp. 330–331.
31 Oldřich KLOBAS, *Václav Hrabě Kounic. Šlechtic nejen rodem*, Brno 1993, pp. 97–101; Rudé květy 13, 2013, vol. 11, p. 1.
32 For more about the party see Jiří GEORGIEV, *Až do těch hrdel a statků*, Praha 2011.

ceremony and dying process share many of the same attributes as that of his father Eugen Charles. Further examples which can serve as a comparison include the funerals of his brother Humbert, as well as those of noblemen like Adolph Joseph Schwarzenberg or Wenzel Kounic. Schwarzenberg was buried as a powerful and wealthy prince, while Kounic was buried as a popular national figure. In this comparison we can see that the funeral of Jaromír Czernín is nothing unusual, as it represents the period during which he lived and his social rank. The only extraordinary features are the letters between Countess Czernin and the forestry officer Wachtel. This may stimulate further research into the relationship between the Czernin family and their clerk.

Attachment 1

SOA Třeboň, pobočka Jindřichův Hradec, RA Černínů, kart. 456.



Eugen Graf Czernin von und zu Chudenic, Regierer des Hauses Neuhaus und Chudenic, k. u. k. Kämmerer, wirklicher geheimer Rat, Landtagsabgeordneter, gibt im eigenen, wie im Namen seiner Stiefmutter Josefine Gräfin Czernin von Chudenic, geborene Gräfin Paar, seiner Gemahlin Franziska Gräfin Czernin von Chudenic, geborene Prinzessin von Schönburg-Hartenstein, seines Bruders JUDr. Franz Graf Czernin von Chudenic, seiner Schwestern Therese Gräfin Schönborn-Buchheim, Rudolfine Altgräfin Salm-Reifferscheidt, seiner Neffen und Nichten, Nachricht von dem tieftraurenden Hinscheiden seines innigstgeliebten Vaters, beziehungsweise Gatten, Schwiegervaters, Großvaters und Urgroßvaters

Jaromir Graf Czernin von und zu Chudenic,

Regierer des Hauses Neuhaus und Chudenic, Oberst-Erbmundschenk des Königreiches Böhmen, k. u. k. Kämmerer und wirklicher geheimer Rat, erbliches Mitglied des Herrenhauses, Ritter des Ordens vom goldenen Vließe, Ehrenbürger der Stadt Neuhaus, etc. etc., Herr der Herrschaften Chudenic, Neuhaus, Petersburg, Schönhof und Maschau,

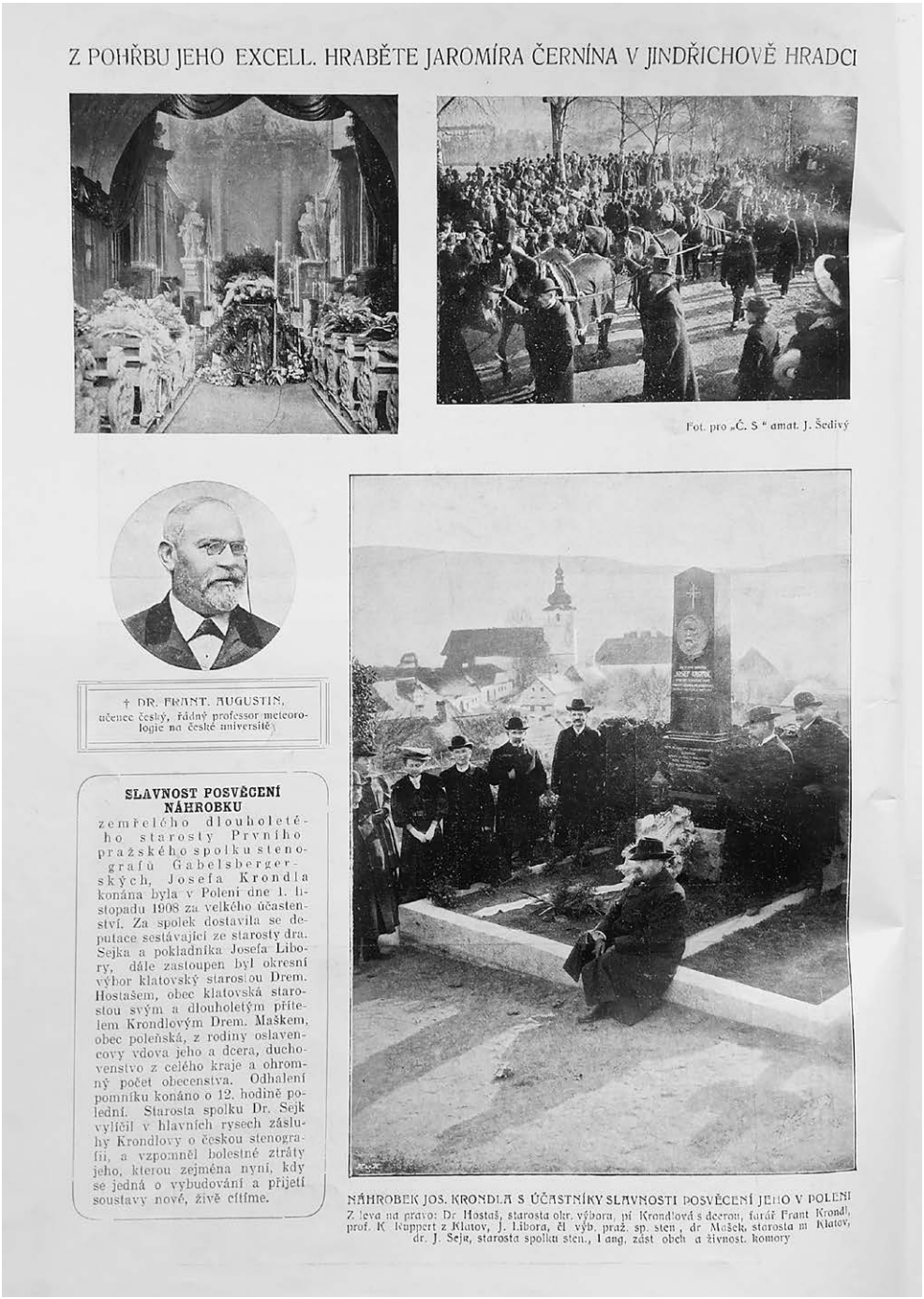
welcher im 91. Lebensjahre nach kurzem Leiden und Empfang der heil. Sterbesakramente am 26. November um 4 Uhr morgens sanft entschlafen ist.

Die irdische Hülle des teueren Verblichenen wird Samstag den 28. November um 2 Uhr nachmittags feierlich eingesegnet und am 30. November um 10 Uhr vormittags in der Familiengruft in Neuhaus zur ewigen Ruhe beigesetzt; an demselben Tage werden in sämtlichen Patronatskirchen die heil. Seelenmessen gelesen.

Schloß Petersburg, den 26. November 1908.

Attachment 2

SOA Třeboň, pobočka Jindřichův Hradec, RA Černínů, kart. 456.



Z POHŘBU JEHO EXCELL. HRABĚTE JAROMÍRA ČERNÍNA V JINDŘICHOVĚ HRADCI

Fot. pro „Č. S." amat. J. Šedivý

† DR. FRANT. AUGUSTIN,
učenec český, řádný professor meteorologie na české universitě.

SLAVNOST POSVĚCENÍ NÁHROBKU

zemřelého dlouholetého starosty Prvního pražského spolku stenografů Gabelsbergerských, Josefa Krondla konána byla v Polení dne 1. listopadu 1908 za velkého účastenství. Za spolek dostavila se deputace sestávající ze starosty dra. Sejka a pokladníka Josefa Libory, dále zastoupen byl okresní výbor klatovský starostou Drem. Hostašem, obec klatovská starostou svým a dlouholetým přítelem Krondlovým Drem. Maškem, obec poleňská, z rodiny oslavencovy vdova jeho a dcera, duchovenstvo z celého kraje a ohromný počet obecenstva. Odhalení pomníku konáno o 12. hodině polední. Starosta spolku Dr. Sejk vylíčil v hlavních rysech zásluhy Krondlovy o českou stenografii, a vzpomněl bolestné ztráty jeho, kterou zejména nyní, kdy se jedná o vybudování a přijetí soustavy nové, živě cítíme.

NÁHROBEK JOS. KRONDLA S ÚČASTNÍKY SLAVNOSTI POSVĚCENÍ JEHO V POLENI
Z leva na pravo: Dr. Hostaš, starosta okr. výboru, pí Krondlová s dcerou, farář Frant. Krondl, prof. K. Ruppert z Klatov, J. Libora, čl. výb. praž. sp. sten., dr. Mašek, starosta m. Klatov, dr. J. Sejk, starosta spolku sten., Lang, zást. obch. a živnost. komory

Violeta RUIZ

Neurasthenia, Civilisation and the Crisis of Spanish Manhood, c. 1890–1914[1]

Abstract: *In the early 1880s, a new disease called neurasthenia gained prominence within Western medicine. Neurasthenia, or nervous exhaustion, was associated with the development of modern civilisation, presented as both a cause and a consequence thereof. This article analyses the ambivalent discourse that Spanish physicians articulated about neurasthenia in relation to the status of Spanish civilisation. It places neurasthenia within the context of the wider discourse of crisis and change known as Regenerationism, presenting the argument that the diagnosis could be considered either validating or destructive, depending on whether the patient's attitude corresponded to or diverged from the values that the Spanish elites identified as necessary for the progress of the nation. Its main symptoms of aboulia and psychic passivity made it a condition that reflected the larger crisis of national identity in the wake of the loss of the last overseas colonies to the USA in 1898. As such, it argues that the disease served to define the parameters of proper bourgeois masculinity at a time when the status of Spain's degree of civilisation was being questioned by the country's elites.*

Keywords: *neurasthenia – civilisation – bourgeoisie – masculinity – regeneracionismo – fin de siècle*

Neurasthenia, or nervous exhaustion, was first defined in the USA by the neurologist George M. Beard in 1869. The disease was characterised by headaches, insomnia, fatigue, nervous dyspepsia, an inability to concentrate and make decisions, sexual impotence, hopelessness and fears. According to Beard, neurasthenia – which in its Greek etymology meant want of strength in the nerve – was not new, but it was only now that it had become a prevalent problem in American society.[2] In his famous treatise *American Nervousness* (1881), Beard claimed that neurasthenia was both a cause and consequence of modern civilisation. According to him, the most civilised of all countries was the USA, where scientific, economic, and technological developments, their particular form of Liberalism,

1 This research was financed by the Spanish Ministry of Economy and Competitiveness (BES-2014–069311). I am grateful to Javier M. Dos Santos, Darina Martykánová, Annette Mülberger, and the two anonymous reviewers for their feedback and comments on earlier versions of this draft.

2 George M. BEARD, *Neurasthenia, or Nervous Exhaustion*, Boston Medical and Surgical Journal 3, 1869, pp. 217–221, here p. 218.

and the physical sensitivity of the American people made it the most advanced nation in the world. Furthermore, the country's extreme climate made these developments even more prestigious: through their technological developments, Americans had managed to tame the beast of Nature. These conditions led to the prevalence of neurasthenia, since individuals had to exert energy beyond their capacities, leaving them unable to resist the pressures of modern life. As he explained, the development of neurasthenia could be expressed using the following algebraic formulation: 'civilisation in general + American civilisation in particular (young and rapidly growing nation, with civil, religious, and social liberty) + exhausting climate (extremes of heat and cold, and dryness) + the nervous diathesis (itself a result of previously unnamed factors) + overwork or over-worry, or excessive indulgence of appetites or passions = an attack of neurasthenia or nervous exhaustion.'[3] At the same time, however, the fact that neurasthenics had to expend their energy carefully in order to avoid exacerbating the condition even further contributed to the development of new technologies and scientific advances that facilitated labour and made it more efficient. As such, neurasthenia was most commonly found in businessmen, the quintessential figure of modern American life: busy, hurried, and dedicated to intellectual labour that produced technological, industrial, economic and cultural developments.

Historians who deal with the late nineteenth century are familiar with neurasthenia, since its articulation as a condition of civilisation and modern life made it a social and political, as well as a medical phenomenon.[4] Regardless of national context, they agree that it was articulated as a condition that was particular to the intellectual labour of the bourgeoisie. Scholars have argued that it pointed to the patient's dedication to his work, and therefore served as a respectable label for distressing, but not life-threatening complaints.[5] Additionally, since the disorder was derived from intellectual labour and most commonly diagnosed in men, historians have also argued that it acted as the male counterpart to the female diagnosis of hysteria, protecting the neurasthenic's masculinity by highlighting his role as an intellectual worker.[6] At the same time, neurasthenia's definition as a disease of modernity helped to consolidate class difference and validate the role of bourgeois manhood, which during the *fin de siècle* was perceived to be in crisis due to the social

3 G. BEARD, *American Nervousness*, p.176.

4 The reference work on neurasthenia is the edited volume by Marijke GIJSWIJT-HOFSTRA – Roy PORTER (eds.), *Cultures of Neurasthenia from Beard to the First World War*, Amsterdam 2001.

5 Barbara SICHERMAN, *The Uses of a Diagnosis: Doctors, Patients, and Neurasthenia,* Journal of the History of Medicine and Allied Sciences 32, 1977, pp. 33–54.

6 Janet OPPENHEIM, *"Shattered Nerves": Doctors, Patients, and Depression in Victorian England*, Oxford 1991; Roy PORTER, *Nervousness, Eighteenth and Nineteenth Century Style: From Luxury to Labour*, in: Marijke Gijswijt-Hofstra – Roy Porter (eds.), *Cultures of Neurasthenia from Beard to the First World War*, Amsterdam 2001, pp. 31–46; Edward SHORTER, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era*, New York 1993.

upheavals and international battles for colonial power. However, precisely because of this crisis, the diagnosis could also be used to present neurasthenic men as weak, effeminate, and degenerate. As such, historians have argued that neurasthenia served as a way of questioning the prevailing enthusiasm and fuelling anxieties about modernity and national identity in different countries during the turn of the century.[7]

These studies highlight the importance of situating the medical discourse of neurasthenia within broader discourses of national crisis, the battle for civilisation, and the threat of modernity. However, although historians recognise the ambivalence that existed in the medical discourse on neurasthenia, they have not addressed the relationship that it had with broader markers of civilisation. As Javier M. Dos Santos argues in relation to the case of hysteria in Spain in this special issue, it is important to pay attention to national discourses and local contexts in order to gain an understanding of why and how a disease was appropriated in different countries.[8]

Historians like Darina Martykánová have shown that the markers of what constituted civilisation and modernity were unstable across nations and were constantly contested.[9] The ambivalent narrative that physicians articulated about neurasthenia therefore needs to be understood in line with the definition of what were appropriate markers of civilisation, according to each nation. In Spain, this narrative was inscribed within the event known as the *Disaster of '98*. In 1898, Spain lost its last overseas colonies – Cuba, Puerto Rico, and the Philippines – to the USA. The *Disaster of '98*, as it was called, boosted a political and pedagogical initiative known as 'Regenerationism' (*Regeneracionismo*). In its essence, the Regenerationist discourse deplored Spain's low status within the international hierarchy of civilisation during the Restoration of the Bourbon Monarchy (after the Democratic

7 Tom LUTZ, *American Nervousness, 1903: An Anecdotal History*, Ithaca 1991; Christopher E. FORTH, *Neurasthenia and Manhood in fin-de-siècle France*, in: M. Gijswijt-Hofstra – R. Porter (eds.), *Cultures of Neurasthenia*, pp. 329–361; Sabine FRÜHSTÜCK, *Male Anxieties: Nerve Force, Nation, and the Power of Sexual Knowledge*, in: Morris Low, Building a Modern Japan: Science, Technology, and Medicine in the Meiji Era and Beyond, London 2005, pp. 37–59; Michael COWAN, *Cult of the Will: Nervousness and German Modernity*, University Park, Pennsylvania 2008; Christopher HILL, *Exhausted By Their Battles With the World: Neurasthenia and Civilization Critique in Early Twentieth-Century Japan*, in: Nina Cornyetz – Keith J. Vincent (eds.), Perversion and Modern Japan: Psychoanalysis, Literature, Culture, London 2010, pp. 242–260; Yu-Chuan WU, *A Disorder of Qi: Breathing Exercise as a Cure for Neurasthenia in Japan, 1900–1945*, Journal of the History of Medicine and Allied Sciences 71, 2015, pp. 1–23.

8 Javier M. DOS SANTOS, *Lost (and Found) in Translation: The Reception of Psychiatric Textbooks and the Conformation of Melancholia, Hypochondria, Mania and Hysteria in Spain, 1800–1835*, Theatrum historiae 27, 2020, pp. 121–149.

9 Darina MARTYKÁNOVÁ, *Los Pueblos Viriles y El Yugo Del Caballero Español. La Virilidad Como Problema Nacional En El Regeneracionismo Español (1890s–1910s)*, Cuadernos de Historia Contemporánea 39, 2017, pp. 19–37; S. N. EISENSTADT, *Multiple Modernities*, Daedalus 129, 2000, pp. 1–29.

Sexennium of 1868–1874), calling for profound social change and a cultural and technical modernisation of the country – in other words, for its regeneration.[10] Among other things, it extolled values like the selfless devotion to the nation's progress, and criticised selfish behaviours that were deemed to hinder that progress, such as selfishness, egotism and ambition.

In this article, I focus on how Spanish physicians defined neurasthenia in relation to the Regenerationist discourse and the pursuit of progress. In particular, I strive to answer the following question in this article: how was the diagnosis used to advance certain ideas about appropriate behaviour while at the same time condemning others? In other words, how did Spanish physicians use neurasthenia to articulate a moral narrative about what it meant to be a man and a 'proper' modern subject? In the case of Spain, the diagnosis was used to construct an ambivalent narrative that either praised or dismissed the patient. The decisive characteristics used for making such a judgment were not just linked to intellectual labour, but to other personal and circumstantial aspects of the patient and his life, such as the burden of responsibility, the struggle for survival, and the role of the will. Consequently, rather than extolling intellectual work *per se*, neurasthenia reified values like the selfless devotion to the pursuit of progress, while at the same time condemning a man's selfish ambition as well as passivity and lack of willpower – values that responded to the way in which the Spanish bourgeoisie articulated the national crisis during the *fin de siècle*. While neurasthenia could indeed constitute a respectable label for the bourgeoisie, signalling the virtuous sacrifice of an individual devoted to intellectual labour in the name of progress and civilisation, it was also presented as a manifestation of a kind of pathology that underscored the national problem and served to explicitly point out the kind of decadent behaviour that constituted the kind of undesirable, weak and corrupt masculinity that was threatening the nation's progress. Thus, I argue that physicians used neurasthenia to articulate a narrative in which they used Beard's label of neurasthenia together with the Darwinian notion of 'struggle for survival', framed within a general concern about the nation's degeneration and its status within the Western hierarchy of civilisation, in order to generate a normative discourse on how to properly embody bourgeois manhood.

Civilisation and the pursuit of progress

In order to understand how Spanish physicians articulated neurasthenia in relation to the proper way of being a modern subject, it is first necessary to understand how they defined

10 For the particularities of the Spanish Regenerationist discourse in relation to the wider European discourse of decadence and degeneration that characterise the *fin de siècle*, see Juan PAN-MONTOJO (ed.), *Más se perdió en Cuba: España, 1898 y la crisis de fin de siglo*, Madrid 1998.

'civilisation' and the 'march for progress'. At the turn of the twentieth century, the idea of the modern subject in Spain was articulated in relation to broader anxieties about the status of nations and the identity of the imperial(ist) race. Darina Martykánová has shown that a country's degree of civilisation was presented on a hierarchical level, so that countries competed with each other to claim the title of most civilised. However, no nation had its position guaranteed, an instability which created constant anxiety.[11]

During the *fin de siècle*, an international discourse of national decay and degeneration linked to the notion of civilisation emerged, in which countries like Spain, France, and Britain, as well as the Ottoman Empire, Russia, and Japan engaged in symbolic battles through which they tried to improve or protect their position within the international hierarchy of civilised nations.[12] The idea of international competition was inscribed in Spencer's evolutionist theory and the concept of 'the struggle for survival'. This concept implied competition among humans on an individual level, and among human societies on a collective level. All were engaged in a struggle to gain access to scarce material (economic) resources and social status. According to social Darwinism, different evolutionary stages of mankind could be found in different places within a given society, so that each nation, race, sex and social group existed within the social hierarchy of evolution, placed on a continuum between the markers of civilisation on one hand and the signs of brutalisation on the other.[13] As a result, nations that did not fulfil the requirements for being classified as an 'advanced civilisation' were at risk of falling under the tutelage of those that did succeed, or – even worse – of disappearing altogether.

In Spain, the tension between the pursuit of progress and the risk of decadence formed the cornerstone of the discourse about modern civilisation. As Javier Fernández Sebastián and Gonzalo Capellán de Miguel have argued, this tension was built upon 'an association between the search for the modern and the attraction of foreign things, as opposed to the ancient, identified with things purely and intrinsically Spanish'.[14] In other words, there

11 D. MARTYKÁNOVÁ, *Los Pueblos Viriles.*

12 Sebastian CONRAD, *The Quest for the Lost Nation: Writing History in Germany and Japan in the American Century*, Berkeley CA 2010; D. MARTYKÁNOVÁ, *Los pueblos viriles;* Daniel PICK, *Faces of Degeneration: A European Disorder, c.1848–1918*, Cambridge 1989; Simon WENDT – Pablo Domínguez ANDERSEN, *Masculinities and the Nation in the Modern World: Between Hegemony and Marginalization*, London 2015.

13 Álvaro GIRÓN SIERRA, *En La Mesa Con Darwin. Evolución y Revolución En El Movimiento Libertario En España (1869–1914)*, Madrid 2005, pp. 145–148; M. C. SÁNCHEZ VILLA, *Entre Materia y Espíritu*, pp. 391–399.

14 Javier FERNÁNDEZ SEBASTIÁN – Gonzalo CAPELLÁN, *The Notion of Modernity in Nineteenth-Century Spain. An Example of Conceptual History*, Contributions 1, pp. 159–184, here p. 163.

was a tension between believing that modernity was necessarily foreign, and the desire to maintain the traditional values that were perceived as particular to Spain.

This tension was also evident in the medical narrative surrounding neurasthenia. In the first treatise published on neurasthenia in Spain, which appeared in 1892, the physician Manuel Ribas Perdigó explained that the disorder was, first and foremost, a problem of those countries who stood at the forefront of the 'scientific, industrial, and commercial revolutions'; namely, the USA, Germany, England, and France. Unlike these countries, where neurasthenia had reached epidemic proportions, Spain did not suffer from such a high incidence because 'public culture has not reached such extremes, and [Spanish] people can still lead a *feasible* life' ('*una vida posible*').[15] However, while Ribas Perdigó seemed accepting of the fact that Spain had fallen behind in the march towards civilisation, this did not mean that life was necessarily better there as a result.

Others went into more detail in elaborating their critique of the North American lifestyle. The physician Abdón Sánchez Herrero, Jr. (1875–1934) criticised some of his compatriots for holding foreign values and ways of life in high esteem and praising them as ways of facilitating a nation's progress. On the contrary, he presented a negative description of the USA as a country characterised by 'feverish activity and rapid material progress', where people's 'insatiable greed' for money meant that life was 'rushed and dizzy'. This attitude was nothing new. Already 27 years earlier, in one of the first mentions of neurasthenia in the popular press, the disorder was presented as a consequence of the USA's way of life, discussed in negative terms. The article described the Americans' temperament as 'hurried', 'feverish' and 'nervous', in opposition to the 'calm and reflexive genius that characterised the English'.[16] The author of the article, the journalist Joan Montserrat y Archs, commented that American nervousness had increased so much over the past 50 years (1830–1880) that it had become a pathology. It was the result of a hectic lifestyle and the ambition to reach 'exaggerated heights of civilisation'.[17] The author criticised the way of being of the American people, asserting that they had no musical talent and needed alcohol and sensational speeches to be stimulated. Furthermore, they produced no single idea of their own, importing all of them from abroad. He summarised Americans as being little more than 'a machine created to produce and obtain goods, whether agriculturale products, train shares or money'.[18] Finally, despite the mix of races that made up the American people, they all 'dissolved into one within only a few years, and took on the common yellow-grey

15 Manuel RIBAS PERDIGÓ, *Tratamiento de La Neuro-Astenia*, Barcelona 1892, p. 5.
16 Juan MONTSERRAT Y ARCHS, *Historia natural del hombre*, El mundo ilustrado, 1881, p. 461.
17 *Ibid.*
18 *Ibid.*

colour of the dusty North-American psychology'.[19] The message was clear: despite their huge economic production, their feverish pursuit of civilisation meant that they were destined to be washed away by their ambition.

However, this critique of the feverish pursuit of progress of nations like the USA did not mean that Spain did not participate in the international competition for civilisation. The Jewish hygienist Philip Hauser (1832–1925)[20], who in 1872 had come to Spain from Hungary and became renowned for his epidemiological studies on cholera, claimed that modern society had brought about a new form of life in which man found himself 'forced to work tirelessly in the cultivation of the arts and sciences, and to employ all his intellectual strength in order to fight for advantage against his respective rivals in different countries'.[21] In other words, the development of the liberal professions had permitted the participation of countries such as Spain in the quest for civilisation. According to this narrative, the concept of 'work' played a fundamental role in defining a respectable way of attaining civilisation. Sánchez Herrero Jr.'s father, Abdón Sánchez Herrero, Senior (1851–1904), who was the Dean of Pathological and Clinical Medicine at the Central University of Madrid and one of the most important promoters of hypnosis as a clinical tool in Spain, contended: 'Thus in human life, work is the only thing that is redemptive and a direct source of good, since it turns evil into good; and so even evil seems necessary; or is at least the most powerful motor, if not the only one, of our progress, and of all progress…'.[22] The establishment of the

19 *Ibid.*, p. 462.

20 Philip Hauser was one of the most influential hygienists of the late nineteenth century in Spain. Born in a Jewish family in 1832 in Nádasban, in the Kingdom of Hungary within the Austrian Empire (today's Slovakia), he trained as a physician in Vienna, Paris and Bern between 1852 and 1858, where he specialised in hygienic medicine. He moved to Spain in 1872, first Seville (1872–1883) and then Madrid (1883–1925), where he lived until his death. He was a well-known physician in both cities and gained international prestige through his work on cholera. His approach to disease and hygiene was characteristic of the nineteenth-century hygienic liberals; specifically, the idea that disease had a social dimension, and advocacy of the use of personal experience and surveys to carry out his scientific research. His lack of institutional affiliation to the Public Health Administration meant that he often questioned the limits of the political liberal economy and foreign policy; for instance, according to Esteban Rodríguez-Ocaña, he was the only prestigious hygienist who denounced Spain's participation in the Rif War against Morocco on the grounds that the money could be used to improve public health policies and education. See Esteban RODRÍGUEZ OCAÑA, *'La Encuesta Sanitaria Como Contribución Original de Philipp Hauser a La Salud Pública Española'*, in: Juan L. Carrillo (ed.), Entre Sevilla y Madrid. Estudios Sobre Hauser y Su Entorno, Sevilla 1996, pp. 193–210, here pp. 195–197.

21 Philip HAUSER, *Siglo XIX. Considerado Bajo El Punto de Vista Medico-Social*, Revista de España 101, 1884, pp. 202–224, 333–358, here p. 336.

22 Abdón SÁNCHEZ HERRERO, Sr., *Algunas Lecciones Del Curso de Clínica Médica*, Madrid 1893, p. 79. On Sánchez Herrero's role in promoting hypnosis as a valid form of clinical practice, see Luis MONTIEL – Ángel GONZÁLEZ DE PABLO (eds.), *En ningún lugar, en parte alguna. Estudios sobre la historia del magnetismo animal y del hipnotismo*, Madrid 2003.

constitutional parliamentary regime in Spain in the 1830s led to the consecration of the liberal discourse in which, building upon the Enlightenment heritage, work was no longer seen as detrimental to, but instead compatible with a redefined notion of honour, based on the usefulness for the country.[23] In line with this idea, Hauser argued that in 'modern, democratic society citizens had obtained new rights', namely, 'the equality of all people in the eyes of the law, the equal participation of all citizens in civil rights and politics, the freedom of work and industry, [and] the freedom of conscience and thought'.[24] As such, the modern world had broadened citizens' horizon of opportunity. This new world was characterised by work and the desire to work on the one hand, and economic competition and the 'struggle for existence' (*lucha por la existencia*) on the other. This encouraged men to specialise in a kind of labour that relied on their intelligence rather than on brute force. It was this type of labour that characterised modern (civilized) society, as Hauser explained:

> *'Having recognised that the ground for the battle is equal for all, man (el hombre) set out to improve his social position through work and the cultivation of his intelligence; some dedicated themselves to the sciences and arts, others to commerce and industry, and still others to cultivate the land and enrich themselves with its products; each made an effort to contribute their part in fomenting progress'*.[25]

Work was no longer a form of slavery or an unfortunate necessity as it had been in previous ages, he explained; instead, it had become a source of freedom and progress. Whether using his hands or his intellect, the modern worker of all social classes had to strive for education and apply himself diligently to carry out his job as best he could. In order to avoid becoming a simple 'appendix to the machine', he had to 'read, reflect, debate and show some interest in [contributing to] the progress of the arts and sciences'.[26] Such rhetoric exalted the virtues of work for everyone, while at the same time it also served to foster class difference, since the specialisation in different types of labour was divided across class lines. The renowned psychologist Luis Simarro (1851–1921)[27] made a similar

23 Darina MARTYKÁNOVÁ, *Les Ingénieurs, unité, expansion, fragmentation (XIXe et XIXe siècles). Tome I. La production d'un groupe social*, in: Antoine Derouet – Simon Paye, La profession, la masculinité et le travail. La représentation sociale des ingénieurs en Espagne pendant la deuxième moitié du XIXe siècle, Paris 2018, pp. 79–102.

24 P. HAUSER, *Siglo XIX*, p. 334.

25 *Ibid.*, p. 335.

26 *Ibid.*, pp. 335–336.

27 Simarro was an active member of the Free Institution of Education (*Institución Libre de Enseñanza*), the country's first secular pedagogical project. The Free Institution of Education was established in Madrid in 1876 by a group of university professors who supported and seconded the ideas of other Spanish intellectuals involved in the educational, cultural and social project of national regeneration, as well as Krausism, a German doctrine that advocated tolerance and academic freedom.

claim in an article published in 1889, in which he argued that 'the modern social struggle is purely intellectual', and it was those 'men of superior culture' – those who dedicated themselves to intellectual labour – who marched at the forefront of society and were responsible for its progress.[28]

Neurasthenia and the burden of responsibility

The idea that a nation's progress depended on the intellectual labour of the bourgeoisie is key to understanding how and why neurasthenia was articulated as a 'respectable disease', linked to a particular social class. Physicians theorised that neurasthenia was the result of expending excessive nervous energy on mental functions, leaving the rest of the organism without the necessary nutrition to manage its physical functions correctly. The depletion of nervous energy could be caused by an intense or persistent intellectual effort, but also by hardships, strong emotions and excessive worries; experiences that constituted part of modern life for the bourgeoisie.[29] This idea served to legitimise and reinforce class difference, since many physicians claimed that neurasthenia could not be found among the working class or people living in the countryside because they were not exposed to the same responsibilities and the same competition in the struggle for survival. The eminent specialist in neuro-psychiatry José Salas y Vaca (1877–1933), for example, claimed that the lack of education among the working class meant that they were protected from developing diseases like neurasthenia, since studying placed bourgeois children under significant pressure and caused them to expend great amounts of vital energy from an early age.[30] Similarly, the physicians Alberto Díaz de la Quintana and Fernando González de Quintana claimed that the working class and people living in the countryside were naturally more primitive and had less problems in life because all they had to worry about were 'provincial concerns' like paying taxes, the lack of rain or the death of a cow.[31]

One physician even went as far as to describe neurasthenics as 'aristocrats of the nervous system, artists of suffering, the chosen ones of pain,' praising their disease as a sign of

28 Luis SIMARRO, *El Exceso de Trabajo Mental En La Enseñanza*, Boletín de La Institución Libre de Enseñanza 13, 1889, pp. 37–39, 88–91, 369–373, here pp. 37–38.

29 M. RIBAS PERDIGÓ, *El tratamiento de la neuro-astenia*; P. HAUSER, *Siglo XIX*.

30 José SALAS Y VACA, *La Neurastenia, Sus Causas y Tratamiento*, Revista de Medicina y Cirugía Prácticas 60, 1903, pp. 361–370, 401–413, 441–459, here p. 402.

31 Fernando DÍAZ DE LA QUINTANA, *La Neurastenia. Memoria Reglamentaria Para Optar al Título de Doctor En Medicina y Ciencia*, Madrid 1893, p. 20; Fernando GONZÁLEZ DE QUINTANA Y MOLINA, *La Revolución En La Terapéutica de La Neurastenia*, Madrid 1903, p. 40.

their sensitive superiority.[32] Another lamented how neurasthenia appeared as an 'ominous spectre' that emerged 'among all those of us dedicated to mental work'.[33] Nevertheless, neurasthenia was not necessarily a problem of intellectual overwork *per se*, but rather of the burden of responsibility. According to this idea, such a burden rested mostly upon the shoulders of bourgeois men, including the physicians themselves. The physician Jaime Mitjavila y Rivas (1855–1910) made this clear when he asserted:

> *'It is undeniable that those professions that demand great intellectual effort are predisposed to develop neurasthenia; and even more so if you consider the worry caused by constant competition (lucha por la competencia) and their anxiousness about the responsibility that they carry. This is why medical practice is the profession with the highest incidence of this neurosis, because it is arguably the one that demands the greatest physical, intellectual and moral effort.'*[34]

As Darina Martykánová and Víctor Núñez-García illustrate in their article in this volume, this discourse of competition was inscribed within a broader process of the professionalisation of medicine and claims to authority in an increasingly capitalist society, in which physicians had to compete for patients; but it still reflected the wider anxieties that affected the bourgeoisie and members of the liberal professions, like physicians themselves.[35]

However, this position towards neurasthenia as a disease that could not affect the working class was not shared by all. There were some dissident voices, like that of the military physician J. Fernández Toro, who argued that members of the working class also suffered in the struggle for survival. Nevertheless, their suffering was due to different kinds of problems than those that affected the liberal professions. Instead of being weighed down by the burden of responsibility of leading the nation towards progress, workers were troubled by material concerns like unemployment and bad working conditions, a lack of economic resources, and poor diet and hygiene.[36] In another case, the physician T. Valera argued that neurasthenia also existed in the countryside. However, he presented country labourers as brutalised human beings who were lower down on the scale of civilisation, claiming that 'one does not have to be a bundle of nerves nor an electric battery for the

32 Ricardo ROYO VILLANOVA Y MORALES, *La Neurastenia y Los Periódicos*, Revista Frenopática Española 8, 1910, pp. 202–204, here p. 202.

33 Tiburcio JIMÉNEZ DE LA FLOR GARCIA, *Estudio Clínico de la Neurastenia (astenia simple) y su tratamiento*, Zamora 1913, p. 40.

34 Jaime MITJAVILA Y RIVAS, *Concepto, Causas y Síntomas de La Neurastenia*, Revista de Especialidades Médicas 5, 1902, pp. 138–148, here p. 142.

35 Darina MARTYKÁNOVÁ – Víctor-Manuel NÚÑEZ-GARCÍA, *Vaccines, Spas and Yellow Fever: Expert Physicians, Professional Honour and the State in the Mid-Nineteenth Century*, Theatrum historiae 27, 2020, p. 7–30.

36 J. FERNÁNDEZ TORO, *La Neurosis Generalizada*, Madrid 1892, pp. 10–11.

disease to appear in the rudest, most brutish and uncouth people'. Valera criticised the idea that the countryside was a place of peace and calm, asserting that the 'frugality and satisfaction [that used to characterise country life] has now disappeared.'[37] Nevertheless, even those who did believe that neurasthenia could affect people living in the countryside often described cases of neurasthenia among members of the middle and upper classes, such as landowners.[38]

Despite these two examples, for Spanish physicians neurasthenia was still mainly a disorder of the metropolitan bourgeoisie. According to their class-based narrative of progress, the incidence of neurasthenia among such bourgeois men holding high-ranking public posts and working as liberal professionals was of great concern to physicians, as the future of the nation supposedly relied on their leadership. Hauser explained how professionals affected by neurasthenia were unable to continue with their work: '[w]hen it is time to fight against the difficulties of life, [neurasthenics] lose confidence in themselves; they believe it is impossible to overcome the obstacles that stand in their way, because their lack of vital energy makes everything seem difficult and insurmountable.'[39] Consequently, attending to the problem of neurasthenia was fundamental because the health of the nation relied on the health of those who led it in its path to progress. This idea became widespread and lasted for decades. Twenty years after Hauser, the physician Antonio Gota still connected the problem of intellectual overwork with a concern about the nation's future: 'What must particularly concern all those who are interested in the study of *psychic surmenage* is the future of humanity.'[40]

This issue was specifically addressed in a treatise published by the medical hygienist Nicasio Mariscal y García (1858–1949) entitled *Neurasthenia in politicians and high-ranking government officials* (1901). In it, he explained that anyone could suffer from neurasthenia, regardless of their status, in the same way that an intestinal cold could affect the Pope as much as 'the most helpless and humble recruit of a platoon.'[41] Diseases did not differentiate between people, he affirmed, and neurasthenia made no exception. However, it was more often found among politicians and high-ranking government officials (*hombres de estado*) because of the enormous burden of responsibility they carried as representatives of the state

37 T. VALERA, *La Neurastenia En Los Pueblos*, Siglo Médico 49, 1902, pp. 517–518.

38 Rafael del VALLE Y ALDABALDE, *Un Caso de Neurastenia*, Revista de Medicina y Cirugía Prácticas 105, 1914, pp. 441–451; M. RIBAS PERDIGÓ, *Tratamiento de La Neuro-Astenia*, p. 19.

39 P. HAUSER, *Siglo XIX*, p. 207.

40 Antonio GOTA, *Algunas Consideraciones Sobre El Surmenage Cerebral*, Revista Ibero-Americana de Ciencias Médicas 22, 1909, pp. 284–289, here p. 284.

41 Nicasio MARISCAL, *La neurastenia en los hombres de estado: (reflexiones de medicina política)*, Madrid 1901, p. 7.

and its citizens – a responsibility the humble recruits of a platoon did not have to bear. The unhealthy and hectic lifestyle that politicians, company directors and governors led resulted in neurasthenia, since they failed to manage their mental and physical energies properly, with the result that they were overworked and too exhausted to fulfil their duties. Rushing from one place to another, having insufficient sleep, staying up all night in order to finish tasks and attending multiple meetings and dinners where they had to deliver speeches were all commitments that placed the nervous system under excessive stress, explaining why neurasthenia was especially common among them. In the words of Mariscal,

> *'[i]n the interest of the government officials (hombres de estado) themselves, and of the holiest of interests that they have been entrusted with, it is necessary to find a way to avoid [neurasthenia]; because vigour, strength, the mysterious vital force that animates and maintains in good health that complicated organism known as the State … is nothing else than the result of the physical and moral energies of each of the individuals that make up that State – or, at the very least, of those who intervene in its government and administration, whose energies are undoubtedly debilitated through diseases like neurasthenia'.*[42]

Although Mariscal insisted that neurasthenia did not discriminate between individuals, he effectively articulated it as a disease of those who carried the national responsibility of progress, caused by their altruistic self-sacrifice in their devotion to the common good. Just like Mitjavila y Rivas had argued in the case of physicians, Mariscal pointed toward the arduous work that politicians had to carry out, and the virtuous nature of their labour. This kind of labour elevated them above others in the hierarchy of social duty, according to values shared by the liberal and socialist political cultures in that period, in which personal interests were sacrificed in the name of the common good.[43] In line with these values, the diagnosis of neurasthenia could serve as a sign of personal virtue of bourgeois men, highlighting their struggle and the important role they played in society.[44]

42 N. MARISCAL, *La Neurastenia en los Hombres de Estado*, pp. 16–17.

43 María SIERRA, *"La Sociedad Es Antes Que El Individuo": El Liberalismo Español Frente a Los Peligros Del Individualismo*, Alcores 7, 2009, pp. 73–84.

44 The diagnosis also protected men from the stigma attached to madness. While neurasthenia could lead subjects closer to insanity, the disorder did not constitute madness as such, since its mental symptoms were less severe. Furthermore, neurasthenia could be treated relatively successfully without the need to be institutionalised in an asylum. A diagnosis of neurasthenia therefore protected an individual from the stigma associated with having lost their mind and their reason, and also promised a cure – or, at the very least, its management through hygienic practices. Vicente OTS Y ESQUERDO, *Locura Neurasténica*, Revista Frenopática Española 1, 1903, pp. 305–309; César JUARROS, *Diagnóstico de Las Neurastenias*, Revista Ibero-Americana de Ciencias Médicas 26, 1911, pp. 1–14.

A respectable diagnosis? The thin line between virtue and vice

As we have seen, neurasthenia served as a respectable label that highlighted the importance of intellectual work and celebrated self-sacrifice in the name of the common good. However, as I will show in this part of the article, it also served to criticise vices that were seen to hinder the nation's progress. Among the variety of problems diagnosed within the Regenerationist discourse, historians have shown that one common feature was the loss of virility among the male sector of the country, especially the Spanish élites. Thus, for example, the engineer Lucas Mallada (1841–1921), one of the main proponents of the Regenerationist movement, expressed it in the following way: 'Spanish people (*el pueblo español*) have less virility now than they ever had in past'.[45] In other words, Spanish intellectuals – most of whom were part of the bourgeoisie – viewed the national crisis as a crisis of Spanish manhood, as the historian Nerea Aresti has argued. The threat of degeneration meant that all members of society were in danger of undergoing a 'process of erosion', falling into passivity and indolence. As a result, 'the criticism of a lack of initiative, impulse for action and commitment to public life occupied centre-stage within these discourses.'[46] As such, the Regenerationist discourse did not define men in opposition to women, but rather in opposition to different types of undesirable masculinities. The crisis of Spanish manhood was not a question of being (too) feminine, but of *not being man enough*.[47]

The Regenerationist discourse therefore sought to define appropriate and inappropriate behaviours, thus guaranteeing the change that the country needed to resituate itself within the hierarchy of civilisation. Part of this involved criticising ambition, which the Regenerationist discourse presented as a vice of the decadent elite, as Richard Cleminson and Francisco Vázquez García have argued.[48] According to this discourse, ambition was linked to the problem of electoral and political corruption. This corruption was critically referred to as *caciquismo* (despotism). Although members of the new bourgeois class had begun criticising *caciquismo* during the transition from the *ancien régime* to the Liberal Regime in 1814, it became understood as an urgent political problem during the Restoration

45 Lucas MALLADA, *Los Males de La Patria*, Madrid 1890, p. 23.

46 Nerea ARESTI, *La hombría perdida en el tiempo. Masculinidad y nación española a finales del siglo XIX*, in: Mauricio Zabalgoitia Herrera (ed.), Hombres en peligro. Género, nación e imperio en la España de cambio de siglo (XIX–XX), Madrid 2017, pp. 19–38, here p. 26.

47 The idea that masculinities were defined in relation to one another, and not just in relation to women, is not new and has been studied in other fields such as English literature. See, for example, Eve Kosofsky SEDGWICK, *Between Men: English Literature and Male Homosocial Desire*, New York 1985. I am grateful to the reviewer who pointed this out to me.

48 Richard CLEMINSON – Francisco VÁZQUEZ GARCÍA, *'Los Invisibles': A History of Male Homosexuality in Spain, 1850–1939*, Cardiff 2007, pp. 182–183.

era (1875–1923) and its critique was a cornerstone of Regenerationism at the turn of the century, linked to the introduction of universal male suffrage. *Caciquismo* referred to the proliferation of clientelist practices by eminent locals or 'caciques', who were allowed to take advantage of public powers – both for themselves and their clientele – in exchange for the guarantee that the two governing parties at the time, the Conservatives and Liberals, would be able to alternate in power under the adjudication of the Crown through rigged elections, which were planned by the authorities and then implemented by caciques. This political system, known as the 'peaceful turn' (*turno pacífico*), attracted strong criticism of its functioning and clientelist practices, based on legal, political and moral considerations. One of the strongest criticisms was of the predominance of private (*particular*) interests (whether personal, local, or party interests) among its political representatives, over general or national interests. Accusations of immorality, electoral fraud and personal ambition to hold public office were all ills associated with *caciquismo*, whose critique formed a fundamental part of the Regenerationist discourse.[49]

As such, ambition could have a terrible impact on an individual, especially young adult men who were in the prime of their 'virile years' (*edad viril*) and who were the most productive members of society. Rather than using their energy to reach attainable goals that would benefit society, they wasted it chasing after impossible goals that yielded no results, therefore limiting their productivity. Following such reasoning, the physician Rafael del Valle y Aldabalde pointed out that 'the so-called 'struggle for existence' is actually about the uncontrollable ambition that has developed at all levels of society to quickly obtain resources far superior to those which one has a right to'.[50] This particular critique was directed at a type of capitalist greed', but the problem of excessive ambition also manifested itself in delusions of grandeur, as Hauser explained: 'it is undeniable that delusions of grandeur and reputation have never been as generalised as they have been during the second half of our century; never has this terrible passion caused as many victims among the young and those of virile years as in our days, especially among artists, *savants* and the military'.[51] While social recognition by one's peers was perceived as an important motivation, promoting self-sacrifice and good conduct, the line between moral virtue and the selfish pursuit of glory was thin. As Raquel Sánchez has shown, these dangers

49 The study of *caciquismo* is a well-established speciality within Spanish historiography and has produced an abundant amount of secondary literature. For a review, see Javier MORENO-LUZÓN, *Political clientelism, Elites, and* Caciquismo *in Restoration Spain (1875–1923)*, European History Quarterly 37, 2007, pp. 417–441.

50 Rafael del VALLE Y ALDABALDE, *Neurastenia y Estados Análogos*, Revista de Medicina y Cirugía Prácticas 45, 1899, pp. 361–366, here p. 361.

51 P. HAUSER, *Siglo XIX*, p. 339.

were encompassed in the figure of the 'Romantic hero', the quintessential hero-figure of nineteenth-century Spain. This type of hero placed the interests of others above his own, willing to sacrifice everything – even his own life – for the sake of the common good. But this seemingly selfless act could also be interpreted as a sign of moral corruption if it was carried out in the pursuit of personal glory; that is, with the intention of *being recognised as a hero* by others.[52]

It was common at the time to acknowledge that ambition could pose a serious problem in the genesis of neurasthenia through the corruption of capitalist greed on the one hand, and the feverish pursuit of fame on the other. For instance, Ribas Perdigó pointed out that 'impatience, excessive worry, grief, disappointments, ambition, hate, setbacks and bad luck, etc., are etiological factors that often stand in the way of us obtaining our wishes'.[53] Similarly, Hauser identified ambition as one of the most detrimental ills of modern life:

> *'It cannot be ignored that the accumulation of colossal fortunes on the one hand, and the moral force of the supremacy of talent on the other, have generated endless passions that were previously limited to a very small class, such as the excessive love of power and reputation, the immoderate desire for distinctions and dignities, the insatiable thirst for wealth, and the love of luxury and pleasure; in a word, ambition in all its different forms'.*[54]

Regardless of whether the problem was economic profit or vanity, excessive ambition was subjected to severe criticism. 'Neurasthenia' was the label through which such behaviour was pathologised. Together with the diagnosis of selfishness and greed it was enough to tip the balance, changing the physician's attitude towards his patient from sympathy to callousness – a criticism that depended on the physician passing a moral judgement over his patient.

An example of how manifestations of what could be termed 'economic greed' affected a physician's judgement and clinical diagnosis can be seen in a text about a clinical case published by the physician Abdón Sánchez Herrero, Jr. The patient, referred to as H. Ll., was a 52–year-old Castilian man who had devoted his life to running 'an important business'. He was driven by the desire to earn money and had spent his life dedicated to his business. According to Sánchez Herrero, '[h]is aim was to become rich, very rich, and quickly, very quickly. And all for what?', the physician wondered. 'Once he had finally achieved this goal after so much effort, and he wanted to rest, along came [neurasthenia] to show him

52 Raquel SÁNCHEZ, *El Héroe Romántico y El Mártir de La Libertad: Los Mitos de La Revolución En La España Del Siglo XIX*, La Albolafia 13, 2018, pp. 45–66.

53 M. RIBAS PERDIGÓ, *Tratamiento de La Neuro-Astenia*, p. 10.

54 P. HAUSER, *Siglo XIX*, p. 339.

that riches mean nothing without health. He, who in his youth had remained stuck to the office counter, found himself on the threshold of old age, incapable of gaining any kind of compensation for the sacrifice he had made'. Later in the text, he condemned those who believed they could 'do without others and rely only on themselves', citing an old proverb: 'There is no man without man' (*No hay hombre sin hombre*).[55] From Sánchez Herrero's perspective, the man should have allowed himself to rely on others to help him long ago. But what had aggravated his behaviour (and in all likelihood was the reason why Sánchez Herrero was so harsh) was that he had refused to follow his physician's advice in order to regain his health even now that he was sick, returning to work before the remedial regimen of baths, diets and a break from work was over.

The fact that his patient was a married man, the head of a large middle-class family, and probably worked long hours in order to maintain his family's bourgeois lifestyle, did not change Sánchez Herrero Jr.'s attitude towards his indulgence. Even though being a 'family man' (*padre de familia*) was a key category of Spanish masculinity, in the eyes of the physician, H. Ll.'s inability to delegate responsibility to others and his constant travels were not signs of virtuous sacrifice in order to fulfil his duties as a family man.[56] Instead, Sánchez Herrero recognised signs of excessive greed and self-interested ambition in his patient's behaviour, a kind of behaviour that was attributed to H. Ll.'s condition of degeneration. Such cases had no cure, because the patient had no intention of co-operating in the treatment. Thus any attempt at treatment was ultimately a waste of time, money, and effort for all parties: the physician, the patient, and the patient's family. According to Sánchez Herrero, Jr., cases like this were best ignored if a physician wanted to maintain his professional reputation. If not, his authority would be constantly questioned, because the patient was only interested in himself and would not abide by any of the doctor's instructions. As such, H. Ll.'s case served as a moral warning that enabled the physician to illustrate the ways in which the bourgeoisie could succumb to the perils of modern life. These dangers were excessive self-interest, ambition and greed, which represented the immoral extremes of the dominant nineteenth-century liberal values such as industriousness, productive activity (work), and the pursuit of legitimate personal interests and economic independence.

To believe that excessive ambition could cause neurasthenia was very common among physicians at the time. We have seen that Sánchez Herrero, Jr. adopted a harsh tone when writing about neurasthenic businessmen like H. Ll. Similarly, the physician Fernando

55 Abdón SÁNCHEZ HERRERO, *Historia de Un Neurasténico Agitado*, Revista Ibero-Americana de Ciencias Médicas 20, 1908, pp. 175–178, here pp. 175–176.

56 On the figure of the *padre de familia*, see Jesús DE FELIPE Y REDONDO, *Masculinidad y movimiento obrero español: Las identidades masculinas obreras y el trabajo femenino*, Historia, Trabajo y Sociedad 8, 2017, pp. 65–85.

Calatraveño y Valladares (1851–1916) presented neurasthenia in negative terms by arguing that the disease was common among politicians, because these people were mainly looking for fame and personal profit. He considered them 'parasites' who had chosen that career path because it allowed them to quickly make a name for themselves and fulfil their ambitious dreams without ever having to do a full day's work.[57] The role required much more effort than they could actually deliver. When confronted with the arduous daily routine, they found themselves completely out of their depth. It usually did not take them very long to feel exhausted, developing neurasthenia. As such, the disease served to highlight the fact that they were in the post for personal interest, rather than for the selfless pursuit of the common good. Carrying out the duties of this post properly required perseverance and a strong will; in other words, a virile masculinity that those who developed neurasthenia clearly lacked.

The disease was not just a consequence of their post: it was also a cause of their poor performance as politicians. The 'key symptoms' of neurasthenia – lack of willpower, delusions of grandeur and fickleness – were manifested, according to Calatraveño, in self-interested political manoeuvres which only benefitted a few individuals, rather than the whole of society. In other words, their behaviour evidenced moral corruption in the form of egotism. Like patient H. Ll., these individuals spent their lives searching for power; but power was always short-lived. As the physician bemoaned: '[w]orthy of pity are those who thus disrupt their lives, sacrifice their health, kill their joy, forget the education of their children and live in perpetual anxiety, simply to hold that coveted and bitter power for a few years'.[58] Ten years later, the idea that ambitious self-interest could trigger disease was still prevalent, even though more emphasis was placed on social inequalities. According to the physician Antonio Gota, '[e]gotism, irritating privileges and social inequalities prevent each man from enjoying relative well-being, given the means they have of work and personal merit. It is evident that such events cannot fail to make a *deep impression* on the nervous system'.[59] Gota's way of expressing the state of things reflects the materialist attitude held by liberal-progressive physicians in Spain at that time: when a person spent most of his life harbouring or succumbing to bad feelings of envy, greed and selfishness, these feelings would affect his nervous system. Once the normal functioning of his brain was disturbed, he would develop a disease like neurasthenia.

57 Fernando CALATRAVEÑO, *La Neurastenia En Los Hombres de Estado*, Revista Contemporánea 119, 1900, pp. 572–578, here p. 573.

58 F. CALATRAVEÑO, *La Neurastenia En Los Hombres de Estado*, p. 576.

59 Antonio GOTA, *El Neurosismo Creciente de Nuestro Tiempo*, Revista Ibero-Americana de Ciencias Médicas 20, 1908, pp. 434–451, here p. 436. Italics original.

In principle, ambition as such was not necessarily problematic. It also contained a positive moral dimension. In fact, at the time, it could also constitute a sign of masculine impetus and virtue. As long as it was carried out in the interest of the common good rather than for personal gain, ambition served a useful purpose by giving those individuals who were responsible for bringing progress to society the energy they needed to perform their role successfully. Thus the physician Abdón Sánchez Herrero, Sr. argued that ambition formed part of a constellation of virtues which allowed mankind to pursue saintly perfection. He wrote: 'pride, science, poetry, love, holy ambition, genius, heroism, work: the Creator wanted these medals of the human soul in the process of perfection and in the search of glory, to be ruled by virtue'. [60] While Sánchez Herrero Sr.'s statement was clearly influenced by his Roman-Catholic religious beliefs, this idea of ambition as a positive trait was not particular to Christians, but was instead a common trope of the period. As long as individual ambition served the common good, it did not necessarily lead to disease or immorality, but could contribute to the nation's regeneration and its escalation in the Western hierarchy of civilisation.

This utilitarian attitude towards ambition is evident in Mariscal's treatise on neurasthenia in government officials. Besides recommending hygienic measures to avoid the disease, the physician also proposed that members of the government should retire at an earlier age, when reaching 50 years. In his view, the role of political leaders was to guarantee the evolution of society. Since 'to govern is to evolve', the best solution was to ensure that the business of government was practised only by those men who were at the peak of their intellectual powers and physical energy. If not, Mariscal wrote, they would paralyse society; following 'natural evolution,' an elderly politician 'runs the risk of either being run over by the irresistible force which he deliberately or unwittingly opposes, while the rest of the world marches over him; or of disrupting, rather than favouring, that healthy evolution of societies (*pueblos*) and [young] generations'.[61]

Thus, at a time when youth and strength were venerated, Mariscal construed ambition in moderation as a positive trait for young men.[62] According to his way of thinking, ageing constituted a loss of energy, and therefore a loss of virility. Consequently, when ambition no longer served as a useful source of energy for the progress of society, it instead became

60 A. SÁNCHEZ HERRERO, Sr., *Algunas Lecciones Del Curso de Clínica Médica*, p. 71.

61 N. MARISCAL, *La Neurastenia en los Hombres de Estado*, p. 118.

62 Mariscal would write about the role of beauty and youthfulness in an article in 1949 for the medical journal *Práctica Médica*. Nicasio MARISCAL, *La Belleza y La Fealdad*, Práctica Médica 42, 1946, pp. 3–10. On the topic of nudism and the cult of the body in Spain during this period, see Maite ZUBIAURRE, *Culturas Del Erotismo En España, 1898–1939*, Madrid 2014.

a cause for its stagnation and was only invested in personal profit; at that moment virtue became a vice, as occurred in the case of patient H. Ll.

Aboulia and psychic passivity

As we have seen, working in the name of the common good and for the pursuit of progress, as opposed to pursuing personal interests, was one way of defining the boundaries of what was acceptable and unacceptable behaviour. However, while neurasthenia served to pathologise ambition and define the limits of what constituted virtuous intellectual labour, it was not the only way in which the diagnosis served to prescribe the moral and immoral qualities of the modern subject. As Michael Cowan has argued in his book *Cult of the Will* (2008), neurasthenia's main threat to society was that it caused psychic passivity in the individual, thus inverting the normative autonomous subjectivity that characterised the dominant bourgeois-liberal values.[63] The masculine faculties of reason and willpower were central to the ideal liberal citizen and to modern governance, but passivity made the neurasthenic unable to exercise his will: instead of using it to be in control of his emotions and capable of managing external stimuli, he appeared to be determined by his internal states and unable to resist the pressures of modern life. The medical director of baths Manuel Manzaneque formulated the pathological mechanism behind this idea clearly in his treatise *Hydrothermal Treatment of Neurosis and Neurasthenia* (1911): 'this [nervous state] places the nervous system under such a state of susceptibility that the impressions it receives from outside or the stimuli it perceives from inside are notably exaggerated, becoming sensations and movements.'[64] In other words, neurasthenia consisted in the pathologisation of a subject who seemed unable to exercise a strong will, according to the values stipulated at the time.

While a weak will (also known as 'aboulia') served a diagnostic purpose, its dual quality as both a symptom and a cause of the disease allowed physicians to promote a medical as well as a moral discourse on neurasthenia. The physician Alonso Sañudo (1859–1912) expressed this duality well when he stated: 'in the midst of its apathy, the neurasthenic's nervous system seems condemned to a constant wanting to act and yet not being able to (*un constante querer y no poder*).'[65] As a symptom, it was a sign of a system that was exhausted by intellectual overwork and could no longer carry out its duties effectively. These cases

63 Michael COWAN, *Cult of the Will: Nervousness and German Modernity*, University Park, Pennsylvania 2018.

64 Manuel MANZANEQUE, *Baños de Carlos III (Trillo). Tratamiento hidro-termal del Neurosismo y la Neurastenia*, Madrid 1908, p. 3.

65 Manuel ALONSO SAÑUDO, *Lecciones de clínica médica*, Madrid 1893, p. 431.

were generally considered to be forms of acute neurasthenia, which could improve once the life conditions of the individual changed (with a change of scenery, a break from work, or recovery from a serious economic loss, for example).[66] As a cause, however, neurasthenia pointed to a latent disease, a problem of heredity that was linked to insanity or immoral practices. There was no definite cure for these constitutional neurasthenics; the disease could crop up again at any time later in life and could only be resolved through hygienic measures and long-term management. In these cases, the lack of willpower had been present since childhood, and pointed towards a constitutional weakness of the body as well as of character.

Because neurasthenics were unable to resist the pressures of external stimuli and gave in to internal desires, the disorder constituted a breaking down of the boundaries of the self in a way that reflected broader anxieties about what it meant to be a proper modern subject. This articulation can be seen in the following excerpt, published by the military physician and neuro-psychiatrist César Juarros (1879–1942) in 1911, in an article titled *The diagnosis of the neurasthenias*. Although it is a long quotation, it is worth presenting in full:

> *'The end is always the neurasthenic's defeat. Unable to pay attention, to coordinate his thoughts, to channel his reflections, he is a victim of associations and capricious and strange ideas, unable to undertake any effort of any kind. Tired after the smallest intellectual work, they end up distrusting their minds, and with good reason; they doubt and hesitate before making any decision. The small incidents of life are serious conflicts for them, which they never address in a straight and direct manner. (…) They are also highly emotional; any trifle exalts them and makes them believe they are on the way to conquer the world; and an insignificant matter pushes them to the edge of misery and misfortune. These are true crises of joy and sadness. Combine these with anaesthetic disorders that make them believe they are suffering from the most absurd of ailments, and with fits of anger and irascibility, and you will have a complete picture of the neurasthenic mental state.'*[67]

The neurasthenic's incapacity for decisive action contrasted sharply with the hegemonic form of virile masculinity of the liberal bourgeoisie that dominated the second half of the nineteenth century, characterised above all by a man's control of his passions through reason and willpower, and his capacity for taking action. Within this model, the passions played a fundamental role in the construction of masculinity, but they had to be mastered by reason and directed towards proper ends. Men's words and actions were therefore not motivated by passionate impulsivity, but rather by meditated reasoning; in other words,

66 The differentiation between 'acute' or 'true' forms of neurasthenia, and 'constitutional' neurasthenia, can be found in Ramón ÁLVAREZ GÓMEZ-SALAZAR, *Ligeras consideraciones sobre la neurastenia y su tratamiento*, Revista de Medicina y Cirugía Prácticas 43, pp. 411–417; César JUARROS, *Diagnóstico de las neurastenias.*

67 C. JUARROS, *Diagnóstico de Las Neurastenias*, p. 2.

they were characterised by strong and directed 'psychic activity'. Juarros's description of the picture of a typical neurasthenic demonstrates an undermining of this form of masculinity: rather than being masters of their emotions through strong willpower and capacity for reasoning, they gave in to irrational thoughts and let them take over ('[t]hese are true crises of joy and sadness … [they find themselves suffering from] fits of anger and irascibility'), and they were incapable of focusing their attention and taking any kind of decisive action ('[they cannot] undertake any effort of any kind … they doubt and hesitate before making any decision'). Only those who had some sense left in them knew that the best thing to do was to distrust their minds ('they end up distrusting their minds, and with good reason').

Contrary to the stoical determination of men who exhausted themselves by persevering in their selfless pursuit of progress, aboulia symbolised the quintessential national problem of sloth, paralysis and inaction that the Regenerationist discourse identified. In his article on neurasthenia and politicians, Calatraveño pointed out that their 'lack of willpower' – one of the 'culminating symptoms of neurasthenia' – was caused by their exhausted nervous system, which had run out of 'the energy to undertake the task of regeneration that the country needs.' It manifested itself through 'strange governmental decisions' and an inability to 'resist decrees that harm the nation'.[68] They were individuals who dreamed up ambitious plans but were ill equipped to take the lead in the struggle for survival that the country needed, because they did not have the strength of character required to make the right kind of decision. Instead, they would only be an obstacle to their country's progress – not because of immoral ambition, but because of their psychic passivity, which became the defining characteristic of neurasthenia. As Juarros firmly asserted in his 1911 article, '[t]he neurasthenic is, above all, an aboulic.'[69]

While lack of willpower manifested itself through emotional volatility and poor performance of mental functions, it could also reveal itself in the individual's inability to resist the enticing but potentially degenerative pleasures of urban life, including fashion, theatre, social gatherings, gambling, and sexual pleasures. According to the physician and pioneer of cardiology in Spain, Antonio Mut Mandilego (1867–1939), these 'vicious, slacking and idle youths of both sexes' constituted the majority of untreatable neurasthenic cases that were either irredeemable or that would end up mad. They were 'perfectly useless for society' and were characterised by their pleasure-seeking activities, titillated by futile conversation and concerned with the most recent fashion, no matter how foolish it might look or how uncomfortable it might be. At the same time they were full of doubt, unable to

68 F. CALATRAVEÑO, *La Neurastenia En Los Hombres de Estado*, p. 576.
69 C. JUARROS, *Diagnóstico de Las Neurastenias*, p. 2.

take a decision and stick to it. Moreover, these young men and women had little courage; they 'lack character, blush, are reserved, are solitary, timid, and *dare not* do anything.'[70]

Physicians presented examples of other degenerate neurasthenics in the pages of medical journals. All manner of 'eccentrics' and 'crackpots' (*chiflados*) were used as prime examples of the adverse effects of degeneration, including public masturbators.[71] However, these usually belonged to the bourgeois class, as the physician Tiburcio Jiménez de la Flor García stated in his doctoral thesis:

> *'The great importance that this neurosis has acquired in recent times has been due to its prevalence among the medulla (or managerial) class of Society in preference to the others, and because its spread is greater than what was originally believed. All those that are commonly referred to as 'odd' and 'eccentric' are in fact neurasthenic to a greater or lesser degree.*[72]

Unlike the virtuous bourgeois man whose strong sense of duty had led him to direct all his willpower towards excelling in his work, these 'eccentric' individuals never had that strength of willpower to begin with. They were born with a constitutive weakness of the will, which made them more liable to suffering from the degenerative effects of modern life. As such, they were incapable of making the necessary efforts to resist the sensual pleasures and nervous hyperstimulation that urban life offered, succumbing to them instead.

Neurasthenia was therefore commonly associated with urban living, since here the promise of progress was at its highest; but so was the threat of degeneration. Cities represented the most extreme versions of the benefits and drawbacks of progress: as places buzzing with activity, they held the promise of stimulation and served as representations of a country's degree of civilisation. However, in line with the theory of degeneration, Spanish physicians and hygienists during the *fin de siècle* acknowledged that civilisation would not end social ills such as prostitution, pauperism and madness. On the contrary, it would introduce new problems such as alcoholism, tuberculosis, and anarchism.[73] In other words, cities offered a microcosm of the different degrees of civilisation: from the most developed, elegant and cultivated people working at public institutions, banks and big companies, to the most brutalised form, represented by the working class in the factories

70 Antonio MUT MANDILEGO, *Los Neurasténicos*, Revista Ibero-Americana de Ciencias Médicas 16, 1906, pp. 213–219, here p. 218.

71 C. JUARROS, *Diagnóstico de Las Neurastenias*, p. 5.

72 T. JIMÉNEZ DE LA FLOR GARCIA, *Estudio Clínico de la Neurastenia*, p. 3.

73 Ricardo CAMPOS MARÍN, *La Sociedad Enferma: Higiene Moral En España En La Segunda Mitad Del Siglo XIX y Principios Del XX*, Hispania 55, 1995, pp. 1093–1112; Ricardo CAMPOS MARÍN, *La Teoría de La Degeneración y La Medicina Social En España En El Cambio de Siglo*, Llull: Revista de La Sociedad Española de Historia de Las Ciencias y de Las Técnicas 21, 1998, pp. 333–356.

and the inhabitants of brothels, prisons and madhouses.[74] Consequently, larger urban areas also had a higher incidence of delinquent and immoral behaviour, threatening the wellbeing of its dwellers.

Although different physicians could offer different solutions to the problem of degeneration, all agreed that the 'feverish life' that characterised modern society and its march towards civilisation was accompanied by the threat of degeneration and the fear that society was slowly succumbing to its inevitable extinction. For example, Hauser was a progressive liberal who advocated in favour of governmental intervention in social issues, and he believed the higher statistical rates of physical and mental illness were a direct consequence of the lack of institutions to manage them, rather than the result of new technological developments that allowed more precise research into human physiology and facilitated data collection.[75] In contrast, conservative physicians like the hygienist Ignasi Llorens i Gallard (1851–1913), who bemoaned the loss of Catholic values in society, identified the new-found freedom of thought brought about by democracy – what he called 'the emancipation of the spirit' – as the source of all social ills and of the rise in nervousness that characterised the final decades of the century.[76] In both cases, however, they agreed that society was slowly degenerating because of the economic competition and opportunities that individuals had for class mobility. As a result, the endeavours that 'men of superior culture' had to pursue in order to secure the progress of the nation were often too much for them to manage. As Simarro explained, this intellectual effort exhausted men of their vital energies, thus resulting in diseases like neurasthenia. However, the problem did not end there; even worse than weakening those men who were in charge of bringing progress to society, these diseases were passed on to their offspring, and so society was doomed to become extinct.[77]

Conclusions

In Spain, the *fin-de-siècle* was not perceived as an easy time to live in. The struggle for survival affected people across all strata of society, as Mitjavila y Rivas asserted: 'Who doesn't find oneself worried, unhappy or a victim of bad luck in these days we live in,

74 Ricardo CAMPOS – José MARTÍNEZ PÉREZ – Rafael HUERTAS, *Los Ilegales de La Naturaleza. Medicina y Degeneracionismo En La España de La Restauración (1876–1923)*, Madrid 2000; Ricardo CAMPOS MARÍN, *Higiene Mental y Peligrosidad Social En España (1920–1936)*, Asclepio 49, 1997, pp. 39–59.

75 P. HAUSER, *Siglo XIX,* p. 202.

76 Ignasi LLORENS I GALLARD, *Enfermedad Fin de Siglo: El Nervosismo*, Barcelona 1896, p. 42.

77 L. SIMARRO, *El Exceso de Trabajo Mental En La Enseñanza*, p. 38.

characterised by the difficult and arduous struggle for existence?'.[78] Nevertheless, as we have seen, the bourgeoisie (of which physicians were a part) articulated a narrative in which they suffered in a particular way, due to the burden of self-imposed duty to lead the nation on its path towards progress.

The emergence of neurasthenia in Spain occurred in a period during which the bourgeoisie presented the problem of political corruption and loss of overseas colonies in terms of national decline. These problems were articulated in terms of a loss of virility and a crisis of Spanish manhood, the restoration of which would result in the country's regeneration. In this article, I have argued that Spanish physicians used neurasthenia to articulate an ambivalent narrative about the desirable ways of being a modern subject in this context.

On the one hand, they used it to praise desirable attributes – perseverance, self-sacrifice in the name of the common good, and the capacity to take decisive action through a strong will – which were perceived to be beneficial to society. These values were inscribed within a discourse of progress. Physicians believed that, while all forms of labour were necessary in order to achieve civilisation, those who performed intellectual and political labour were responsible for directing the country's efforts in the pursuit of progress. As such, the diagnosis served to legitimise class structures and power dynamics, whereby 'men of culture', in Simarro's terms, carried the weight of the battle for modern civilisation. As such, neurasthenia served to legitimise their efforts: because the disease was articulated as a consequence of the burden of responsibility they were carrying in the quest for civilisation, it served as a valid label for their non-threatening condition.

On the other hand, however, the disease was used to condemn undesirable qualities that were perceived to be an obstacle in society's march towards progress. Greedy ambition, the vain pursuit of glory, and psychic passivity were presented as causes of neurasthenia. They were used to uphold the critiques of political corruption and personal ambition that characterised the Restoration era, explaining why the disorder was so common among high-ranking government officials and politicians. Additionally, Spanish physicians pointed out that one of neurasthenia's main symptoms was aboulia, a characteristic reflecting the passivity of Spanish people in the universal struggle for survival. Consequently, the disease also served to pathologise the behaviour of those who did not align with the virile masculine values that were believed to be crucial for the regeneration of Spain and the country's battle for civilisation.

The medical discourse of neurasthenia therefore combined the positive connotations of the condition as being caused by the burden of responsibility in the battle for progress,

78 J. MITJAVILA Y RIVAS, *Concepto, Causas y Síntomas de La Neurastenia*, p. 139.

with the negative condemnation of undesirable ways of being a modern subject. In this way, the disorder served to support a certain type of manhood that could be either celebrated or rejected, contributing to defining the boundaries of ideal forms of masculinity. By doing so, such discourse prescribed the proper way of being a modern subject in Spain, using particular markers of civilisation held by Spanish physicians – markers that were neither stable nor universal.[79] Still, regardless of whether it was associated with positive or negative behaviour, those who suffered from it were still obliged to overcome their weakened manhood and exhausted virility.

79 D. MARTYKÁNOVÁ, *Los pueblos viriles.*

Javier M. DOS SANTOS

Lost (and Found) in Translation: The Reception of Pinel's and Esquirol's Psychiatric Theories and the Conformation of Melancholy, Hypochondria, Mania and Hysteria in Spain, 1800–1855[1]

Abstract: *In the history of psychiatry in Spain, the first half of the nineteenth century has been considered a period of uncritical reception of the theories of Philippe Pinel and Jean Étienne Esquirol. In this article I strive to problematise the diffusionist assumptions of this thesis, studying the participation of local agents in the circulation and reception of medical knowledge. Through a comparative analysis of the paratexts and the modifications made to the translations of the works of these authors, I intend to expose how the theories of Pinel and Esquirol were unified in the Spanish case. Through a concrete analysis of the modification of the diagnoses of melancholy, hypochondria, mania and hysteria, I intend to expose the variations that were applied to medical knowledge in its reception in Spain in order to adapt it to the frameworks of local medicine. Lastly, I intend to expose the methodological advantages offered by conceiving the translations of works and books as cultural products whose meaning is constructed in its place of reception, and not in the place of original publication.*

Key words: *History of Psychiatry – Circulation of Knowledge – 19th Century – Spain – Hysteria*

One of the most widely accepted theses in the history of medicine in Spain is the idea that the discipline of medicine suffered a major regression during the first half of the nineteenth century. In contrast with the strides that scientific knowledge made during the eighteenth century, these vicissitudes had their origin in the French occupation and the consequent war of independence (1808–1814) in the early nineteenth century, as well as the reinstatement of the absolutist monarchy by Ferdinand VII (1814–1820/1823–1833). The difficulties of establishing a constitutional monarchy in Spain, including a full-blown civil war (1833–1839), gave rise to a process of institutional disarticulation and lack of government support that affected all fields of knowledge

1 This article is the product of research carried out within the framework of TRANSCAP; The Transnational Construction of Capitalism during the long 19th Century (PGC2018–097023–B-100) of the Spanish National Research+Development+Innovation Plan, directed by Juan Pan-Montojo and Darina Martykánová. I would like to thank Darina Martykánová, Violeta Ruiz, Víctor Núñez and Carmen Gándara for their comments and suggestions.

production. Thus, during the first half of the nineteenth century, medicine – like the other scientific disciplines – supposedly suffered a paralysis, even regression, which some authors have come to classify as a "period of catastrophe" or of "scientific isolation" when referring to the first thirty years of the century, and as a period of "dependence on foreign theories" when referring to the middle decades of the century.[2] This interpretation has highlighted the backwardness of scientific production in Spain and its dependence on the reception of foreign theories and scientific texts, which at first glance appears evident when comparing the scientific development of Spain to France, Great Britain or the German states. However, this narrative has hindered a historical analysis of the cultural and social realities that influenced this processes of reception of knowledge, applying the studies carried out around the works of Pinel and Esquirol as if they had not undergone modifications in the Spanish case. Moreover, it also assumes an unidirectional and linear notion of modernity, which has come under scrutiny in recent years.[3]

Despite the enormous body of historical research on hysteria and other nervous disorders of the nineteenth century such as melancholy, hypochondria or neurasthenia in France and Britain, in Spanish historiography these subjects have remained largely unexplored. The debate concerning the backwardness of Spanish science has caused existing studies to focus mainly on reconstructing those national scientific schools that advanced original scientific ideas. This methodological nationalism, centred on the search for the nuclei of original scientific production, has privileged the historiographical analysis of those psychiatric schools that emerged in the 1870s as autonomous realms of scientific production.[4] As such, the common historiographical narrative suggests that psychological medicine in Spain did not emerge as an autonomous and differentiated discipline until the end of the nineteenth century, when these schools began to produce their own nosographical tables, analyse

2 The work of José María López Piñero is fundamental in the creation of this historiographical narrative, centered around the backwardness of Spanish science and its dependence on foreign production, which has been profusely repeated. See more in José María LÓPEZ PIÑERO, *Las ciencias médicas en la España del siglo XIX*, Ayer, 1992, vol. 7, pp. 183–240; José Luis BARONA VILAR, *La Doctrina y el laboratorio: fisiología y experimentación en la sociedad española del siglo XIX*, Madrid 1992.

3 Postcolonial studies have been the main promoters of this critique of a linear and unidirectional notion of modernity (in this case of scientific modernity), which has recently produced a rereading of the historiographic assumptions on which the history of medicine and science was based in Spain, the theoretical implications of which are explored in Juan PIMENTEL – José PARDO TOMÁS, *And yet we were modern. The Paradoxes of Iberian Sciences after the Grand Narratives*, History of Science 55, 2017, vol. 2, pp. 133–147.

4 I am referring to the psychiatry schools of Juan Giné i Partagás (1836–1903) in Barcelona and José María Esquerdo (1842–1912) in Madrid, as known fathers of the discipline in Spain. More in Rafael HUERTAS, *Organizar y Persuadir. Estrategias profesionales y retóricas de legitimación de la medicina mental española (1875–1936)*, Madrid 2002; Luis MONTIEL, *La corona de las ciencias naturales: La medicina en el tránsito entre los siglos XVIII y XIX*, Madrid 1993.

the development and aetiology of diseases, and acquire enough institutional strength to become an important site of the production of scientific knowledge. According to this view, the period prior to the foundation of these phrenopathic schools in 1875 was marked by a process of scientific dependency rather than original production. Consequently, studies of this period have limited themselves to confirming that the French nosographical tables were uncritically accepted and served as the absolute frame of reference among early nineteenth century alienists and physicians when trying to study and define any kind of mental disorder.[5]

Indeed, the first original nosographical treatise in the field of psychological medicine to be published in Spain did not appear until the beginning of the 1860s.[6] Until then, the main treatises used were the *Nosographie philosophique ou Traité doctor-philosophique sur l'alination mental ou la manie* (Philosophical Nosography, or the method of analysis applied to medicine, 1801) by Philippe Pinel; and the *Traité des maladies mentales considerées sous le rapport medical, hygienique et medicolegal* (Mental Maladies; a treatise on insanity, 1838) by Jean Étienne Dominique Esquirol. The existing historiography has concluded as a result of this that the first part of the century in Spain was defined by "an uncritical acceptance of the Pinel model first, and later of Esquirol's".[7] However, the dissemination of these nosographical models does not imply that their reading and appropriation in the Spanish case was devoid of nuances and changes. This historiographical presumption has left the long period that preceded the emergence of the phrenic schools of 1870 devoid of any in-depth studies analysing the evolution of psychological medicine in the period between 1800 and 1860. Similarly, it has led to the assumption that the debates that surrounded these different models in their countries of origin were more or less the same in Spain.

Both in the translations of Pinel's *Nosographie philosophique* produced in 1803, 1829 and 1842, and in Esquirol's *Traité des maladies mentales* in 1847 and 1856, we find a great number of paratextual elements such as introductions, footnotes, engravings or additions to the text that were made by their translators, and which are absent in the original versions. According to Gerard Genette, a paratext is every element that surrounds and extends the

5 José Javier PLUMED DOMINGO, *La clasificación de la locura en la Psiquiatría Española del siglo XIX*, Asclepio 57, 2005, vol. 2, pp. 223–253; Rafael HUERTAS, *Nosografía y Antinosografía en la Psiquiatría del siglo XIX: en torno a la psicosis única*, Revista de la Asociación Española de Neuropsiquiatría, 1999, vol. 69, pp. 63–76.; José MARTÍNEZ PÉREZ, *Catalogando la diversidad del comportamiento humano: la nosología francesa decimonónica ante las conductas delictivas (1800–1855)*, Asclepio 47, 1996, vol. 2, pp. 87–114.; Antonio DIÉGUEZ GÓMEZ, *El problema de la nosografía en la obra psiquiátrica de J. Giné y Partagás*, Asclepio 50, 1998, vol. 1, pp. 199–221.

6 José QUINTANA, *Discurso pronunciado sobre la «pasión y la locura» en la Real Academia de Medicina de Madrid*, El Siglo Médico 10, 1863, pp. 341–344, 357–359, 373–375, 390–392.

7 José Javier PLUMED DOMINGO, *La clasificación de la locura en la psiquiatría española del siglo XIX*, p. 227.

text, either to present it or to frame its content.[8] The works of Pinel and Esquirol were the books of reference in medical matters during the period between 1803 and 1868 for the classification of mental illnesses. However, in their reception it is easy to appreciate the cultural and scientific mediation performed by their translators, who framed a certain reading of these works, by including passages, footnotes, and even complete sections and major modifications of the original structure. In the cases of minor modifications, the translators admitted the introduction of changes in the body of the text; in the most extreme interventions, they stated that "neither Pinel nor Esquirol produced a good classification of mental illnesses", defending their modifications on the grounds that "rather than mutilating Esquirol's work, they leave it more rounded".[9] The translators mediated between the original text and its recipients through paratextual modifications that were not always explicit. This endowed the reception of Pinel's Philosophical Nosography and Esquirol's Treatise on Mental Damages with an unstable character, in which the construction of the meaning of the work does not correspond so much with the original as with the changes introduced by the paratextual mediations that framed the works, modifying its content.[10] Compared to studies that have sought to analyse the original postulations of French alienists in order to understand their application within a different cultural and institutional context, my intention is to focus mainly on the contexts of the reception and modification of the work, taking them as the main elements that shaped their meaning.

In this article I attempt to problematise the prevailing interpretation of the Spanish psychological medicine of the 1800s–1860s as a mere receptacle of the great scientific theories of French, British or German(ic) origin. As the Science and Technology in the European Periphery (STEP) group has highlighted, from a diffusionist perspective, a common trend in the history of science has been to conceive peripheries as passive agents that import knowledge from the centres of knowledge creation.[11] Notions such as "transfer", "spread" or "transmission" have been used to understand these processes, based on the assumption that the scientific knowledge formulated and validated in the place of production was transmitted to the rest of the world thanks to an active effort on the part of the scientific communities of emission to passive receivers on the periphery, and assuming

8 Gerard GENETTE, *Paratexts: the holds of Interpretation*, Cambridge 1997.

9 Jean Étienne ESQUIROL, *Tratado completo de las enajenaciones mentales*, Madrid 1856 [Translation by Pedro MATA, 1856].

10 Donald McKENZIE, *Bibliography and sociology of texts*, Nueva York 1999. According to this author, the fact that in the edition of a text there are intermediate agents between the author and the reader, such as editors or typographers, has an impact on the autonomy of a text, and thus that the analysis of reading must prioritise these forms of textual instability, leaving the idea of the primacy of the author and its original intentions of reception in its reading.

11 Kostas GAVROGLU et al., *Science and Technology in the European Periphery: some historiographical reflections*, History of Science 46, 2008, vol. 2, pp. 153–175.

a stable and fixed character of which countries are considered the centre and which ones are thought of as the periphery. In line with the STEP proposal that criticises this view, I intend to explore how local actors adapted what was imported. They were also active agents who modified the content of the knowledge that they sought, introducing their own scientific, political, ideological and cultural logics. I intend to shift the analytical point of view from transmission to reception, and from the perspective of the centre to that of the periphery, in order to emphasise the role of local Spanish agents who incorporated French medical knowledge, as well as the practices of appropriation they engaged in.

My main source will be those paratexts included in the translations of Pinel's *Nosographie philosophique, ou la méthode de l'analyse appliquée à la médecine* (Philosophical Nosography, or the method of analysis applied to medicine) in the translations of 1803, 1827 and 1842, and the *Des maladies mentales considerées sous les rapports médical, hygiénique et médico-legal* (Mental Maladies; a treatise on insanity) by Esquirol in the translations of 1847 and 1856. First, I will explain how Pinel and Esquirol's original ideas underwent a process of unification during their appropriation in Spain. Secondly, I will show how the existing academic framework and institutions in Spain determined the selection of which foreign treatises were introduced, and the reasons why there was a certain selection and modification of Pinel and Esquirol's works. Lastly, I will present the contributions and modifications that the local agents introduced in their reception of the treatises on psychological medicine. Overall, I demonstrate that the point defended by the STEP group stands true: scientific knowledge should not be understood as an object that is implanted from a centre to a periphery in a static way, but rather that it undergoes processes of modification in line with prevalent local ideas and agents. In this article, I focus on the point of view of local recipients, as active agents with strategies of appropriation of ideas around mental illness. Among their appropriation practices, the translation of medical treatises was a way of presenting their own articulations as those of international authorities, as well as a means of rendering them consistent with the prevailing local medical values. As I will show, all these processes resulted in an articulation of the diseases of melancholy, hypochondria, mania and hysteria that have their specific character in Spain, and cannot be considered identical to the catalogues of the French authors.

The reception and unification of Pinel's *unitary psychosis* and Esquirol's *multiple psychosis*

During the first half of the nineteenth century there was an open debate in France and beyond between the defenders of a unitary conception of madness known as *unitary psychosis*, and those who perceived it as a multiplicity of isolated and independent

manifestations, referred to as *multiple psychosis*. The concept of unitary psychosis promoted the view that the different forms of madness were different manifestations of what was, in fact, a single phenomenon. The main advocates of this first conception were Philippe Pinel (1745–1826) and Vincenzo Chiaruggi (1759–1820), directors of the asylums of Bicêtrè in the French capital Paris and San Bonifacio in the Italian city of Florence, respectively. According to them, madness was a unitary and progressive disorder. Chiarugi, in his *Della pazzia in genere e in specie. Tratatto medico-analitico con una centuria di osservacioni* (1793–1794), was the first author to present a unitary conception of madness, designated by the term *pazzia*. With this notion, he was referring to "a kind of chronic and permanent delirium, unrelated to fever or sleep",[12] within which there were three fundamental pictures: melancholy, mania and amenity. These categories were in succession and were arrived at through a progressive evolution through each state. In dialogue with this formulation, Philippe Pinel created the concept of *species*, a fundamental taxonomic category in his conception of mental illness.[13] Thus, in his *Nosographie philosophique ou La méthode de l´analyse appliquée à la médecine* (1801), he presented a widely-disseminated nosographical outline that emulated Chiarugi's conception, establishing four diagnoses. Each disease was an isolated species, understood as a phase within a unitary form of madness of a progressive nature. The eighteenth-century conceptions of madness were based on a Lockean vision, according to which madness was an absolute deviation from reason. The novelty of Pinel's approach was that, by conceiving mental alienation as an affective injury isolated from intellectual processes, it was possible to postulate the existence of different specific and differentiated *alienations* within a broader conception of madness. Its first manifestation was *melancholy*, conceived as a sad affection in which the subject retains his or her ability to reason. Within this picture, there were a multiplicity of forms of *madness without delirium*, characterised by sentimental defects that did not affect reason. The second manifestation

12 Vicenzo CHIARUGI (1793–1794), *Della pazzia in genere e in spcie. Trattato medico-analitico con una centuria di osservazioni*, Roma 1991. Quoted in Rafael HUERTAS, *Nosografía y antinosografía en la Psiquiatría del siglo XIX: en torno a la psicosis única*, Revista de la Asociación Española de Neuropsiquiatría 19, 1999, vol. 69, pp. 63–76; more in Henri GRIVOS (ed.), *Psycose naissante, psychose unique*, París 1991; German BERRIOS – Dominique BEER, *The Notion of Unitary Psychosis: a conceptual history*, History of Psychiatry 5, 1995, pp. 13–26.

13 Philippe Pinel is widely recognised as the father of modern alienism, as a result of the widespread international circulation of his nosographic work produced as a compilation of his years as medical director of the Bicêtre and La Salpêtrière insane asylums during the revolutionary and post-revolutionary period. His study is the point of all the great methodological conceptualisations of the History of Psychiatry, from Jean Michael FOUCAULT, *Folie et Déraison: Histoire de la folie à l'âge classique*, Paris 1961; Jan GOLDSTEIN, *Console and Classify: The French Profession in the Nineteenth Century*, Chicago 2001; Gladys SWAIN, *Dialogue avec l'insensé*, Paris 1991. A good analysis of Pinel's trajectory can be found in Louis CHARLAND, *Science and morals in the affective psychopatology of Philipe Pinel*, History of Psychiatry 21, 2010, vol. 1, pp. 38–53.

was *hypochondria*, an intensification of the previous alienation, accompanied by physical disorders. Subsequently it evolved into *mania*, as a circumscribed alteration of reason (which included hysteria); and finally dementia or *idiocy* occurred, as a general alteration of the mental faculties. It is a unitary conception of mental illness, in which each species differs by intensity within a single condition, and which starts from an affective disorder characterised by sadness until it produces a picture of total absence of reasoning.[14]

In contrast with this unitary and progressive conception of madness, Jean Étienne-Dominique Esquirol[15] (1772–1840) was the main defender of the existence of multiple psychoses. In contrast with the notion of species in Pinel's work, Esquirol postulated the notion of *genra* (genders), as possible differentiated mental illnesses, which affected a single mental faculty in isolation.[16] Faced with Pinel's notion of progressive madness, according to which melancholy represented its first phase and dementia its last, Esquirol proposed five main categories for the diagnosis of mental illnesses – lypemania, monomania, mania, dementia and idiocy – which were based on a new conception of mental faculties. Unlike Pinel, who had conceived the mind as a unitary whole, according to which any form of madness would affect the entire psyche of the subject, Esquirol conceived the faculties of understanding as separately operating units; consequently specific injuries of reason, affections or will could occur without affecting the rest of the subject's internal apparatus. Thus, *idiotism* or *imbecility* was a constitutive lack in the formative development of the brain that impeded reasoning. *Dementia* was also an inability of the brain to reason, but this time due to degeneration and loss of energy to perform its functions, due to age. *Mania* was a form of insanity that affected more than one mental faculty simultaneously. But his greatest proposal was that of *monomania*, which he put forward to replace the Pinelian category of *madness without delirium*. In monomania, the patient retained his ability to reason, but presented a specific delusion about a recurring idea, or an obsession around a single object. A monomaniac was a fully healthy subject whose mental faculties were fully functional, except for a single object of thought. It is a "chronic cerebral affection, without fever, characterised by a partial injury of the intelligence, of the affections or of

14 Georges LANTERI-LAURA, *Essai sur les paradigmes de la psychiatrie modern,* Paris 1998, pp. 73–114; L. CHARLAND, *Science and morals*, pp. 38–53.

15 Jean Etienne-Dominique Esquirol, a student of Philipe Pinel, was his successor as chief medical officer of the La-Salpêtrière insane asylum, in which he carried out a work on the institutional construction of French psychiatry that earned him widespread international dissemination and stabilisation of his nosographic proposals around madness. Rafael HUERTAS, *Between Doctrine and Clinical Practice: nosography and semiology in the work of Jean-Etienne-Dominique Esquirol (1772–1840)*, History of Psychiatry 19, 2008, vol. 2, pp. 123–140.

16 While Pinel designated the different conditions of his nosography under the term of alienations, in Esquirol's work they are already referred to as mental illnesses. G. LANTERI-LAURA, *Essai sur les paradigmes*, pp. 135–136.

the will".[17] Consequently, depending on the object of thought on which the patient was focused, a diagnosis could be made of homicidal monomania (murder), pyromania (fire), kleptomania (theft), or erotic monomania (sex; sometimes similar to nymphomania and hysteria), among others. Lastly, *lypemania* (equivalent to classical melancholy) was a general monomania, affecting all thoughts in everyday life with a sad, sentimental affection. Both in lypemania and monomania, the patient's reason remained intact, in contrast with cases of mania, dementia and idiocy. Faced with the Pinealian notion of a progressive disease caused by a progressive affection from sadness to reason, Esquirol postulated five disorders differentiated both by their causes and by the mental faculty they affected, which were "different enough that they cannot be confused".[18] (Fig.1)

Fig. 1. Pinel's and Esquirol's Nosographical Classifications

P. Pinel's Classification	**J.E. Esquirol's Classification**
1 Order: Alienations or mental disorders of the soul without fever.	1 On Madness and its variations
1.1 Species: Hipochondria	1.1 Gender: monomania
1.2 Species: Melancholy	1.1.1 Erotic monomania
1.3 Species: Mania	1.1.2 Rational Monomania without delirium
1.4 Species: Hysteria	1.1.3 Toxic monomania
	1.1.4 Burning monomania
	1.1.5 Homicidal monomania
	1.2 Gender: Mania
	1.3 Gender: Dementia
	1.4 Gender: Idiotism
	1.5 Gender: Lypemania (Melancholy)

In France, Esquirol's nosographic classifications ended up replacing Pinel's, since they offered a clearer framework for establishing possible diagnoses.[19] In Spain, both nosographic classifications enjoyed equally resounding success in psychological medicine in the first half of the nineteenth century. Although some authors defended the full replacement of Pinel by Esquirol, in general both classifications were read simultaneously, and even merged through the appropriation of certain elements of each theory and the exclusion of others,

17 Jean Étttiene ESQUIROL, *Des maladies mentales considérees sous les rapports médical, hygiénique et médico-legal*, París 1838, pp. 324–330.

18 J. É. ESQUIROL, *Des maladies mentales*, pp. 114–115. Quoted in Rafael HUERTAS, *Nosografía y antinosografía en la Psiquiatría del siglo XIX: en torno a la psicosis única*, pp. 66–67.

19 Philippe HUNEMAN, *From a Religious View of Madness to Religious Mania: the Encyclopédie, Pinel, Esquirol*, History of psychiatry 2, 2017, vol. 28, pp. 147–165.

which allowed local actors to create their own classifications. Esquirol's nomenclature was adopted around 1835, but it was perceived via the Pinelian paradigm of unitary psychosis. At the same time, the reception of both authors was neither passive nor total, and included some criticism. We find continuous complaints regarding the limitations of the existing nosological tables, both in publications referring to practical questions related to the detection of mental disorders and in some of the introductions to the treatises. Indeed, the introduction written by the famous forensic physician and professor of Legal Medicine Pedro Mata (1811–1877) in his translation of Esquirol's *Traité* from 1856 claimed that "the studies you can find at present in both the of *Anales de Higiene Pública y Medicina Legal* and the *Anales médico psycologicos* [Annals of Public Hygiene and Legal Medicine and Medico-psychological Annals] in Madrid are much more on the level of current knowledge than Esquirol's writings",[20] justifying the introduction of changes in his translation of the work with reference to the need to update it. Similarly, in most of the specialised articles on psychological medicine in the medical press we find more or less specific considerations regarding the existing classifications. Following the dissemination of Esquirol's work before it was translated, its nomenclature based on the category of *monomania* enjoyed a resounding success, as it allowed for a much greater degree of specialisation in diagnosis than the generic classifications of alienation and *madness without delirium*. The diagnosis of monomania was used years before the first translation of Esquirol's *Treaty*, although his category of *lypemania* was hardly used, while that of *melancholia* remained more commonly used. However, while in France the notion of monomania was proposed in order to defend the existence of multiple separate disorders in isolated types or genders, the Spanish reception of it appropriated the term in such a manner as to include it in the paradigm of unitary psychosis. Thus, for example, the *Memoria de la Casa de Dementes de Zaragoza* [Memory of the Asylum of the Insane of Zaragoza], written in 1835 by the asylum's director, Fernando Ballarín, argues as follows:

> *"All the groups of symptoms by which the previous species are called constitute only different degrees of the same disease [...] Madness is the maximum or minimum of a passion or condition, as the famous Esquirol believes."*[21]

In the same way, in a speech entitled *Consideraciones sobre las enfermedades mentales* [Considerations on mental illnesses], presented at the Faculty of Medicine in Madrid in 1847 by José Rodríguez Villargoitia (1811–1854), chief physician of the Hospital General

20 J. É. ESQUIROL, *Tratado completo de las enfermedades mentales*, p. 3.

21 Fernando BALLARÍN, *Memoria sobre el establecimiento de dementes de Zaragoza*, Gaceta Médica de Madrid 1, 1835, pp. 367–370, 374–378, 386–388, 367.

de Dementes in Madrid, and in subsequent considerations in a series of articles from 1853 entitled "Consideraciones sobre la alucinación y las alucinaciones" [Considerations on hallucination and hallucinations], he criticised the hypothesis of multiple psychosis despite adopting Esquirol's categories:

> *"A circumscribed insanity that does not affect more than one faculty necessarily implies the presence of different, separate and independent forces in the brain, an idea that is unsustainable."*[22]

Like Pedro Mata, Villargoitia also maintained that "the mental nosology of the most famous nosographers is not enough to include all the varieties that are observed in institutions".[23] In this sense, as already mentioned, we see that the Esquirolian nomenclature was adopted through the Pinelian paradigm of unitary psychosis. Faced with the historiographical thesis that both authors were uncritically received, we can see important modifications. Esquirol's *Treatise* did not replace the validity of Pinel's work, since its last translation, in 1842, was produced when the category of *monomania* was already in common usage within the discipline. Both authors were read simultaneously, and their reading in Spain consisted in a merging of their ideas into a homogeneous diagnostic paradigm. These debates and criticisms appeared in articles associated with practical questions, indicating that the reception of the French nosographical tables was influenced and determined by practical and clinical issues, rather than those of the place of production. In the prologue to the last translation of Pinel's *Nosography*, in 1847, its translator defended the work as "necessary, due to its low cost and low volume, for the teachers of towns and for the military".[24] The categories proposed by Esquirol were adopted due to their practical usefulness, since their notion of *monomania* allowed for much greater precision when designating the object of fascination of an alienated person, compared to Pinel's concept of madness without delirium. However, those unconvincing theoretical aspects were removed, transforming them through the Pinelian theory of unitary psychosis. Despite the fact that in their original site of production these two theories defended opposite frames of conceptualising mental illness, in Spain they were unified in their reception.

22 José RODRÍGUEZ VILLARGOITIA, *Consideraciones sobre las enfermedades mentales*, La Facultad 2, 1847, pp. 137–138, 151–154, 167–170, 186–187, 214–215. Rodríguez Villargoitia was the director of the Insane Asylum of the General Hospital of Madrid, and one of the main alienists of the second quarter of the 19th century. For more, see Antonio REY GONZÁLEZ, *Clásicos de la medicina española en el siglo XIX: José Rodríguez Villargoitia*, Revista de la Asociación Española de Neuropsiquiatría 4, 1984, vol. 10, pp. 264–275.

23 J. RODRÍGUEZ VILLARGOITIA, *Consideraciones sobre las enfermedades mentales*, p. 264. Quoted in José Javier PLUMED DOMINGO, *La clasificación de la locura en la psiquiatría española del siglo XIX*, Asclepio 57, 2005, pp. 223–253, here p. 228.

24 Philippe PINEL, *Nosografía Filosófica*, Madrid 1847, p. 1 [Translation by HURTADO DE MENDOZA].

Variations in the diagnosis of Melancholy, Hypochondria, Mania and Hysteria

Understanding how nosographies were formulated in this period is vital when dealing with diagnoses of disorders such as hysteria, melancholy or hypochondria, since the first references to these disorders that offer a detailed description are found in the translations of the above-mentioned French works, which defined them as different kinds of madness. Contrasting the differences that existed in the treatises on these diagnoses allows us to understand the extent to which a creative appropriation of the original works by Pinel and Esquirol took place. I focus mainly on the analysis of hysteria, as it is a particularly difficult disorder to deal with in the Spanish case. In the medical press I have found the diagnosis applied, but no systematic descriptions of the disorder, which can only be found in these treatises. Also, there is no isolated diagnosis of hysteria in the records of asylum patients. Instead, it was a comorbid disorder, always associated with other conditions such as monomania or dementia. Most of the diagnoses registered were cases of "illusory monomania with hysterical complications" or "reasoning monomania with hysterical delirium". If they exist, the isolated diagnoses of hysteria would probably be registered exclusively in domestic visits to patients without hospitalisation, for which we do not have any sources.[25] The option that remains is to analyse hysteria in the diagnoses of this disorder as "comorbid", or associated with other diagnoses. On the factual level, diagnoses of hysteria were always associated with cases of melancholy, hypochondria or monomania. Tackling them together is the only way to explore how all these diagnoses were interrelated. The modifications introduced in the French treaties when describing this disorder are therefore a useful source for reconstructing the local definitions of these diagnoses in Spain, beyond the original authors' postulations.

The active and intentional modification of the nosographical tables is evident, with the inclusion of new diagnostic categories and treatments, as well as new ways of understanding certain disorders and their origin. This is particularly evident when one compares the

25 Until the Mutual Relief Law of 1847, medical practice was based on home visits by private practitioners hired by each municipality, reserving confinement in mental hospitals and general (ecclesiastical or state) hospitals for cases in which reclusion was necessary for the social prevention of the disease. Although these debates took place during the Liberal Triennium (1820–1823), it was only in 1847 that a change was legally established in this regard, which would not take effect until well into the 1860s and early 1870s, as shown in Darina MARTYKÁNOVÁ – Víctor-Manuel NÚÑEZ-GARCÍA, *Luces de España. Las ciencias útiles en el Trienio Constitucional*, Ayer 2021 [in press]; Álvaro CARDONA, *Los debates sobre salud pública en España durante el Trienio Liberal*, Asclepio 2, 2005, vol. 7, pp. 172–202; and in Darina MARTYKÁNOVÁ – Víctor-Manuel NÚÑEZ-GARCÍA, *Vaccines, Spas and Yellow Fever: Expert Physicians, Professional Honour and the State in the Mid-Nineteenth Century*, Theatrum historiae 27, 2020, pp. 7–30.

content of Pinel and Esquirol's original nosographies (Fig. 1) with the alterations they underwent in the process of translation (Fig. 2).

Fig. 2. Modifications made to P. Pinel's and J. E. Esquirol's nosographical models

Modifications made to Pinel's work in 1829 (Suárez Pantigo, P.) and 1842 (Hurtado de Mendoza, M.)	**Modifications made to Esquirol's work in 1856 (Mata, P.)**
1 Vesanías (Alienations)	1 On idiopathic madness by perversion
1.1 Hypochondria	1.1 On Mania
1.2 Melancholy	1.2. On Monomania
1.3 Mania	1.2.1 Lypemania
1.4 Amency	1.2.2 Demonomania
1.5 Idiotism	1.2.3 Suicidal monomania
1.6 Sonambulism	1.2.4 Erotomania
1.7 Efialtes or nightmares	1.2.5 Reasonable monomania
1.8 Hydrofobia	1.2.6 Drunk monomania
2 Aphrodisiac neurosis of the male sex	1.2.7 Burning monomania
2.1 Anaphrodisia	1.2.8 Stealing monomania
2.2 Dispermatism	1.2.9 Homicide monomania
2.3 Satyriasis	1.3 Dementia
2.4 Priapism	1.4 Idiotism or imbecility
3 Aphrodisiac neurosis of the female sex	
3.1 Nymphomania	
3.2 Hysteria	

In the first translation of Pinel's nosography, produced in 1803 by the head physician of the Royal Site of La Granja, Luis Guarnerio y Allavena, the general structure of the treatise remained very similar with respect to the original. In the introduction, the translator claimed to have modified the original work and to be offering "a translation very different from the one he would have presented were it all literal".[26] His claim stands true, as it is evident that he made modifications in the etiologies of the nosographic classification of disorders. In each case, a general description of mental illness is given, defining them on the whole as *vesanías* or "mental illnesses of physical or moral origin, not located in the

26 Philippe PINEL, *Nosografía Filosófica o aplicación del método analítico a la Medicina*, Madrid 1803, pp. 20–21 [Translation by Luis GUARNERIO y ALLAVENA, 1803].

brain".[27] In this version, vesanías are presented according to the model of *unique psychosis*, as a unique disorder, caused mainly by "the contemplative life, loneliness and abstinence ... regret, reversals of fortune, terrors, love misfortunes, events of revolution"[28] and that "in women they are complicated by hysteria"[29] – causes that were absent in Pinel's original work.

In this first classification, hysteria is included as a type of mental illness, since nosographically it was included in the group of *vesanías* together with melancholy, hypochondria, mania and idiocy. Despite defining this set by the absence of a specific physical cause, there are continuous allusions to a biological cause for hysteria: the uterus. The disease was associated with "irregular menstruation, pregnancy, or childbirth."[30] Concrete allusions were also made regarding the possibility of it being caused by "reading, moral influences, or the long absence of the husband".[31] The translation thus maintained an ambivalent character of hysteria, mentioning both physical (the uterus) and moral causes, and hysteria was always associated with other disorders such as delirium, melancholy or hypochondria. In short, in this first translation it was presented as a feminine condition, which included the three previous disorders. Melancholy, hypochondria and mania were presented as universal diseases (as male), and three progressive degrees of a single psychosis, while in the case of women, they were unified under the category of hysteria as its correlate.

However, there are significant variations between this version and the translations of 1829 and 1842, produced by the physicians Pedro Suárez Pantigo and Manuel Hurtado de Mendoza respectively. In Pantigo's translation, the order of the contents was changed so as to include mental illnesses that had not been included in the previous or original translation (such as somnambulism, amency or hydrophobia). The most important change, however, was the inclusion of a doctrinal introduction at the beginning of the work, with general explanations of the medical aetiology of the period. Similarly, Hurtado de Mendoza's translation kept the modifications made in 1829, but changed the introduction. Each disease was presented in four sections: synonyms in other works, predisposition and causes, symptoms and treatments. In 1803, hysteria was included in *vesanías*, the group of mental illnesses of unknown cause. However, in these new translations it was displaced to the group of "aphrodisiac neuroses", together with nymphomania (a disease exclusively for women) and satyriasis (its male equivalent), as a disorder located in the sexual organs. This general group was described as "examples of the disorder and corruption of the customs and evils of excessive pleasures", and in cases concerning men as "caused by an

27 P. PINEL, *Nosografía Filosófica*, vol. 2, pp. 13–14.
28 *Ibid*., pp. 14–15.
29 *Ibid*., pp. 15–16.
30 *Ibid*., pp. 56–57.
31 *Ibid*., pp. 56–57.

idle and effeminate life".[32] Similarly, the 1842 version included a footnote that was absent in the 1803 translation and in Pinel's original, in which it is argued that the affections of the sexual organs were:

> *"Unknown to village people, they spread in large towns as a particular vice among them, originating from an idle life, from comfort and lust, from excesses of all kinds and from the perversion of customs."*[33]

The way in which particular cases were presented was also modified. For example, the 1803 translation presented a case of a patient with satyriasis (uncontrollable sexual desire in a man) who was cured solely through activities such as gardening or walking: "I managed to heal one of these cases by advising him to dedicate his time to gardening".[34] In the 1842 version, the same case was presented in radically different terms: instead of gardening, the patient's treatment included "bleeding, scarred suckers, topical fostering, nymphs" as part of a long list of physical treatments spanning three pages, as well as "venereal pleasures in moderation, walks on foot, science studies, running away from libidinous ideas, not abusing leisure, neither bed nor alcohol",[35] which were also prescribed, among a much larger list of treatments than the one that appeared in the first translation. Both translations used clinical cases as empirical tests of scientific knowledge, but used the same patient's case with different remedies, which – being translations written thirty-nine years apart – is impossible. This fact could be explained taking to consideration the fact that the treatises kept the same examples while adding new healing methods, in accordance with the pedagogical and practical nature of the texts. However, it is clear that the appropriation of Pinel's nosography from 1842 not only took the original as a reference, but that it also established a dialogue with already existing translations. As such, the introductions or modifications of these works were not as influenced by the original as they were by the academic framework of their reception.

The 1803 version conceptualised hysteria as a general category comparable to melancholy or hypochondria in the case of women, with exclusively physical causes. However, in the translations of 1829 and 1842 it was established in communion with nymphomania. Nymphomania was defined as a moral condition "produced by dishonest shows and readings, incentive songs, laziness, gentleness, masturbation, and everything that can excite passions of love".[36] The 1842 translation pays much more attention to elucidating whether

32 *Ibid*., pp. 122–123.
33 P. PINEL, *Nosografía Filosófica*, pp. 451–452 [Translation by Manuel HURTADO DE MENDOZA, 1842].
34 P. PINEL, *Nosografía Filosófica*, pp. 125–126 [Translation by L. GUARNERIO y ALLAVENA's, 1803].
35 P. PINEL, *Nosografía Filosófica*, pp. 454–455 [Translation by M. HURTADO DE MENDOZA's, 1842].
36 *Ibid*., pp. 456–457.

nymphomania was caused by imagination, behaviour or loss of judgment, after which "it leads to hysteria, those who contract it behave like prostitutes, attack and mistreat anyone, ending in mania and finally death".[37] The translator concludes by stating that "the only remedy is marriage". In contrast with both the first translation and the original, hysteria was described as having "the same causes as nymphomania", but with ascribed physical symptoms which made it a more severe condition. Thus hysteria ceased to be a mental illness and instead became a pathology derived from the uterus. In turn, the 1842 version included three new pages describing physical symptoms, including "a certain balloon that originates in the uterus and ascends to the stomach, producing heat or cold in the neck," which did not appear in the first translation or in the original text.

Compared to the 1803 translation, in 1842 hysteria seems to have become a phenomenon unique to urban settings, associated with deviations from a certain sexual order, distinguishable from nymphomania only by the presence of physical pain in the stomach, whereas in the early part of the century it had been defined as a mental illness without physical origin. Along these lines, in the translations of Esquirol's *Treatise on Mental Disorders*, the content also underwent major modifications. The biggest modification in its first translation, produced in 1847 by a medical student named Raimundo de Monasterio y Correa, consisted of the elimination of one third of the original work (the third dedicated to legal medicine). In the second translation, produced in 1856 by Pedro Mata,[38] the professor of legal medicine presented a general introduction in which he criticised Juan Pantigo's 1847 translation, and explicitly stated his interest in modifying the content of the work. In this new version, "many of these materials have undergone numerous changes and considerable additions in order to present them in relation to my observations, [...] and I have contributed to the progress of these advantageous modifications through my writings".[39] He criticised Esquirol's original classification, and included lypemania as a subset of the genre of monomanias in order "to give it the order and method that it lacks".[40] A remarkable aspect of this edition is the inclusion of only some of the original lithographic engravings for economic reasons; those selected were based on the criteria of

37 *Ibid*., pp. 455–456.

38 Surgeon by training, governor of Madrid and parliamentary deputy for Tarragona, Pedro Mata (1811–1877) is considered the father of Legal Medicine in Spain, as the main architect of the university reform that unified the disciplines of Surgery and Medicine in a single study plan that included the chair of Legal Medicine, and as the main promoter of the National Corps of Forensic Physicians. Jacint CORBELLA I CORBELLA, *La obra médica de Pedro Mata*, Gimbernat: revista catalana d'història de la medicina i de la ciència, 2011, vol. 56, pp.19–31.

39 J. É. ESQUIROL, *Tratado completo de las enfermedades mentales*, p. 23.

40 *Ibid*., p. 9.

being "most useful, since most are not due to their inexact or exaggerated nature".[41] We also find several footnotes that amend its content, one of which is linked to the part in which nymphomania and hysteria are described, as they were not included in his nosological picture of mental illness. Thus, in the 1847 translation, a footnote stated:

> *"As you can see, the author says nothing about a kind of erotomania called nymphomania and satyriasis. However, this condition would deserve to appear in a treatise of mental diseases, especially since it frequently causes certain acts and behaviours that are classified as crimes by the legal codes. […] This last form of erotomania does not differ from the other except for the fact that the impulse or cause is physical; it comes from a state of exaltation of the genital organs, which is to say, from an exaggerated, sick instinct that disrupts intelligence and morale."*[42]

In Pinel's 1842 translation, still in circulation by the early 1850s, hysteria was no longer considered a mental illness. In the 1856 translation of Esquirol's work, it is not listed as a mental illness, although its translator claimed that it should be. It seems that in the mid-nineteenth century, hysteria became an ambivalent issue, with conflicting views on whether it should be considered a mental illness or not. Similarly, in the remainder of mental illnesses there are notable variations with respect to the causes and social groups that each illness was associated with. In the 1803 translation, hypochondria and melancholy were presented as disorders common among the aristocracy and ruling elites, presenting Louis XI and Tiberius as respective examples of each condition. In describing the picture of melancholy, it stated:

> *"Let us dwell for a moment on some features of the horrific depravity and ferocity that have distinguished Emperor Tiberius and Louis XI, and which present the melancholic temperament in its highest degree. […] What distinguishes these men is not the art of war or the effervescence of age; the rest of their lives is spent engaging in fallacious and unsuccessful preparations, in deliberate delays, in illusory projects of military expeditions and in full negotiations of cunning and perfidy."*[43]

Three more pages are dedicated to the description of both rulers, and their "sad taciturnity, grim and contemptuous aspect, love of loneliness and looking sideways", among other qualifications. However, in the 1829 version – an addition that was retained

41 *Ibid*., p. 10 [Translation by P. MATA's, 1856]. Esquirol's original work included an Atlas of representative engravings of each nosographic type treated to aid in its diagnosis. The engravings included in Mata's translation are actually much lower quality woodcuts that mimic the images of Esquirol's original; the reason why although its modification by quality criteria is defended, the authentic cause seems to be economic. The best analysis in this regard is found in Georges DIDI-HUBERMAN, *Invention de l'hysterie. Charcot et l'iconographie photographique de la Salpêtière*, Paris 1982.

42 Jean Étienne ESQUIROL, *Tratado completo de las enfermedades mentales*, Madrid 1847, p. 3 [Translation by Raimundo DE MONASTERIO Y CORREA, 1847].

43 P. PINEL, *Nosografía Filosófica,* p. 22 [Translation by L. GUARNERIO y ALLAVENA's, 1803].

in the 1842 translation – melancholy and hypochondria no longer appear as diseases of the rulers or aristocratic classes, but become a phenomenon of the bourgeois classes and intellectuals or liberal professions:

> *"Those with exquisite sensitivity and easy disposition to get angry, or apathetic, are most predisposed to hypochondria; as are those weakened by thought and deep study; those accustomed to a tumultuous and hectic life who are left without chores, those who lose weight due to misery and nostalgia; those thirsty for honours, decorations and riches; those who read medical books."*[44]

The translation of French treatises within the context of Hippocratic Medicine

The only way to explain the reception process of each work, as well as the modifications that each author introduced, is to attend to the general context of Spanish medicine during the different moments of appropriation. Analysing these frameworks will allow us to obtain a better understanding of the paratexts already exposed, generating a richer vision than that which is derived from simply conceiving this period as characterised by an uncritical reception of the French authors in Spain. The first translation of Pinel's *Nosographie*, produced in 1803 by Guarnerio y Allavena, a physician at the Royal Site of La Granja, is the result of a constant process of transmission of knowledge between the French and Spanish medical communities. In this period, the medical theories and practices of the Spanish medical communities was similar to the one developed in France, the Italian lands, Portugal, Great Britain or the Holy Roman Empire, and it is easy to appreciate the constant circulation of scientific knowledge in which Spanish doctors, as members of the transnational Republic of Letters, were both recipients and producers during the eighteenth century. Moreover, during the period of the first translation, the diplomatic ties of the Spanish monarchy with Napoleonic France, allies against England since the signing of the Treaty of San Ildefonso in 1800, made travel to Paris easy, enabling those savants and medical apologists to introduce novelties and reforms in the institutions of the monarchy, who were known as *afrancesados*. This exchange was especially fruitful during the reign of José Bonaparte, appointed by his brother Napoleon from 1808 to 1813. Thus, the vitalist theories of French authors of the Montpellier school such as Xavier Bichat (1772–1838), Paul Joseph Barthez (1734–1806), Jean Louis Alibert (1768–1837) or Philippe Pinel (1745–1826) found an enormous accommodation within Spanish productions, since their theories were considered to offer a general framework in which to insert the different practical advances that were emerging in Spain. As such, in 1803, Vicente Carrasco translated the *Principes*

44 P. PINEL, *Nosografía Filosófica,* p. 377 [Translation by M. HURTADO DE MENDOZA's, 1842].

du Physiologie of Charles-Louis Dumas; that same year, the doctor Tomás García Suelta translated the *Recherches physiologiques sur la vie et la mort* of Xavier Bichat; and in 1807, Ramón Trujillo translated *Anatomie générale appliquée à la physiologie et à la médecine* by this same author. Guarnerio y Allavena's translation of Pinel's *Nosographie Philosophique* in 1803–just two years after its publication – addresses this same process. The existence of fluid networks for the circulation of knowledge between the French and Spanish scientific communities is the basis on which to interpret this first translation, while it is easy to find treatises by these same Spanish authors translated into French. The main concern of the Spanish authors of this period was to incorporate those works of Montpellier vitalism that could offer a general framework, which systematised local knowledge and discoveries into nosological pictures within a coherent doctrinal set.[45]

However, the two subsequent translations, produced in 1829 and 1842, cater to different logics. The Napoleonic wars did not prevent the circulation of this knowledge, but did limit its institutional implementation from 1808, and with the return in 1814 of Ferdinand VII to the throne in 1814, signalling the return to the Ancien Regime, it suffered notable difficulties. Ferdinand VII's reign as absolute monarch (1814–1820/1823–1833) has often been seen as a period of radical backwardness and dismantling of scientific institutions, as well as a period of exile of the main scientific authorities. However, recent research studies show that there were also continuities between absolutist institutions and reform attempts in the revolutionary constitutional periods. Many men of science suffered exile as a result of their liberal or reformist convictions, but were sometimes pardoned and reintegrated into existing institutions. However, the return to broad censorship policies and the financial crisis hampered both scientific publication and debate and the development of consolidated public institutions.[46] During this period, medical practice based on the anatomical-clinical advances of surgery and pharmacology gained ground, as opposed to large models and systematisations. During the 1820s there was a return from France of those doctors who defended physiological theorisations against the radically empirical presumptions of anatomical-clinical medicine. They reintroduced the vitalistic authors and physiologists of the Montpellier school, the aforementioned Bichat, Alibert or Pinel, as well as new authors such as François-Joseph-Victor Broussais (1772–1838). The vitalist theorisations of the early authors attached special importance to the weight of the soul and the life force as an agent of explanation in medical practice. In contrast, Broussais' vitalistic physiology, while recognising the life force as a possible cause of disease, offered a causal explanation of how afflictions of the soul could cause physical illness. In his *Exam*

45 Nicolás FERNÁNDEZ MEDINA, *Life Embodied. The Promise of Vital Force in Spanish Modernity*, Quebec 2018, pp. 199–236; J. L. BARONA VILAR, *La Doctrina y el laboratorio*.

46 D. MARTYKÁNOVÁ – V. M. NÚÑEZ-GARCÍA, *Luces de España*, pp. 18–22.

des doctrines medicales (1816), he argued that inflammation of the gastrointestinal tract was the source of most diseases of the human body. Caused by an external stimulus, the inflammation of one of the digestive organs would be transmitted to the rest of the body through the nervous system, causing multiple pathologies. Elimination of the stimulus that caused hyperstimulation (*-sthenia*) or understimulation (*-asthenia*) of the affected organ was the key to treating the disease. Such stimulations could have both physical and spiritual causes. This new form of vitalism allowed the incorporation of empirical anatomic-clinical knowledge into a general formulation that included merely physical, as well as spiritual, explanations. Its translation and introduction in Spain was the battlefield where authors who subscribed to great medical theories tried to incorporate the existing anatomic-clinical practices into a new unified theoretical body composed of vitalist and physiological theorisations.[47]

Broussais's physiological formulations, as well as his reformulation of materialistic proposals, were introduced in Spain by Manuel Hurtado de Mendoza, known as the "Broussais of Madrid", between the 1820s and 1830s.[48] On his return to Spain, this physician from Valladolid – who had been exiled in Paris and had been a student of Broussais himself between 1815 and 1818–was the main disseminator of physiological doctrines, in which the recognition of the soul as an incorporeal agent located in the body prevailed.[49] Both in his apologetic treatise *Vindication and Explanation of Physiological Medicine* (1826) (which included a translation of Broussais's *Catechism of Physiological Medicine*) and in his *Complete Elementary Treatise on General or Physiological Anatomy* (1829), he offered a reformulation of Broussaism which incorporated practical elements of anatomy and pathology, as well as physical-chemical analysis. Both works are filled with practical cases in which a new medical vocabulary of a physiological nature was exposed, focused on terms such as "contractibility", "excitability", "inflammation", "sensitivity" or "stimuli", deployed in order to replace and redefine the classic forms of prevailing anatomical-clinical Galenic medicine, which focused on humoral theory and putrefaction. In this way, the work of Hurtado de Mendoza was a reformulation of the physiological approaches that

47 N. FERNÁNDEZ MEDINA, *Life Embodied*, pp. 218–222; Elizabeth WILLIAMS, *The physical and the moral: anthropology, physiology, and philosophical medicine in France, 1750–1850*, Cambridge 2002, pp. 115–176.

48 Mario César SÁNCHEZ VILLA, *Entre Materia y Espíritu: Modernidad y enfermedad social en la España liberal (1833–1923)*, Madrid 2017, p. 92. Regarding the introduction of Broussais's thought in Spain by M. Hurtado de Mendoza, Consuelo MIQUEO MIQUEO, *Introducción y difusión de la <<Medicine Physiologique>> de FJ.V. Broussais (1772–1838),* Llul, vol. 10, 1986, pp. 97–124; IDEM, *La introducción de la obra de FJV Broussais en España. Estudio bibliométrico*, Dynamis 7, 1988, vol. 8, pp. 171–185; Bertha GUTIÉRREZ RODILLA, *El vocabulario teminológico de medicina de Manuel Hurtado de Mendoza*, Revista de Filología Española 92, 2012, pp. 249–272.

49 C. MIQUEO, *La introducción de la obra de FJV Broussais en España*, p. 179.

incorporated those aspects of anatomical-clinical practice defended by detractors of this current, who objected that the theorisations of vitalism were based on ideal abstractions and not on medical practice.[50]

As the historian Consuelo Miqueo recounts, during this period the medical disputes between the defenders of the anatomic-clinical tradition (critics of theoretical systematism and defenders of a medical discipline based on practical experience) on the one hand, and the supporters of Broussais's physiology and vitalism on the other, were only expressed frontally in philosophical-theoretical debates on the conception of the discipline, since in their daily practice they adopted practically identical methods. Physiological-vitalist theorist assimilated a large number of the postulates of anatomic-clinical praxis, such as methodological localism or the use of autopsy, carrying out a re-reading of the same practical processes through theorisations of Bichat, Broussais and Pinel.[51] Their works were valued as they allowed to provide general theoretical explanations for the existing medicine as it was practiced in the Peninsula, and their medical treatises were modified in their translation to incorporate such local practices and knowledge.

Providing translations of the great nosographic treatises of the main authors of French physiological medicine with systematic explanations, which incorporated the practical experience of the anatomic-clinical tradition developed until the 1820s in the Peninsula, was one of the strategies that enabled Broussais's theory and systematic physiology to establish itself successfully. It was this need to incorporate the practical experiences of anatomical medicine into a general system that motivated the translation of P. Pinel's *Philosophical Nosography* by Pedro Suárez Pantigo in 1829, as well as Manuel Hurtado de Mendoza's translation in 1842, from the late 1820s. Both translations are part of a greater dynamic of introduction, translation and adaptation of works of physiological medicine to the Spanish environment, such as that of the aforementioned *Catechism of Physiological Medicine*. The best example of how the reception and reading of the works of the Montpellier school was adapted in Spain, with the aim of providing an argument of authority that tipped the balance in favour of the defenders of physiological medicine, can be found in the Introduction that Pedro Suárez Pantigo incorporated into his translation. It is a brief physiological treatise with great theoretical explanations around the concepts that were central to this medical current, namely of health, illness, life or therapy. Citing Broussais and Bichat, Pantigo

50 The aforementioned anatomical treatise, Manuel HURTADO DE MENDOZA, *Tratado elemental completo de anatomía general o fisiológica, de anatomía especial o descriptiva, de anatomía de regiones o quirúrgica y de anatomía patológica ó médica con arreglo al estado actual de esta ciencia y progresos que ha hecho en estos últimos años*, Madrid 1829; was compulsory reading for university medical studies until the last third of the 19th century, as stated by M. C. SÁNCHEZ VILLA, *Entre Materia y Espíritu*, p. 92.

51 M. C. SÁNCHEZ VILLA, *Entre Materia y Espíritu*, p. 94.

defines life as "the state in which a body is found in which the soul dwells" and as "the state of the body indispensable for the mutual trade between soul and body to be preserved."[52] Following Broussais's postulates, the body is understood as a hypostasis between matter and spirit. Both agents seem to be involved together, in such a way that matter can affect the spirit, and afflictions of the spirit can affect the body. The human body is thus conceived as a fusion between a spiritual substrate and another material:

> *"The functions of every living being can be divided into two classes: [first] organic life, or animatrix life, which corresponds to digestion, respiration, circulation and all abscesses, secretions and nutrition; and second, animal life, the life of the brain, voice, locomotion and spirit […], all movements subject to the will."*[53]

For this school of thought, spirit and body were "properties in mutual and active relation", in such a way that "if some alterations occur to these properties, all the functions of the body are instantly disordered".[54] Taking as a reference Jean-Louis Alibert's *Physiologie des passions* and Pierre-Jean Cabanis's *Rapports du physique et du moral de l´homme*, the introduction argued that the study of the soul constituted an obligatory aim of the medical discipline. It argued that the ability to reflect and free will were the foundations of the moral condition, which was believed to be capable of causing disease. The moral faculties of the soul were thus seen as yet another factor that could make a person ill. Among these factors were "continued and deep studies, such as certain passions and impressions of the soul; [and] ambition, greed and envy [that] destroy life, at the same time annihilating physical and intellectual robustness".[55] Conceiving the body as a state of reciprocal union between matter and spirit, Pantigo reviewed the six possible causes from which disease could arise. The first five were of a purely physical type, and were associated with the elements that surrounded the body such as the quality of air and water; the contact of skin on certain surfaces; digested food and beverages; excretions; and the level of sleep a patient could obtain. The last elements capable of generating the aetiology of a disease were "the feelings and passions of the mind or intellectual functions […] such as fear, misery and hatred, some of which increase vital forces, while others overwhelm them".[56]

For Pantigo, as well as for all the defenders of Broussaism and the physiological doctrine in Spain, medicine had to operate on three levels: hygiene, pathology and therapeutics,

52 P. SUARÉZ PANTIGO, *Introducción,* in: P. PINEL, Nosografía Filosófica, p.1 [Translation by Pedro SUÁREZ PANTIGO's].
53 *Ibid*., pp. 3–4.
54 *Ibid*., p. 3.
55 *Ibid*., p. 12.
56 *Ibid*., p. 19.

dedicating as much time to the faculties of the passions as to those of physical matter. In contrast with the anatomical-clinical authors, disease was not thought of as exclusively material, and therefore one of the preferred fields of medicine should be the education of the passions. Under this conception, both materially and spiritually, health was conceived as the expression of a middle ground of the physiological and moral faculties:

> *"The most perfect body is the moderately proportioned one; neither thin nor obese; for the elegance that prolonged stature provides in youth becomes an imperfection in old age; the fragile body is sick and the obese awkward. [...] Exercise, not being excessive to the strength of the subject, is the first means of maintaining health, but those who endure painful and continuous exercise lose their strength, annihilate themselves and age prematurely; the same notions should be applied to those who dedicate themselves excessively to deep studies."*[57]

In his translation of the same nosographic treatise in 1842, Manuel Hurtado de Mendoza maintained Pantigo's introduction, assuring that the usefulness of Pinel's work consisting in its ability to offer practitioners the possibility to identify almost any disease they might encounter. According to Hurtado de Mendoza, each individual body had a different measure of what it could tolerate; the usefulness of large nosographic systems consisted in their capacity to provide a general guide that was capable of guiding the physician towards identifying the peculiarities of each patient.[58] As analysed above, in his translation of the *Nosographie Philosophique*, Hurtado de Mendoza rewrote the aetiology of the diseases he treated. Hypochondriacs became subjects "weakened by deep thought and study"[59]; melancholy became typical of "those who dedicate themselves to the arts of wit and letters, of exquisite sensitivity, memory and admirable imagination"[60]; mania was typical of those "who have gone to extremes for work that is disproportionate to their powers, and given in to deep studies that have required intense pondering"[61]; and hysteria and nymphomania were caused by "excesses of all kinds, and everything that can excite the passions of love,"[62] such as erotic readings or shows. The logic underlying this form of diagnosis has already been outlined: the soul was associated with organic functions as its material substrate, and any malfunction – whether it be due to excess or defect – produced organic disease and degeneration. In the case of melancholy and hypochondria, associated with both laziness and excessive reading, this process was particularly evident: an excessive passion for an

57 *Ibid*., pp. 8–19.
58 M. HURTADO DE MENDOZA, *Prólogo del traductor*, in: P. Pinel, Nosografía Filosófica, pp. 1–12 [Translation by M. HURTADO DE MENDOZA's, 1842].
59 P. PINEL, *Nosografía Filosófica*, p. 377 [Translation by M. HURTADO DE MENDOZA's, 1842].
60 *Ibid*., p. 381.
61 *Ibid*., p. 385.
62 *Ibid*., pp. 451–456.

object of study would cause the brain to dedicate too many hours to reading or studying; the organ would tire due to excessive use, and consequently melancholy would arise as a sad and dysfunctional condition due to overwork. But it could also develop due to idleness; with sexual excesses in the case of nymphomania; or with gastric problems derived from excessive consumption of food or alcoholic beverages. According to this physiological line of thinking, the healthy body was the one that manifested total moderation, both in body and spirit; and any deviation from the virtue of moderation could be a potential cause of disease, a threat that was applicable to men as well as women. As such, contrary to what has been suggested to date, Pinel's treatises were far from uncritically received via simple translations; instead, we can see that the content and diagnosis of diseases were reformulated in order to adapt them to existing medical concepts in the field of reception.

In fact, the elaboration of translations that modified the original content of the works was in itself an appropriation strategy that allowed physicians to continue articulating the field of medicine after 1820 as a coherent doctrine that did not break with the previous medical tradition. After the 1820s, during a time of gradual consolidation of physiological doctrines, its survival can be seen until the end of the 1860s, identifying itself in its conception with several simultaneous currents such as Broussaism or spiritualism, which together received qualification as "Hippocratic medicine". "Hippocratic medicine" was the name given in Spain to the theoretical unification of the local anatomical-clinical empirical practices, with the formulations of vitalism and Broussais's physiology. This medical paradigm was maintained approximately between the years of 1830 and 1860. Barona Vilar argues that the doctrinal body of Spanish medicine known as Hippocratic medicine was responding to a process that was common throughout Europe, whereby medicine gradually developed as a discipline that specialised in experimental and laboratory practice.[63] However, while this led to the development of materialistic and positivist experimental procedures in medicine by the mid-nineteenth century in many European countries, Spain would have to wait until the end of the 1860s to reach this point. Even by the end of the century, it was still possible to find postulates that were derived from Hippocratic medicine. Barona Vilar's explanation for this "backwardness"[64] is the lack of institutional infrastructure and economic means to carry out experimental laboratory work, with the result that the epistemological traditions and eclecticism of the pre-existing anatomo-pathological current were prioritised. However, Sánchez Villa's argument seems closer to the mark: he contends that the continued representation of Hippocrates as a medical reference was one of the main rhetorical strategies that those actors who wanted to introduce new formulations of

63 F. BARONA VILAR, *La Doctrina y el laboratorio*, pp. 120–125.
64 *Ibid*., pp. 128–130.

modern international medicine, but selecting only the most useful or convincing aspects. According to this historian, the doctrinal body known as "Hippocratic medicine" was the result of the incorporation and updating of Spanish anatomical-clinical medicine during the late eighteenth century with the addition of those postulates of foreign currents that were more useful and convincing, while at the same time excluding those that were deemed undesirable due to their political-ideological consequences. In contrast with López Piñero and Barona Vilar's narrative, which presents Hippocratic medicine as a cause of backwardness in Spanish medicine, Sánchez Villa argues that it is best understood as an initial type of medical positivism. The common appeal to material and spiritual causes under a systematic order made it possible to develop formulas for experimental observation; at the same time, the appeal to Hippocrates as a figure of antiquity and the best exponent of the principles that should guide medicine enabled elements from Montpellier vitalism, Broussaism, spiritualism and the pre-existing anatomical-clinical current to be incorporated within a common doctrinal body.

During the 1840s and 1850s, this conception of health and disease was hegemonic. Under Hipocratic medicine, it brought together an eclectic set of trends. It was not until 1859 that the first discordant voice with this body of doctrines was heard: that of Pedro Mata i Fontanet (1811–1877). Mata i Fontanet's biography is not atypical among Spanish medical authorities of that period: trained in Montpellier, he participated in the revolutionary press of the 1830s with texts close to a republican political style, which led to his imprisonment and exile in 1837. After 1843, he managed to establish himself as professor of Legal Medicine and Toxicology in Madrid, after holding posts as the mayor of Barcelona and a Parliamentary Deputy. He is considered the father of forensic medicine in Spain as a result of the university reform he promoted, which established it as a specialism within the medical staff. His translation of J. E. Esquirol's *Traité des maladies mentales considerées sous le rapport medical, hygienique et medicolegal* perfectly addresses his work as the founder of forensic medicine in Spain. The ceremony of his appointment in 1859 as a member of the Royal Academy of Medicine was the starting point of an open dispute between Mata and his fellow physicians. In his speech *Hipócrates y las escuelas hipocráticas* [Hippocrates and the Hippocratic schools], he lashed out against the prevailing medical praxis, describing it as a set of "vitalisms, each of which are more outlandish and discredited than the next," which used the figure of Hippocrates to sacralise medical dogmas "as venerated as the Vedas by the Hindus; the Talmud of Babylon by the Jews; the Holy Scriptures by the Christians; and the Koran by the Muslims." According to him, Hippocratic medicine had gained excessive appreciation for its theoretical reflection of inductive dogmas on the role of the vital force in the body, resulting in "a school of vain laziness, and immobility raised to the height of

system, who, disguised as an old Majesty, welcomes two thousand years of crystallisation".[65] Opposing Hippocratic medicine, Mata defended a purely materialistic view of medicine, which excluded the soul and other theoretical speculations as elements to be taken into account in medical practice, and which aspired to explain all phenomena through physical, evidence-based causes. He presented this new form of medicine as the only way to improve the state of national science in the international competition for progress:

> *"Do you always want to lag behind foreign nations, remain on the lowest level where your parents left you, never to appear alongside the names of those who propel humanity towards progress? Remain sleeping in the lap of speculation in the name of Hippocrates […] Do you want to rise to the level of other nations, take an active part in that scientific movement that has placed them at such a height; to endow Spanish medicine with the proportions of a giant? Arise, all of you, shake off the fetters of idolatry that subdue you, and shout out loud: let's work."*[66]

Mata's speech inaugurated the so-called Hippocratic Dispute, a lively debate in most medical journals of the period during the subsequent years, which involved the main medical authorities of the time such as Francisco Méndez Álvaro (1806–1883), Secretary of the Health Council, or Juan Drumen (1798–1863), a royal physician.[67] However, Mata stood as an impressive but lone voice defending the introduction of positivist materialism in medicine in this debate; in fact, it led to a mass reinforcement of the criticisms towards materialistic schools by all the members of the discipline, as the enormous abundance of writings in defence of the vitalist and spiritualist postulates of Hippocratic medicine demonstrates. For instance, in the same year of Mata's (in)famous speech, the Royal Academy of Medicine published a collaborative volume containing a selection of these writings entitled *Defensa de Hipócrates, las escuelas hipocráticas y el Vitalismo* [Defense of Hippocrates, Hippocratic Schools and Vitalism], as well as the treatise of Tomás Santero y Moreno (another member of the Royal Academy of Medicine), *Vindicación de Hipócrates y su sistema* [Vindication of Hippocrates and his system]. As such, during the 1860s the Hippocratic paradigm in medicine remained largely predominant; rather than breaking away from previous trends, the Hippocratic Dispute actually reinforced certain spiritualist attitudes.

Pedro Mata's aggressive opposition to the predominant Hippocratic medicine allows us to explain his interest in translating Esquirol's work. Firstly, since one of his main objectives was to break away from the vitalistic interpretations of authors like Pinel, it makes sense that he would be interested in translating the work of a materialist and

65 Pedro MATA, *Hipócrates y las escuelas hipocráticas*, Madrid 1859, pp. 15–19.
66 *Ibid*., p. 26.
67 N. FERNÁNDEZ MEDINA, *Life Embodied*, pp. 199–201.

already widely-known author like Esquirol, with the aim of superseding the notions of previous Hippocratic vitalism. Secondly, Mata as a promoter of forensic medicine in Spain presented his work as a way of modernising and updating medical science; the translation (and explicit modification) of Esquirol's *Treatise on mental diseases from a medico-legal perspective* was one more strategy to achieve this objective.

Although Mata's position was strongly contested, the advocates of Hippocratic medicine were nonetheless forced to change the eclectic way of appropriating doctrines that had prevailed since the beginning of the century, and to systematise their epistemological beliefs as a result of the dispute in order to reinforce the position of vitalism in Spanish medicine. A good example of this reinforcement is the article *Vitalism and Spiritualism*, written by the rural physician Antonio Ruiz Jiménez in 1860. It succinctly highlights some of the proposals commonly repeated during this period: the author takes sides with those fighting against pure materialism, because "when considering a living body we recognise solid or liquid matter, and force, which we call vital."[68] In general terms, the same influences that guided the introduction of vitalism and Broussaism by authors such as Pantigo or Hurtado de Mendoza can be appreciated. "The two principles, force and matter, collectively constitute living matter. [...] For us, all disease is necessarily vital, organic and humoral all at once, and the injury of these three aspects – force, solid and liquid – is simultaneous". The main argument used to refute the materialistic currents was their inability to cure those cases of mental illness that did not present physical injuries during autopsy. According to Ruiz Jiménez, this inability to provide an effective response to these phenomena would be the main reason why it was necessary also to postulate a spiritual correlate to explain these conditions. Both principles – spiritual and material – would work together, and therefore all treatment should focus on both areas:

> *"Disease is necessarily vital and material. Therapeutic, dietary, even moral modifications, whether they be pharmacological or surgical, act upon both elements, force and matter. […] As the organism is simultaneously force and matter, the modifications affect both simultaneously."*[69]

The different forms of madness and mental illness served as the central point through which to explain how moral acts influenced the nervous system.[70] Describing madness from the physiological paradigm, the physician Enrique de la Rosa conceived two possible causes for disorders of reason: "anatomical or functional injuries" and "moral causes that deeply move the soul, such as jealousy, frustrated ambitions, setbacks of fortune, violent

68 Francisco RUIZ JIMÉNEZ, *Vitalismo y Espiritualismo*, El Siglo Médico 7, 1860, pp. 359, 409.
69 F. RUIZ JIMÉNEZ, *Vitalismo y Espiritualismo*, p. 359.
70 In this period the terms of mental illness, enagenación and insanity began to appear as synonyms.

passions and forced vocations."[71] As with all illnesses, but more easily appreciated in the case of mental illnesses, any pathology could thus be explained by material or spiritual causes, in isolation. Although an injury could arise from either of the two realms exclusively, the hypostatic fusion between body and soul meant that they could only be treated together. "They may suffer in isolation," but "matter and spirit, and spirit and matter, mutually influence each other through their mutual alliance."[72] Therefore, in madness, the desirable treatment was a combination of all possible cures, from baths and purgatives, to moral treatments such as walks and trips. In line with Broussais, he argued that the nervous system was the key point where the union of both material and spiritual principles was based, since it acted as the transmitting agent of impressions: "If an organ is weakened or incapacitated by age, or by excessive and prolonged exercise, then dementia, manias, monomanias and hallucinations will occur."[73] Madness was the clearest example of what could happen if passions were immoderately unleashed: whatever organ was used to carry out an action would be affected, causing disorders such as melancholy, monomania or hysteria – all of which were endowed with both a material and a spiritual component in their diagnosis and description.

This logic was not limited to madness; it was also extended to other diseases, such as intestinal or lung problems, as the physician M. Benavente pointed out: «Madness, or mental alienation, is a condition identical in nature to that of other conditions of the human body; it is an injury to the brain in which nervous dynamism may be disturbed.»[74] Through this clinical paradigm, then, any pathological disease was susceptible to being associated with both physical causes and the patient's behaviour, placing the doctor under a moral obligation to redirect the patient's behaviour.

The articulation of diagnoses of mental illnesses such as monomania, melancholy, hypochondria or hysteria was a key element in the defence of the Hippocratic paradigm in 1860, since they were the best exponents of the existence of diseases in which there was no material cause. Between 1830 and 1860, under the protection the Hippocratic doctrines, an eclectic discourse had prevailed within Spanish medicine, which presented diseases as simultaneously material and spiritual. The introduction of modified French texts allowed the creation and proliferation of this eclectic doctrinal body, which would not find an explicit conceptual definition until the Hippocratic Dispute that began in 1859. In the previous section, we saw how at the beginning of the century hysteria was exclusively conceived as a mental illness. However, in the 1842 translations of Pinel, as well

71 Enrique DE LA ROSA, *Locura*, El Siglo Médico 6, 1859, pp. 293, 216, 293.
72 *Ibid*., p. 316.
73 *Ibid*.
74 Manuel BENAVENTE, *Estudios sobre la enagenación mental*, El Siglo Médico 1, 1854, p. 142.

as in those of Esquirol's work from 1847 and 1856, hysteria became an ambiguous entity that straddled conceptions of mental and physical illness, associated with the uterus and sexual deviations. The creation of the theoretical framework of Hippocratic medicine, according to which the same disease could have both physical and spiritual causes, explains the dual character of the disorder. Analysing the paratextual elements of the translations of the French treatises in relation to the contexts of their reception not only allows us to understand the extent to which they were important as a strategy for articulating the scientific paradigms of the moment within the prevailing debates, as they helped create a unified body of vitalist theories that included previous anatomoclinical practices, but it also allows us to explain phenomena such as the ways in which the disorders of hysteria, melancholy, monomania or delirium were articulated.

Conclusion

In contrast with the commonly accepted thesis that early nineteenth-century Spanish medicine was characterised by an uncritical and passive adoption and repetition of French medical theories, this article has tried to show that these theories were in fact actively appropriated by Spanish physicians through a number of different processes, in order to adapt them to the dominant local medical framework. First of all, we can perceive a unification of the French debates between the existence of a single psychosis or a multiplicity of illnesses within the Esquirolian category of monomania. These works were being read simultaneously in Spain (and elsewhere), despite the fact that thirty years separated their first publication in France. Secondly, an active and intentional modification of the nosographic tables took place, including the introduction of new diagnostic categories and treatments. Third, we find changes in the association of certain mental illnesses to certain social groups. Thus melancholy and hypochondria went from being phenomena associated with the monarchs and aristocracy to being phenomena that were considered particular to urban dwellers, and specifically to the intellectual professions. Similarly, hysteria was transformed from being viewed as a general feminine disorder equivalent to the masculine categories of madness of melancholy, hypochondria or delirium, to being ascribed to a physical cause derived from the deviation from a hegemonic sexual regime, which was not necessarily always linked to mental alienation. Between 1840 and 1860, the diagnosis of hysteria became ambivalent, generating an open debate in the medical discipline regarding its definition as a mental illness, or as an independent pathology of a sexual nature. The reasons for this phenomenon can be explained by the existence of a medical paradigm that conceived both the body and the spirit as a possible cause of

the disease, which was particularly noticeable in the 1829 and 1842 translations of the *Nosographie Philosophique* and in the 1856 translation of the *Traité des maladies mentales*. The explicit appropriation and modification of Pinel's medical treatises and the amendments made to Esquirol's work expose several interrelated phenomena. Firstly, these works had an open conception. The translators, themselves medical professionals, did not feel any obligation to respect the original meaning of the works, and included enormous modifications. Each author included variations according to their own judgment and criteria, to such an extent that they even to modified the distributions that supposedly supported each nosography. This indicates a conception of scientific knowledge and its written dissemination works as open texts, subject to modifications and inclusions of new elements according to advances regarding the place and date of writing of the original, bearing in mind local and contextual particularities. Respect for the original work and the fetishising of the author as a creative genius did not stop these texts from being conceived as contributions to scientific knowledge that were subject to progress and change. Any theory was perfectly improvable and modifiable, and it was seen as the obligation of the translator as a scientist to include such advances and improvements. Secondly, this could explain the absence of other nosological treatises in Spain: instead of presenting works with original proposals, these seem to be included in the translations of the French authorities, as a way to legitimise certain analyses and categories. Introducing modifications in the translations of the great authorities could be a powerful way to ensure the dissemination and consolidation of certain clinical proposals. And thirdly, the modified translations themselves played an active role in shaping the neo-Hippocratic paradigm, serving as a strategy for unifying previous medical trends within a new systematic framework in the perception of health and disease.

The study of the translations of medical treatises of this period, as well as the paratextual elements introduced by their recipients, sheds light on a series of previously ignored topics. Abandoning the conceptual framework according to which a periphery passively receives fixed and immovable knowledge transferred from a centre of knowledge production is the only way to attend to the local forms of production, modification and reception of such knowledge. It not only highlights rich new sources for the historical study of phenomena such as hysteria – impossible to study in any other way – but it also allows us to explore the active role that the reception and modification of such knowledge had within the context of its reception. Leaving a vision of scientific knowledge as fixed, stable and universal in its circulation behind, and abandoning the centre-periphery binomial and its derived diffusionist presuppositions, is a basic requirement in order to enable an exploration of the local contexts of knowledge production, reception and circulation, and to consider its actors as active recipients and not as passive subjects in relation to an external, universal theory.

Reports and reviews

Camille PAGLIA, *Svobodné ženy, svobodní muži: eseje o pohlaví, genderu a feminismu*, Praha, Argo 2019, 282 pp. ISBN 978–80–257–3071–3.

Camille Anna Paglia is an American academic, social critic and critic of the arts, who is an Emeritus Professor at the University of the Arts in Philadelphia. She is proud of her Italian roots. This book is a Czech translation of a collection of Paglia's articles, essays and lectures dating from the period between 1990 and 2016 (published in English in 2017). It covers the complete evolution of the thoughts of this distinctively individual author. In a series of loosely arranged chapters, Paglia reflects on and criticizes the development of feminism during the past three decades; in her view, this development has been adversely affected by the intellectual limitations of feminist ideologues, who – she claims – lack broad-based knowledge and awareness of wider contexts. The Czech translation of the collection opens with an excellent preface by Bianca Bellová, a Czech author whose thoughts are closely aligned with Paglia's (and who has had personal experience of being the target of attacks by militant Czech feminists).

The range of themes addressed by the collection have three common denominators: disagreement with the tenets of academic feminism as cultivated by "women's studies" departments at universities in the United States, opposition to radical feminism, and the rejection of an exclusively gender-based approach (and the political correctness that arises from it).

Paglia agrees with the notion that the historical and mythological identification of women with nature is justified. Expressed in gender categories: biological sex is of primary importance; it determines us, even if this biological reality may be uncomfortable for us. According to Paglia, this biological predetermination affects women not only physically, but also intellectually. In the chapter entitled *Loose Canons* (a 1995 essay), she rejects the claim that literary history contains numerous unacknowledged female geniuses who are merely waiting for somebody to discover their work.

Paglia's rejection of militant feminism stems from her conviction that both its tenets and its activities reflect a dangerous desire for state intervention in the private lives of individuals. Her scores with feminists such as Catharine MacKinnon or Andrea Dworkin are never likely to be settled. Paglia also pours scorn on Susan Faludi, accusing Faludi of being an ideologue, strongly influenced by dilettante Marxism, who was given a *coup de grace* by the disintegration of the Soviet Union. In Paglia's view, academics such as these are opposed to sexuality *per se* – and this is where their hatred for men stems from.

Another of Paglia's targets is the academic discipline of "women's studies". Programmes in women's studies sprang up in large numbers at American universities during the early 1970s; they began as political cells, and they have remained so. In Paglia's view, this has led to the emergence of a "political correctness police" that has had a devastating impact on the quality of the academic environment, especially in the humanities. Gender, she claims, has nowadays become a tendentious and prudish cover-name for social engineering. In this connection, it is worth noting that the collection does not mention the name of the widely respected feminist historian Joan W. Scott. This is a shame; perhaps considering Scott's contribution would have led Paglia to acknowledge the usefulness of the category of gender in historical analysis – to echo the title of a seminal article by this "first lady" of gender history. However, not even Scott claims that gender analysis is the only tenable method in historical research.

Despite all her criticism, Camille Paglia nevertheless identifies herself as a modern feminist – specifically as a liberal (or libertarian) feminist. In her view, feminism is one of the great progressive movements inspired by the revolutions in America and France. Liberal feminism, she claims, reached its peak in the inter-war years of the 20th century, when it formulated and institutionalized its opposition to everything that prevented women from achieving complete emancipation – yet it did not in any way attack men in general, mocking and denigrating them as the second wave of feminism later went on to do. I would also add that this first wave of feminism culminated not only in Virginia Woolf's still-unsurpassed essay *A Room of One's Own* (likewise not mentioned in Paglia's collection), but also in the cultivated feminism of the Czechoslovak inter-war republic. It is thus evident that democratic capitalist societies were of crucial importance for the emergence of modern individualism – and thus also feminism.

Paglia traces the source of the second wave of feminism (which emerged in the 1960s) to two canonical texts: Simone de Beauvoir's *The Second Sex* (1949), and (inspired by de Beauvoir's book) Betty Friedan's *Feminine Mystique* (1963). Unlike the French existentialist intellectual who inspired her, Friedan's approach was rooted in the everyday lives of American wives and mothers. (In 1967 she co-founded the National Organization for Women, though her radicalized comrades later forced her out of the organization.) Friedan represented the older generation of feminists, whereas Camille Paglia's generation had its own distinctive mode of expression inspired by popular cultural icons such as Elvis Presley, the Beatles and the Rolling Stones. In Paglia's view, it was this modern popular culture – and not the feminist movement – that played the decisive role in the transformation of gender roles.

Paglia traces the end of the second wave of feminism to Germaine Greer's seminal work *The Female Eunuch* (1970), which presents a searing analysis of the situation in which women found themselves in the

free world at the end of the 1960s, when their bodies had become literally objects (and the targets of increasingly aggressive commercial advertising). Paglia acknowledges the insightfulness of Greer's text, yet she considers it the last feminist text that is worth reading. After that point, Paglia claims, feminism became degraded into an ideology that drifted further and further from the lives of the vast majority of women. One of the root causes of this development, in Paglia's view, was feminism's denigration of the role of motherhood. This approach gained in strength during the third wave of feminism, when mothers' role began to be depicted as a reflection of the history of male oppression and female victimization. Paglia considers this to be a gross distortion of reality, pointing out that feminist discourse has entirely eliminated categories such as "husband" and "father".

It is hardly possible to agree unconditionally with all Paglia's views; in any case, that would be a reckless stance based on this very loose aggregation of essays and articles, in which certain statements and ideas are frequently repeated and which essentially lacks a synthetic and evaluative presentation of the author's conclusions. Some of the provocative statements voiced in the collection actually stand in direct opposition to the principle of individual freedom which Paglia so vehemently proclaims. Her acceptance of prostitution is one such example; one of the world's largest industries today, prostitution is a phenomenon that is generally inimical not only to individual freedom, but above all to individual self-respect.

However, there can be no doubt that it was a good idea to present this collection to Czech readers. Indeed, it is a joy to read – not only due to its cogent argumentation and its provocative, fresh approach. Paglia's writing is also witty – and this is another way in which she is at odds with feminism, which is not frequently blessed with a sense of humour. At some points in the text, Czech readers may begin to lose their way and struggle to understand contexts; the book is a vehement attack on the culture of feminism in American universities, and this is an environment that is largely unfamiliar in Czech society. An insufficient knowledge of American cultural and historical contexts may act as a barrier to immediate understanding – yet nevertheless, the book is definitely worth reading.

Camille Paglia's feminism, though provocative and sometimes harsh, is rooted in the original ideals of the movement for the emancipation of women. Yet she is well aware that the world's inequalities cannot be entirely rectified without restricting that which is most important: human freedom.

Milena Lenderová

Václav BŮŽEK, *Smrt a pohřby Ferdinanda I. a jeho synů. Reprezentace katolické víry, politické moci a dynastické paměti Habsburků*, Praha, Nakladatelství Lidové noviny 2020, 420 pp. ISBN 978–80–7422–693–9.

Václav BŮŽEK, *Tod und Begräbnisse Ferdinands I. und seiner Söhne. Repräsentation katholischen Glaubens, politischer Macht und dynastischen Gedächtnisses bei den Habsburgern*, Wien – Köln – Weimar 2021, 252 pp. ISBN 978–3–205–21294–2.

The history of death and funeral rituals has been a popular topic in European historiography at least since the last third of the 20th century.[1] However, it is only during the last two decades that Czech historiographers have begun to take a significant interest in the topic, primarily thanks to the work of Pavel Král.[2] His studies of funeral rituals among the Bohemian nobility have become a valuable source for other Czech historians – including Václav Bůžek, the author of the publications reviewed here.

Václav Bůžek's route to this topic led through many years of research focusing on the social elites of the Central European Habsburg monarchy. In the 1990s, Bůžek was interested mainly in noble families from the Bohemian Crown Lands and everyday life at their residences, but his work later led him to focus on the representatives of the Austrian branch of the Habsburg dynasty and their courts.[3] He correctly presumed that a potential way of gaining insights into the Habsburg rulers would be to study their funeral ceremonies – a topic that had previously remained somewhat neglected. Bůžek's first attempt to explore this dimension came in 2015; theoretically anchored in approaches from historical anthropology and concepts of symbolic communication, he co-published (with Pavel Marek) a monograph about the last moments in the life of Emperor Rudolf II. This account rested primarily on an interpretation of the symbolic meaning of the deceased ruler's social body and the formation of an idealized image of this body in the collective social memory of the leading European royal and imperial courts.[4] Besides material and iconographic sources, Bůžek drew mainly on news reports written by papal nuncios (as well as by several foreign diplomats who were active at Rudolf's court), personal correspondence of the imperial family, official documents written by court

1 E.g. Juliusz A. CHROŚCICKI – Mark HENGERER – Gérard SABATIER (eds.), *Les Funérailles princières en Europe. XVIe – XVIIIe siècle,* vol. I–III, Versailles-Paris 2012–2015; Monique CHATENET – Murielle GAUDE-FERRAGU – Gérard SABATIER (eds.), *Princely Funerals in Europe, 1400–1700. Commemoration, Diplomacy, and Political Propaganda*, Turnhout 2021.

2 Pavel KRÁL, *Smrt a pohřby české šlechty na počátku novověku*, České Budějovice 2004 (= Monographia historica 4).

3 He supervised a monumental publication: Václav BŮŽEK – Rostislav SMÍŠEK (eds.), *Habsburkové 1526–1740. Země Koruny české ve středoevropské monarchii*, Praha 2017.

4 Václav BŮŽEK – Pavel MAREK, *Smrt Rudolfa II.*, Praha 2015.

functionaries, and the sermons delivered at Rudolf's funeral. The monograph reviewed here draws on a similarly diverse range of source material; it presents a detailed analysis of the illnesses, deaths and funerals of Emperor Ferdinand I and his sons Maximilian II, Archduke Charles (ruler of Inner Austria) and Archduke Ferdinand (ruler of Further Austria). The monograph was first published in 2020 by Lidové noviny in the Czech language. An abridged and modified German-language version was published this year by Böhlau Verlag.

In the monograph, Václav Bůžek has capitalized on his exceptional knowledge of documents held by Czech, Austrian and German archives. It is not common for Czech historians to carry out research at the Bavarian State Archives in Munich (Bayerisches Hauptstaatsarchiv München). Nevertheless, the archive holds collections of news reports written by Bavarian correspondents at the imperial court, and these reports have revealed much previously unknown information. It is remarkable, for example, that the reports written by the imperial Vice-Chancellor Georg Siegmund Seld were previously not widely known among researchers; Seld was one of the best-informed figures at Ferdinand I's imperial court, and the information he gathered was frequently used not only by the Bavarian Wittelsbachs, but also by the Spanish King Philip II and Cardinal Antoine Perrenot de Granvelle.[5]

Based on detailed reports written by Georg Siegmund Seld and other correspondents, Václav Bůžek was able to carry out a step-by-step reconstruction of how the worsening health of Ferdinand I and his sons impacted on how they carried out their daily official duties – and also how these circumstances directly or indirectly affected the course of high-level political history. This is very aptly reflected in a passage focusing on a session of the Bohemian Provincial Diet in 1575, where Maximilian II was confronted with the estates' demands for the Habsburg ruler to approve the so-called Bohemian Confession. Maximilian II engaged in these highly challenging negotiations despite suffering from fever and being immobilized due to pain caused by renal colic and gout. His long-term poor health, and his fear of imminent death, probably contributed to the radicalization of his opponents from the Bohemian estates, who were well aware that the circumstances were uniquely conducive to the successful achievement of their confessional demands, and knew that similar circumstances were unlikely to recur in the future.

As has been mentioned above, the structure of the Czech-language publication differs from that of its German-language counterpart. In the first chapter of the Czech version, Václav Bůžek presents a brief account of the Habsburg dynasty's rise to power in the late medieval and early modern era, emphasizing their activities in Central Europe (pp. 10–24). There is a chapter with similar content in the German version of the

5 See Friedrich EDELMAYER, *Söldner und Pensionäre. Das Netzwerk Philipps II. im Heiligen Römischen Reich*, Wien – München 2002, pp. 61–71.

publication, though it is somewhat longer, and it also informs readers of key Czech research into the history of the Habsburgs (pp. 15–31). The Czech version devotes an entire separate chapter to this topic (pp. 24–49). In it, Bůžek states that despite the growth of interest in the Habsburg dynasty, Czech historiography even today – a hundred years after the disintegration of the Austro-Hungarian Monarchy – has still not managed to rid itself of prejudices and take a critical approach to the reign of the first early modern Habsburgs on the Bohemian throne.

The third chapter of the Czech version (pp. 50–72), and the second chapter of the German version (pp. 32–49), present an introduction to the topic of Habsburg funerals in the early modern era. Thanks to the existence of numerous printed materials promoting these funerals, they not only became an important source of inspiration for Charles's Habsburg successors, but also had a substantial influence on the funeral practices of other early modern royal and imperial dynasties.

In the following chapters, Bůžek addresses the core topic of his monograph, describing the illnesses, deaths and funerals of Ferdinand I and his son Maximilian II (pp. 73–191 in the Czech version, pp. 51–155 in the German version). The author's detailed description of the final moments in the lives of both emperors was motivated by his attempt to establish the extent to which the ritualized behaviour of the Habsburgs (and the funeral ceremonies held after their deaths) reflected the desire to represent their Catholic faith, territorial reign, political power, and dynastic memory. When interpreting the content and significance of the symbols used, Bůžek draws on theoretical concepts from symbolic communication – mainly Kantorowicz's notion of the two bodies of the king. His interpretation is based on the assumption that the construction of an image of the monarch's social body was facilitated not only by the funeral ceremonies themselves, but also by the reports about the Habsburg monarch's final moments that were disseminated via various written sources and in oral form.

In the chapters devoted to Ferdinand I and Maximilian II, the author has amassed a wealth of sources bearing witness to how the monarchs' state of health impacted on their everyday lives and their activities as rulers. However, in the parts of the monograph dealing with the deaths and funerals of Archdukes Charles and Ferdinand (pp. 192–247 in the Czech version, pp. 157–200 in the German version), such source material was not available, so these parts have a somewhat different structure: they are based on an interpretation of the symbolism used in the funeral processions and in the ornamentation of the tombs.

In the chapters dealing with the deaths of the Habsburg rulers, Václav Bůžek also briefly mentions the funerals of their wives (Anna Jagellonica, Maria of Austria, Maria Anna of Bavaria, Philippine Welser and Anna Caterina Gonzaga). In doing so, he has suggested a further possible avenue

for research focusing on Habsburg funeral ceremonies. Although gaps in the source material do not always make this possible, it would certainly be interesting to compare whether the constructed image of these women's social bodies reflects the same values as that of the male members of the dynasty. The potential offered by studying the funerals of female Habsburgs was pointed out several years ago by Antonio Bernat Vistarini, John T. Cull and Tamás Sajó in their modern edition of a book describing the Madrid funeral ceremonies organized by the Jesuits to honour Maria of Austria – which also contains illustrations of the emblems ornamenting the empress's catafalques.[6] It is a shame that Bůžek did not mention this work.

Besides the funerals of the female Habsburgs, another topic that certainly deserves attention is the role played by women in the funeral ceremonies of the Habsburg rulers. For example, it is remarkable that Empress Maria of Austria and her daughters were not personally present at the Prague funeral procession held on 22 March 1577 to honour Maximilian II, nor were they present at the evening mass in St. Vitus' Cathedral (p. 175). By contrast, the funeral procession for Archduke Ferdinand (held in July 1596 in Innsbruck) featured his widow and daughters (p. 242). Václav Bůžek does mention these discrepancies in his books, but naturally he does not offer an explanation, as the focus of his research lies elsewhere. The reviewed books thus indirectly show that despite increased interest from historians, much still remains to be explored about imperial and royal funerals in the early modern age; one area that certainly deserves more detailed investigation involves the gender aspects of early modern funeral ceremonies.

The reviewed publications are thoroughly researched and written in a readable and comprehensible style, and they contain only a very few debatable or factually inaccurate statements. However, some minor issues have evaded the experienced eyes of the author and both reviewers. The beverage described as *Malvazi*, served to the dying Maximilian II, was most likely not a type of strong beer (p. 135 / p. 110), but rather the sweet wine of Malvasia, which had been used for medicinal purposes since medieval times. Indeed, the author himself points out that wine was served as a medicine to the dying emperor by his doctor Johann Crato (p. 132 / p. 107). The courtier who accompanied Archduke Ferdinand's widow in the funeral cortege and whose name is given by Bůžek as Fortunat Madrutsch (p. 242 / p. 196) was in fact Fortunato Madruzzo; he was the brother of the more famous Cardinal Giovanni Ludovico Madruzzo, the Bishop of Trent. On p. 184 of the Czech version (p. 150 in the German version), Castile and Catalonia are confused with each other. However, these minor slips do not detract

6 Antonio BERNAT VISTARINI – John T. CULL – Tamás SAJÓ (eds.), *Book of Honors for Empress Maria of Austria: Composed by the College of the Society of Jesus of Madrid on the Occasion of Her Death (1603)*, Philadelphia 2011 (= Early Modern Catholicism and the Visual Arts Series, vol. V.).

from the otherwise very positive impression given by both publications.

Václav Bůžek has made a substantial contribution to our knowledge of the deaths and funeral ceremonies of the Austrian Habsburgs, as well as indicating new avenues for research into the history of symbolic communication and the representation of rulers in the early modern age. His interpretation of Habsburg funerals draws on a broad heuristic basis and sophisticated methodology, and it is well placed to attract interest from historians in the Czech Republic and other countries. For this reason I welcome the fact that the book was translated into German and issued by a renowned publisher (Böhlau Verlag) very soon after its publication in Czech.

Pavel Marek

Jiří TRÁVNÍČEK, *Kulturní vetřelec. Dějiny čtení – kalendárium*, Brno, Host 2020, 272 pp. ISBN 978–80–275–0245–5.

Jiří Trávníček has been systematically exploring the history of reading and readership for more than a decade, and he has authored several monographs on this topic. His 2007 book *Vyprávěj mi něco…* [*Tell me something…*] focused on storytelling for children. In the following year he published a book that took a broader perspective of Czech readers: *Čteme? Obyvatelé České republiky a jejich vztah ke knize* [*Do we read? The inhabitants of the Czech Republic and their attitude to books*]. The 2014 publication *Knihy kupovati…* [*Buying books…*] presented a detailed analysis of the Czech book market, and in 2017 Trávníček's Česká čtenářská republika [*The Czech Readers' Republic*] explored the culture of reading and readership habits. This year has seen the publication of a new addition to this series of works, entitled *Kulturní vetřelec* [*A cultural intruder*]. In this book, Trávníček gives an overview of all the topics covered by his previous titles, expanding his perspective on how we can understand the development of book production, readership and books as such.

As part of the book's subtitle ("*a calendar*") suggests, this work stands somewhat outside the mainstream of academic book production. This is not only due to the graphic design of the publication (which is immediately striking), but also its entire conception. Following an introductory study, Trávníček devotes the majority of his attention to an almost encyclopedic summary of events that have affected the development of various facets of books – including their reception, censorship, and the formation of reading habits – from the very beginnings of book production up to the present day. This timeline starts at around 30 000 years B.C., when the first surviving cave paintings were created, and it ends in June 2020 with the impacts of the COVID-19 pandemic on reading culture. Trávníček guides the reader through a detailed account of this historical development, in which books not

only benefited from worldwide attempts to raise literacy levels, but also frequently had to contend with censorship and efforts to dissuade people from reading. By ordering the key events along this timeline in a simple chronological succession, Trávníček gives readers an insight into the often schizophrenic attitudes to reading manifested by political elites, the Church, and society as a whole.

The selection of events is wide and varied; Trávníček does not limit his scope solely to events which had an immediate impact on his topic, but also incorporates numerous accounts of events whose impact was less direct. These naturally include not only social and cultural events, but also political, religious, and economic developments. This approach is complemented by the opening texts which precede the sections on each historical era. Each of these sections is prefaced by two brief accounts: in the first, Trávníček concisely summarizes the main characteristics of the era (this may be redundant for more historically erudite readers, but the book is conceived for a wider audience), and in the second text he presents the key features of the era which will form the central strands in the main part of the chapter – i.e. in the "calendar" of historical events. The events in this calendar are divided into three categories: events of global significance, of European significance, and of Czech significance. As Trávníček mentions in his introduction, he devotes more attention to the local-level (Czech) events than many of them would "deserve" in an overview of the European or global context, but he is writing for a Czech readership, and due to this deliberate accentuation of local developments, his book not only offers a structured global account, but also contains valuable insights that may be of specific interest for Czech readers. This integration of the global and local levels will surely be appreciated by readers who seek a systematic overview of key historical milestones, with the causal relations among them made evident. It is primarily these readers at whom the book appears to be targeted, though it should also be viewed as a form of catalogue, serving as supplementary reading that can complement other publications focusing on narrower, more specific subtopics from the history of readership.

Trávníček offers a traditional division of historical eras: 1) The ancient world: from the emergence of writing to the codex; 2) The medieval world: from the codex to printing; 3) The early modern world: from printing to an expansion in readership; 4) The long 19th century: from the expansion of readership to the first electronic media; 5) The short 20th century: from the first electronic media to the computer; 6) The late 20th and 21st centuries: from the computer onwards. These descriptive titles give a good indication of the overall nature of this publication.

Trávníček concludes the book with a cogently selected set of excerpts from this main chronological overview. These excerpts make up a list of the ten most important historical events which have contributed to the development of readership; for each of these events, the author gives a brief explanation

of why he considers them to represent milestone moments.

An important aspect of Trávníček's book is the extensive collection of images that follow each of the chapters – ranging from photographs of clay plates with proto-forms of Sumerian cuneiform writing to reproductions of book illuminations, photographs of banned books being burned, and one of the present-day "book boxes" located in public places, where people can leave and borrow books – a very apt illustration of how a long and often difficult path of historical development has finally led to a situation in which books are widely available to practically everybody, whatever their situation and income.

Trávníček's book is a publication that will be appreciated not only by experts with an interest in its topic (who will finally have at their disposal a clearly structured summary of events in a practical and compact form), but also by students, and indeed a wider readership too; the author makes no secret of his attempt to reach out beyond the academic community. Having said that, Trávníček cannot be accused of having over-simplified or distorted complex realities in an attempt to make the material easier to digest for a mass readership.

Přemysl Krejčík

Bjørn THOMASSEN, *Liminality and the Modern: Living Through the In-Between*, New York – London, Routledge 2016, 262 pp. ISBN 978–1–4094–6080–0.

The book written by Danish anthropologist and professor at Roskilde University, Bjørn Thomassen (born 1968), is based upon a long-term research, which the author conducted during his postgraduate studies at the European University Institute in Florence, further developed it at The American University of Rome, and continued working on it after returning to Denmark as well. His text summarizes research on transition rituals and the concept of liminality, which the author broadly places in the context of past as well as present anthropological and historical investigation and supplements it with his own theoretical reflections.

The book is divided into two parts. The first one maps the birth and the development of theory of transition phases and liminality. The second outlines the possibilities of applying this concept to contemporary historical and social processes. The first part of the work is a brilliant introduction to the issue, as it provides exhaustive information not only on the author of the transition theory, Arnold van Gennep, but also on his opponents and followers. Van Gennep's life and work are outlined here against the background of the formation of French anthropology as an autonomous scientific field, and Thomassen successfully refutes a series

of inaccurate pieces of information which are still being spread about van Gennep. This applies particularly to van Gennep's relationship with the eldest major figure of French anthropology, Èmile Durkheim, which is often interpreted as a teacher-pupil relationship. In fact, van Gennep's mentor was a student of È. Durkheim named Marcel Mauss who was van Gennep's consultant at the time when he was writing his first significant work *Tabou et Totémisme à Madagascar* (1904). The journeys of van Gennep, Durkheim and his pupils, which included not only M. Mauss, but also Henri Hubert, for example, began to diverge after van Gennep published his second book *Mythes et légendes d´Australie* (1906) in which he pointed out the weaknesses of Durkheim's analytical ethnocentrism. The final schism between the two scientists came after the publication of Durkheim's seminal work *Formes élémentaires de la vie religieuse* (1912). The book, which is still considered a classical work in world anthropology, was subjected to harsh criticism by van Gennep who rejected Durkheim's social determinism. Thomassen expounds the correspondence between È. Durkheim and M. Mauss, from which it manifests that Gennep soon became persona non grata with the circle of anthropologists around Durkheim. This was also the reason why he was never accepted as a member of the French Academy of Sciences, and eventually resigned completely from his career as an anthropologist and became involved in folklore, of which he is still considered to be the founder in France.

Thomassen is as equally devoted to thoroughly reinventing van Gennep's theory from the 1960s when – thanks to a newly acquired English translation – British anthropologist named Victor Witter Turner was introduced to it. Turner could be considered van Gennep's successor. He began to study rituals in non-tribal and modern societies and enriched van Gennep's theory with a thesis which stated that traditional rituals had lost their meaning in modern societies and had been replaced by a wide range of experiences which were out of the ordinary. Turner called such experiences liminoid. Unlike liminality, liminoidity is characterized by it being voluntary. It is a withdrawal from normality, a game of make-believe which lacks the typical feature of liminality which is a transition – one returns from a liminoid experience to normal order and normality. Turner also emphasized the role of the *communitas*, which accompanied the ritualized person in the ritual process and prevented potential destruction of the social order, which was threatened by the ritualized person's state of mind – one of great intensity.

Following Turner's research, Thomassen, at the end of the first part of his work, outlines the direction taken by research into transition rituals and, in particular, the concept of liminality in contemporary historical and anthropological science. As early as in the mid-20th century, when traditional rituals began to diminish or even vanish in society, anthropologists and historians began to realize that what was primarily applicable from van Gennep's and Turner's concept of

rites of passage in modern societies was the theory of liminality. Thomassen presents the latest anthropological research on local and temporal dimensions of liminality. In addition to his own research, he mentions the work of Hungarian anthropologist Arpad Szakolczai, whose opinion is close to his. Both researchers coincidently perceive that the liminal phase in modern societies not only manifests itself in the destruction or transformation of an individual's identity – as it did in archaic societies – but can also take on a form of destruction of identity of particular social groups or even the entire social order (Macro-Liminality, Liminality in Large-scale Settings). The liminality thus defined can then encompass varying stretches of time, whether it be a single moment (e.g., natural disasters) or entire periods (wars, periods of dictatorship). The term permanent liminality, coined by Szakolczai, is interesting for our historical context. It denotes a situation when the transition process stops in one of its sequences and its participants are forced to remain permanently in extraordinary – liminal conditions. Permanent liminality, according to Szakolczai, is for example the state of monkhood, which he perceives as a never-ending preparation for the separation from the secular environment, or Bolshevism, which can be understood as the stalling of society – a society stuck in the last phase of transition to communism.

Thomassen also draws attention to works of other researchers who have studied the issue of liminality in modern society, attempting to define the causes and manifestations of liminal states – he mentions research by Lewis Hyde and Agnes Horvath, who have expressed the thesis that, in states of great intensity when the master of ceremony is not present, a self-appointed political leader (trickster) can take the lead in society, acting as the head of law and order, turning the social development in a dangerous direction. Anthropologists Gregory Bateson and René Girard added similarly interesting observations to the theory of liminality. Noting the role of imitating and imitation in society, Bateson defined the term schismogenesis to refer to the escalation of imitative behaviour that can lead up even to violence. Girard defined the term 'scapegoating', which he associated with a situation in which a culprit is sought out in a society where violence is escalating. The scapegoat is usually sacrificed in favour of social unity of mind and to restore the social order.

In the second part of his book, Thomassen focuses on the definition of liminal states in today's society. He finds the roots of the processes that precipitated the crisis of classical rituals in the early modern period, in this context mentioning the philosophical contemplation of Thomas Hobbes and René Descartes. According to Thomassen, it was in the early modern period that the bond by which liminality was bound to the ritual process was first broken. The reason for the implosion of liminality was a widespread presence of game and gambling during which people began to experience a phase of liminality which was determined by specific rules and allowed a return to normal life

after the end of the game. He ties his conclusions to the works of Johan Huizinga (*Homo Ludens*) and Norbert Elias (*The Civilizing Process*). As an example of the result of this process in modern society, the author cites extreme activities during which people seek their limits by overcoming their own fears. Modern man in consumerist societies is disconnected from the original goals of the rituals. These goals were a change in the social status and experience resulting from the dangers that accompanied this transition situation. Modern people are therefore looking for a 'retreat from the everyday', which is what the contemporary entertainment industry has adapted to, aiming at man's boredom with extreme experiences, producing entertainment portraying death, violence or sex. For this phenomenon, contemporary anthropology uses the term 'experiential void' or limivoid. This term refers to a state which is typically present during extreme sports, for example, which are characterised by a borderline near-death experience. However, this extreme experience is afterwards not utilised because the person is brought back to normality, their social status is not new, nor has it been threatened in any way. Extreme experiences thus become part of normality. Thomassen cites bungee jumping as an example of such an activity. He makes a reference to traditional rituals of similar character, and he attempts to compare them with contemporary bungee jumping.

In the last part of his book, Thomassen pays attention to the liminality in the context of political processes, especially revolutions. He emphasizes the liminal nature of revolutions and, referring to the research of his predecessors, contemplates the role of revolutionary leaders and masses.

The conclusion of the book seems a bit unusual because instead of a summary – which one could expect – the author offers reflections on liminality in the postmodern world. He highlights an interesting recent trend which could be called 'home again'. Thomassen links it to the consumerist nature of post-modern society and the global economy's focus on performance. In the globalised environment, any major economic as well as political disruption is felt more strongly than ever, and spreads like an avalanche across the whole planet. As a result, people are increasingly looking to themselves, their homes and their loved ones for reassurance. It must be said that through the prism of the current covid crisis, this premise takes on a whole new dimension.

Although Thomassen's book was published by Routlege several years ago and offers a comprehensive overview of past research into transition rituals and liminality, it has so far gone unnoticed in the Czech anthropological and historical discourse, which is a great pity especially because it correctly outlines how permeable the boundaries of anthropological and historical research are, and that the theory of liminality is not a dead concept. On the contrary, due to current events in the globalised world, the theory has been changing shape and taking on new features.

Hana Stoklasová

Jana KRTIČKOVÁ, *Proměna pohřebního rituálu na přelomu 19. a 20. století na příkladu západočeského města Chebu*, České Budějovice, Jihočeská univerzita v Českých Budějovicích 2019, 334 pp. ISBN 978–80–7394–747–7.

The issue of death, dying and death rituals were long neglected in Czech historiography, and researchers started paying attention to this theme only at the turn of the millennium. In the last few years, however, there has been an increase in the number of works which examine this topic from various points of view and interpret the sources concerning death using various methodological approaches, most frequently historical demography, anthropology, art history and also the history of the everyday.

Jana Krtičková's research combines the first two aforementioned approaches and attempts to capture the changes which death rituals underwent within the environment of German nationals living in the Czech lands, specifically in the town of Cheb at the turn of the 20th century. Despite the title of the book, which declares its subject matter as the transformation of the death ritual, most attention is in fact paid to the rise of the cremation movement. The monograph is a summary of the research the author carried out during her work on her academic theses, to which she dedicated several years. The resulting text reflects this fact, as it confirms not only that the author is very well oriented within the domestic and foreign literature relating to the subject of death and cremation, but also evinces fair and thorough work with sources. Jana Krtičková bases her research on a broad platform of resources located in Czech and German archives. Her main source of information is cremation registers, which have not been widely used in cremation research before. She also draws on the archive resources of the towns of Cheb, Karlovy Vary, Plauen and Selb, in which she examines documents relating to sanitary and funeral legislation. She also extracts information from the newspapers of the cremation societies dating from that period.

At the beginning of the work, the reader is informed in detail about the sources used, followed by a chapter about the historical development of Cheb and its population. The burial practices of the residents of Cheb are then described in chapter three, which is very beneficial. Information is provided in considerable detail about the development of urban cemeteries and the provided funeral services, many of which can be applied to the general context. Particularly innovative are the passages relating to the functioning of the funeral parlours in Cheb and the passages mapping the duties of the gravedigger, whose role in the process of death rituals has previously been completely neglected. The facts presented thus fill a gap in the history of the everyday which has hitherto remained academically unnoticed.

These sections are then followed by a chapter which describes the development of the European cremation movement, and is rather compilatory in nature. The inclusion

of this chapter in the middle of the work is somewhat debatable – it would perhaps have fulfilled its function better in the introduction of the book, though from the author's perspective its placement may seem justified, since to some extent it introduces another chapter about the options for cremation of the people of Cheb. This chapter traces the efforts to build a crematorium in Cheb, which despite high hopes ultimately failed to materialise. As a result, the bereaved from Cheb resorted to cremating the bodies of their family members in the crematoria that gradually developed in the German borderlands, especially in the German towns of Plauen and Selb. Jana Krtičková provides an account about the interest of the people of Cheb in the services of German crematoria, and later in the services of the crematorium in Karlovy Vary – Rybáře, which was built with a financial contribution from the town of Cheb. These facts are documented by the number of the cremated, in whose case the author makes note of indicators such as age, sex and profession, from which certain trends that influenced the spread of the cremation movement can be deduced. An interesting probe into the motivations or reasons for the choice of cremation are the micro-historical obituaries of notable personages from Cheb who were cremated in Plauen, Selb and Karlovy Vary – Rybáře. The reader can thus form an idea of who the 'cremation pioneers' of Cheb were. It has to be noted that they were a surprisingly diverse group of people, which serves as proof that the idea of cremation found resonance in all strata of society. Attention is also paid to the architectural aspect of all three crematoria, and an outline of day-to-day operations of the crematorium in Karlovy Vary is also provided.

The outcomes of the research are summarised in the conclusion, in which the author does not neglect to emphasise the factors that significantly influenced the spread of cremation in areas where German nationals were the majority population. The spread of the cremation movement occurred above all thanks to its expansion from Germany, the active functioning of cremation societies (especially the Flamme society), and last but not least the economic and cultural specifics of the German borderland population.

In spite of the research's undoubtedly beneficial contribution, one cannot dismiss the impression that even more interesting (and less descriptive) data could have been gathered by comparing the circumstances found in Cheb with another region or district, one that might exhibit different input parameters, for instance the population's national or religious composition or a different geographical location. Such a comparison could provide the possibility of formulating more generally valid hypotheses in relation to the spread of the cremation movement in the Czech lands. By no means, however, does such a suggestion call into question the quality of Jana Krtičková's research, which presents interesting conclusions and provides a series of new findings that stimulate further research questions.

Hana Stoklasová

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