

The strange history of tropical neurasthenia

Anna Greenwood on a relatively short-lived colonial affliction

One of the most interesting things about the history of medicine is that certain diagnoses have fallen out of favour. Conditions formerly deemed problematic such as hysteria (in both pre- and post-Freudian incarnations), fugue (demonstrated via a person's repeated unplanned travel or wandering), chlorosis (or 'green sickness', frequently observed as a condition of young languid virgins), and sexual inversion (homosexuality) are now largely regarded as historical curiosities: at best misunderstood by the 19th-century doctors that studied them.

While some conditions, such as sexual inversion, are no longer classed as illnesses at all, others have become recategorised during the 20th century and realigned towards modern psychological understandings. Where we formerly had the melancholic, some might argue we have now substituted the depressive; the neurotic could now be described as suffering from a form of obsessive-compulsive behaviour, and the nymphomaniac would now attend a sex addiction clinic.

Perhaps the most famous of these disappearing historical conditions is neurasthenia, which was a psychosomatic disorder made popular in the 1860s by George Beard in America and imported to the UK during the 1880s. Beard's articulation of 'American nervousness' was an explication of the white, middle-class breakdown that he perceived to be occurring in epidemic proportions during the 1860s. This problem Beard attributed primarily to the stresses of an increasingly

industrialised and mechanised urban life; typified by the 'whirl of the railway, the pelting of telegrams, the strife of business, the hunger for riches, the lust of vulgar minds for coarse and instant pleasures' (Allbutt, 1895, p.214).

The symptoms of neurasthenia varied, but included: fatigue, ennui, listlessness, hypochondria, depression, headache, backache, stomach-ache, irritability, loss of appetite, constipation (or diarrhoea), insomnia (or excessive sleep), poor eyesight or auditory disturbances, cardiovascular malfunctions, and sexual symptoms. Because of the broad range of possible symptoms, neurasthenia was widely acknowledged as notoriously hard to diagnose: it could be both anything and nothing.

Although not exactly a positive diagnosis, neurasthenia was a relatively civilised affliction of the middle and upper classes, and sufferers could expect to live without institutional confinement. People were afflicted with different degrees of severity, with some plagued with it throughout their lives and others recovering in a matter of weeks. Overall, as a condition that carried fewer stigmas than lunacy, the prognosis for sufferers tended to be good. Although neurasthenia has now disappeared as a diagnostic category in modern medicine, there is some debate over whether neurasthenics have simply become reassigned in contemporary diagnostics as victims of what we would now identify as chronic fatigue syndrome.

Closely related to neurasthenia, but much less well known and now entirely disappeared from view, was its colonial brother – tropical neurasthenia. Similar in many ways to 'home-grown' neurasthenia, tropical neurasthenia was something that white (mostly male) colonists suffered from specifically due to the environmental stresses of their tropical colonial lives. Like classic conceptions of neurasthenia based in the Western world, tropical neurasthenia was not psychosis or madness, but was rather an *ennui* or loss of edge brought about by the strains of tropical life, and could cover a gamut of renegade, bizarre, or even genuinely neurotic, behaviours of Caucasians in the tropical outposts. Although tropical neurasthenia saw the height of its popularity between 1905 and 1920, it did not completely disappear from colonial medical discourses until the beginning of the Second World War; proving it to be remarkably more durable than the Western-based version of neurasthenia from which it stemmed and had gone out of fashion in the UK and America by the end of the First World War.

Furthermore, although it was difficult to identify – having a wide range of symptoms and manifestations – tropical neurasthenia was surprisingly commonly diagnosed. So frequently in fact, that a 1913 statistical table published in the *British Medical Journal*, actually named it as the chief reason (over malaria, cholera and dysentery) for Europeans to be invalidated while serving overseas in British tropical possessions. Despite this relatively high profile as a health problem of Empire, tropical neurasthenia has largely been forgotten, perhaps as part of a wider trend of forgetting the more uncomfortable parts of colonial history. Above and beyond everything else, tropical neurasthenia was a 'whites only' condition, solely suffered by those who were deemed sensitive, cultured and 'civilised'. It is hardly surprising then that such inherent support of outdated ideas of white racial superiority have naturally made it a rather embarrassing historical relic.

Tropical neurasthenia provides an interesting case study of how a disease category can mutate as it changes geographical contexts. When neurasthenic symptoms were located in Europeans living in, or travelling to, the tropical world they were reformulated to suit the particular exigencies of the colonial situation. For example (and unsurprisingly given the British climate), the tropical variant of neurasthenia identified the deleterious effects of the sun as the most important causative

further reading

Allbutt, C. (1895). Nervous diseases and modern life. *Contemporary Review*, 67, 210–231.

Anderson, W. (1997). The trespass speaks: White masculinity and colonial breakdown. *American Historical Review*, 102, 1343–1370.

Crozier, A. (2009). What was tropical about tropical neurasthenia? *Journal for the History of Medicine and Allied Sciences*, 64, 518–548.

Kennedy, D. (2006). Diagnosing the colonial dilemma. In D. Kennedy & D. Ghosh (Eds.) *Decentering empire* (pp.157–181). Hyderabad: Orient Longman.

McKinnon, M. (1934–5). Medical aspects of white settlement in Kenya. *East African Medical Journal*, 11, 376–394.

Woodruff, C.E. (1905). *The effects of tropical light on white men*. New York: Rebman.

factor in creating nerve damage and sapping vital energies. Similarly predictably, racial differences too played a more prominent role in defining sufferers in the colonies. Interestingly, whereas Western conceptions of neurasthenia pinpointed it as a reaction to the strains and stresses of continued *contact* with fast-paced modern life, in the colonies tropical neurasthenia was conceived as the manifestation of an individual's *separation* from civilisation and modernity. Advice on the avoidance of tropical neurasthenia therefore typically centered on maintaining civilised standards and intellectual pursuits typical of one's home milieu and social standing, for example, attending lectures, concerts, plays and debates as often as was practically possible. This type of remedial action – almost cultural therapy – for sufferers of tropical neurasthenia was supplementary to the usual advice on recuperation for neurasthenics in the UK, which typically focused upon rest, diet and exercise. These subtle reformulations of the disease category to suit the colonial context are revealing of specifically colonial anxieties and also show how medical diagnoses can become not only adapted over time, but also over space.

Perhaps the main difference between the tropical and non-tropical formulations of nervousness was the way the tropical variant neatly dovetailed with already entrenched concerns about the inability of Europeans to 'acclimatise' to the tropical heat. Since the earliest foreign settlements there had been debates over the suitability for Europeans to live in foreign climes, especially those with extreme temperatures, unfamiliar physical geographies and foreign diseases, such as Africa or India. By the final decade of the 19th century, however, the acquisition of a large number of African territories made the health conquest of the tropics all the more pressing; correspondingly, debates filled the medical press over the white man's prospects for long-term settlement abroad.

Advances made within tropical medicine were often cited as a sign that the tropics could be managed without deleterious medical consequences. But interestingly, despite this optimism in medical advances, modern medical theory was not able to entirely allay fears over the way the climate may detrimentally interfere with the central nervous system of the European.

Given this contemporary preoccupation with the viability of European settlement in the tropics, it is easy to understand the enthusiastic reception Major Charles Woodruff's medical description of neurasthenia specific to hot places received when it was published in 1905. Woodruff's theory was originally developed as an explanation for the neurasthenic symptoms experienced by American colonisers in the Philippines, which they had occupied in 1898, but the term soon made its way over the Atlantic, where it was enthusiastically taken up as an extension of debates about the suitability of the tropics for white settlement. It was embraced with such enthusiasm that by 1913 tropical neurasthenia even formed



the topic of the presidential address at the annual meeting of the Society of Tropical Medicine and Hygiene.

For the most part, variations between the colonial and the home model of neurasthenia were in emphasis rather than kind. Just as in the home context, tropical neurasthenia offered a respectable label for symptoms for the listless or deviant behaviours of middle- and upper-class white men and, just as at home, it was a diagnosis with considerable social and cultural usefulness. The chief difference in sociopolitical utility, however, was the way that tropical neurasthenia was used as a diagnostic marker of white civility, as opposed to black madness. When indigenes acted in ways deemed deviant, they were typically locked up by the colonial state in asylums; when whites did the same, similar or worse, they were often diagnosed as sufferers from tropical neurasthenia and were quickly repatriated under this only slightly stigmatising label.

In short, the tropical diagnosis was an expedient for furthering the colonial

political agenda and allaying colonial racial anxieties. Fears of tropical neurasthenia guided the recruitment of personnel to Empire, helped colonial governments to weed out unsuitable characters, and gave colonials themselves a respectable exit route from colonial life. Tropical nervous diagnoses were used as a means of policing the colonisers and trying to control and homogenise behaviours to a model of acceptability. Tropical neurasthenia explained all sorts of aberrant behaviours and 'regrettable incidents between natives and Europeans', from 'sudden acts of violence' to 'acts of criminal folly' (McKinnon, 1934–5, p.389.) Suggested solutions included taking up both a hobby and a (European) wife in the remote colonial location to distract the mind and make sure that some civilised home comforts still existed in remote outposts.

Yet, despite the threat to manliness and colonial authority that the diagnosis pointed towards, tropical neurasthenia was still a relatively socially acceptable diagnosis that did not contain the negative connotations of real insanity and displaced the blame for the problem away from the sufferer and on to the environment. Furthermore, it was a means of stressing white civility, by constructing the work of Empire (and by implication the job of trying to rule and administer the indigenes) as a particularly stressful task.

This short history of tropical neurasthenia shows just how historically and culturally contingent the medical classification of behaviour can be. Although tropical neurasthenia was in many ways a diagnosis entirely typical of late Victorian and early Edwardian medicine, it was also reconfigured in such a way as to support the colonial enterprise. So tropical neurasthenia embodied slight – yet significant – differences from classic neurasthenia, ones that particularly stressed the excessive heat and sunlight and cast the problem as, if not exactly a badge of honour, certainly less stigmatising than its home-grown equivalent. Despite the threat to manly reputation and colonial image that a nervous diagnosis could point towards, tropical neurasthenia nevertheless provided a useful means of categorising European neuroses at a safe critical distance from indigenous mental health problems.

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