Neurasthenia 1870s-1930s

In the 1880s, U.S. physicians developed a diagnostic profile for a condition afflicting the leading families of the United States. The best educated, most cultured Americans were suffering from a new, distinctly American condition. In alarming numbers they had migraines, poor digestion, fatigue, depression, and even complete mental collapse. They suffered from neurasthenia—nervous exhaustion.

Diagnostic Profile
The profile for nervous exhaustion was first described in 1881 by early neurologist George Miller Beard, M.D. Beard based his ideas on a theory of “nervous energy,” defined as the health and capability of the nervous system. If this energy was depleted or abused, the person fell into nervous exhaustion and its debilitating effects.

American Nervousness
Beard saw neurasthenia as created by the hectic, fast-paced life in American cities; he even called it “American nervousness.” The nation’s leaders in the arts, business, and government were made ill by the pressures of modern life. The only cure was withdrawal from the strain of urban life, rest, and a simpler, healthy lifestyle.

Neurasthenia was almost a badge of social status. Anxious and depressed patients were reassured that symptoms were caused by a physical disease and not by psychological weakness. Gradually the diagnosis spread to broader groups of society, not merely the elite.

The diagnosis and treatment for neurasthenia were distinctly American, but the concepts soon became part of standard medicine in Great Britain, France, Germany, the Netherlands, and eventually in China and Japan.

Modern Opinions
Neurasthenia is no longer an official diagnostic category in Western medicine, but still accepted in Chinese and Japanese psychiatry. Instead, modern physicians recognize conditions, such as clinical depression, fibromyalgia, post-traumatic stress disorder, postpartum depression, and perhaps chronic fatigue syndrome and mononucleosis as part of what physicians in 1900 called neurasthenia.