

Insomnia and the Late Nineteenth-Century Insomniac:
The Case of Albert Kimball

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Abstract

This article explores the emergence, in late nineteenth-century Britain and the United States, of the ‘insomniac’ as a distinct pathological and social archetype. Sleeplessness has of course been a human problem for millennia, but only since the late-Victorian period has there been a specific diagnostic name for the individual who suffers chronically from insufficient sleep. The introductory section of the article, which notes the current panic about sleep problems, offers a brief sketch of the history of sleeplessness, acknowledging the transhistorical nature of this condition but also pointing to the appearance, during the period of the Enlightenment, of the term ‘insomnia’ itself. The second section makes more specific historical claims about the rise of insomnia in the accelerating conditions of everyday life in urban society at the end of the nineteenth century. It traces the rise of the insomniac as such, especially in the context of medical debates about ‘neurasthenia’, as someone whose identity is constitutively defined by their inability to sleep. The third section, tightening the focus of the article, goes on to reconstruct the biography of one exemplary late nineteenth-century insomniac, the American dentist Albert Kimball, in order to illustrate the claim that insomnia was one of the pre-eminent symptoms of a certain crisis in industrial and metropolitan modernity as this social condition was lived by individuals at the *fin de siècle*.

Keywords

Insomnia; the insomniac; fin de siècle; neurasthenia; dentists

I

In Joshua Ferris’s recent novel, *To Rise Again at a Decent Hour* (2014), his funny, often infuriating narrator, Paul O’Rourke, is a successful dentist with a practice on Park Avenue in New York City. O’Rourke is a melancholic and a neurotic; and the chief symptom of his congenitally uncomfortable relationship with life, undoubtedly an extremely privileged one in material and social terms, is the sleeplessness from which he suffers. He is an insomniac. ‘Every night,’ he comments at one point, reflecting on yet another fractured sleep, ‘was a night of limitless possibility expired, of a life forfeited, of a foreclosed opportunity to expand, explore, risk, hope and live.’¹

Every sleepless night, in so far as it relentlessly focuses the mind on what he calls his ‘forfeited options’, feels precisely like what O’Rourke calls his ‘last night on earth, when all options, and not just one night’s options, expired’. He experiences his nights as terminally sleepless. O’Rourke continues in these terms:

These were my thoughts as I tried falling back asleep. Inside my head, where I lived, wars were breaking out, valleys flooding, forests catching fire, oceans breaching the land, and storms dragging it all to the bottom of the sea, with only a few days or weeks remaining before the entire world and

everything sweet and surprising we'd done with it went dark against the vast backdrop of the universe. The chances of me falling back asleep were nil once again. I got out of bed. [1, pp.42-3]

At night, then, there is nothing less than an apocalypse in Paul O'Rourke's head. Here is the characteristic consciousness of the insomniac, a sort of sealed laboratory in which mental chaos that is equivalent to some ecological cataclysm is unleashed at night.

In one of the final scenes of *To Rise Again at a Decent Hour*, O'Rourke sits on his balcony, while everyone else is asleep, staring at the Manhattan skyline – which 'seemed now like a colony on the moon floating in an eternal night, with me as its only inhabitant' [309]. 'What terrifying hour was this,' he asks, 'and why was I ever made to wake to it?' [309]. He fantasises about having a good night's sleep, or at least of identifying 'that one unmissable thing that makes staying up all night a treasure and not a terror' [310]. He dreams that he might 'rise again at a decent hour, to walk the Promenade in the light of a new morning, eating a little pastry for breakfast...' [309-10]. But, in the insomniac night, 'so forgotten, so passed over, so left behind, so lost out,' he is convinced 'not only that everything worth doing had already been done while I was asleep but also that, now I was awake, there was no longer anything worth doing' [309]. 'Don't leave me alone with the night,' O'Rourke intones, like countless sufferers from insomnia before and after him [310].

At present, in Europe and the United States, at least according to those with either an academic or a commercial interest in sleep, we appear to be in the grip of an insomnia epidemic. 'Insomnia is one of the most pressing and prevalent medical issues facing modern society,' writes the neuroscientist Matthew Walker. 'That the "sleep aid" industry, encompassing prescription sleeping medications and over-the-counter sleep remedies, is worth an astonishing \$30 billion a year in the US,' he goes on to point out, 'is perhaps the only statistic one needs in order to realize how truly grave the problem is.'² The only statistic? Walker's claim comprises a slightly naïve, if not frankly unsophisticated, means of measuring the gravity of the present problem of insomnia. After all, the scale of the 'sleep-aid' industry's profits is arguably evidence more of its ability to exploit ordinary people's anxieties about sleeping than of the extent of the problem itself. But it is nonetheless the case that Paul O'Rourke's condition, in Ferris's timely novel, currently seems particularly common. In the twenty-first century, in the advanced capitalist nations, people seek support in sleeping in apparently unprecedented numbers. As Jonathan Crary has argued to powerful effect in *24/7*, his polemic about the politics and economics of sleeplessness in the twenty-first century, sleep has recently become problematic in historically unprecedented ways, not least because, instrumentalized and monetized and technologized as it is, it 'is now an experience cut loose from notions of necessity or nature'.³

So, insomnia is currently an acute problem, collectively speaking; but it is also a chronic one. People have suffered from insomnia for millennia, perhaps since the creation of what O'Rourke calls the 'vast backdrop of the universe'. It might even be said that sleeplessness is ingrained in the creation myth at the core of the Hebrew and Christian Bibles. It isn't entirely facetious to recall that, according to the Book of Genesis, God laboured for six days with no rest in order to create the world: 'And on the seventh day God ended his work which he had made; and he resteth on the seventh day from all his work which he had made' (Genesis 2: 2). This is a considerable feat of nocturnal as well as diurnal industry, and it presupposes six sleepless nights. Furthermore, if people have suffered from insomnia for millennia, they have written about the experience for millennia too. Perhaps the earliest, most eloquent of these is the prophet Job. In the Hebrew Bible, the *Book of Job*, probably composed in the 6th Century BCE, provides a vivid description of Job's inability to sleep:

So am I made to possess months of vanity, and wearisome nights are appointed to me.

When I lie down, I say, When shall I arise, and the night be gone? and I am full of tossings to and fro unto the dawning of the day. (Job 7: 3-4)

As an autobiographical account of insomnia, this has scarcely been bettered in the two-and-a-half thousand years or so since it was written. The longing for the night to end; the guilt and the exhaustion; the tossings to and fro... All are characteristics of an experience of sleeplessness that is no less excruciating for being commonplace.

To these familiar agonies, at least if we interpret the fifth verse of this chapter of the Book of Job as thematically continuous with the third and fourth verses, we might add the feeling, also characteristic of insomnia, that the sufferer's skin is crawling: 'My flesh is clothed with worms and clods of dust; my skin is broken, and become loathsome' (Job 7: 5). It is a death in life; and Job in these verses is one of the living dead. Here is a man who, in his spiritual battle not to be defeated by this persistent, oppressive sleeplessness, is positively heroic. No doubt it is not an accident that the comically brief epigraph Ferris chooses for *To Rise Again at a Decent Hour* – 'Ha, ha' – is taken from Job, Chapter 39, verse 25, though it does not refer to sleeplessness itself. In the King James version, the verse in full runs as follows: 'He saith among the trumpets, Ha, ha; and he smelleth the battle afar off, the thunder of the captains, and the shouting.' Inside Paul O'Rourke's head, where he lives, as Ferris phrases it, wars are breaking out, valleys flooding... The initially comic associations of that 'Ha, ha' finally come to seem apocalyptic both in their original context and in Ferris's novel itself.

Individuals have always suffered from sleeplessness, then, and have therefore sought to understand its etiology and its effects. In the mid-4th Century BCE, to take an ancient example, Aristotle wrote a short treatise on 'Sleep and Sleeplessness' (though, in its focus on 'sense-perception', it is more properly about sleeping and waking, or sleepfulness and wakefulness). In the English language, if the adjective 'sleepless' emerged in the Middle Ages, the noun 'sleeplessness', which identifies a state of being, is a product of the seventeenth century, that is, of an increasingly rationalistic culture that sought to comprehend problems in scientific terms. The term 'insomnia', which is derived from the French *insomnie*, itself Latin in origin, is increasingly used from roughly the same time, in the seventeenth and eighteenth centuries. A line from John Sparrow's 1739 translation of Henri François Le Dran's *Observations in Surgery* (1731) – 'The patient laboured under Insomnia' – is the first example given in the *Oxford English Dictionary* (OED). The cultural historian Eluned Summers-Bremner has drawn attention to 'insomnia's increase in the eighteenth-century West', which she partly explains in terms of what she calls 'an overt devaluation of sleep'. This demotion of its importance was the consequence, in this period, of the equation of light, including the technology of artificial lighting, with reason; and of darkness with unreason. In an increasingly rationalistic society, according to Summers-Bremner, sleep is consigned to the domain of the irrational and dismissed as intellectually unproductive, if not destructive.⁴

The term 'insomnia' is thus a product of the Enlightenment. But – though historians such as Summers-Bremner have failed to notice this particular development in the discourse on sleep and sleeplessness – it is only since the late nineteenth century that there have been 'insomniacs' as such. In a fine monograph on 'the transformation of sleep research', one historian, Kenton Kroker, has in fact helpfully ascertained the significance of the appearance, in clinical language, of the insomniac. But he claims that, because of several factors, including mounting scientific concern about cognitive impairment from lack of sleep and the increasing use, in medical and psychiatric practice, of sleep therapeutics linked to the prescription of hypnotic drugs, it was the 1920s and 1930s that 'saw the evolution of the full-blown insomniac, whose routine struggle for adequate sleep provided psychiatrists and

neurologists with a typology, and patients with an identity'.⁵ It seems to me that, in spite of the seminal importance of the shifts in practice that he details, the 1880s and 1890s represent a more plausible point of origin for the 'full-blown insomniac'. Before then, there was no diagnostic identity for the person who found themselves, on a chronic basis, unable to sleep – sleeplessness was (as it remained in fact for Freud) little more than a symptom of other mental or spiritual conditions. At the *fin de siècle*, though, the 'insomniac' emerged both as a pathological type, albeit one who generally exhibited a number of other psychological or physiological symptoms, and as a social archetype. It is from approximately this point that the origins of the present crisis, in which anxieties about sleeping are inextricably tied to concerns about new technologies and the accelerating velocities of everyday life, can be located. Certainly, returning to the late nineteenth century offers an opportunity to impart some historical depth to current debates about sleeplessness.

This article, then, proceeds to trace the emergence, in late nineteenth-century Britain and the United States, of the insomniac as a distinct pathological and social archetype. In the section of the article that follows, I identify the insomniac, in the fast-paced conditions of everyday life in urban society, as someone whose identity is effectively defined by their inability to sleep. In this historical context, the medical discourse on 'neurasthenia', the relevance of which I briefly outline, plays a decisive role in constituting the archetype of the insomniac. In the final section, I go on to reconstruct the biography of one exemplary insomniac, the late nineteenth-century New York-City dentist Albert Kimball, in order to illustrate the claim that insomnia was one of the pre-eminent symptoms of a certain crisis in industrial and metropolitan modernity as this social condition was lived by individuals at the *fin de siècle*.

'Insomnia and the Late Nineteenth-Century Insomniac' represents a contribution to the debate over what A. Roger Ekirch, in his ground-breaking research, calls 'the modernization of western sleep'. 'Does insomnia have a history?' he asks.⁶ My article, like Ekirch's research, and that of Kroker, Summers-Bremner and others, decisively answers this question in the affirmative.⁷ But it insists, too, that – within this history – the figure of the insomniac, though signally overlooked, plays a peculiar and specific role.

II

From the *fin de siècle*, the term 'insomniac' was used not simply as an adjective but as a noun, indicating that the sleepless individual had acquired, and would to an increasing extent develop, a recognisable identity, as someone substantially defined by the chronic experience of insomnia. If sleeplessness, historically, had described a 'temporary aberration', freely to extrapolate the vocabulary used by Michel Foucault to understand homosexuality in his *History of Sexuality*, then the insomniac 'was now a species'. There was something like a 'discursive explosion' around sleeplessness in the late nineteenth century, and in this context the insomniac became what Foucault calls 'a personage', 'a case study'.⁸ A certain biopolitics of sleep, to use another suggestive Foucauldian term, therefore becomes apparent at the turn of the twentieth century, when discourse on the topic functioned as a means of regulating aberrant or deviant forms of rest and relaxation, whether these entailed too much sleep or too little. Hence what might be called the 'speciation' of the insomniac, which evolved from among an increasing number of competing pathological types (the agoraphobic and the claustrophobic, for example). Sleeplessness, at this time, thus became not merely a symptom of some underlying medical, social or psychological condition but a disease of modern life in its own right.

As such, insomnia was increasingly susceptible to specific treatment. So, not unlike the early twenty-first century, a range of pseudo-medical cures were manufactured and marketed in the late nineteenth century – from ointments or pills of one kind or another to what Lee Scrivner describes as ‘electrified sleep-inducing gadgetry – belts, brushes, baths, rods, even a vibrating helmet’.⁹ This early iteration of the ‘sleep-aid’ industry reinforced the identity of the insomniac, as some of the popular fiction from the time implies. In a collection of adventure stories entitled *Dead Man’s Tales* (1898), the Australian novelist Charles Junor momentarily registered this shift in the idiom of popular fiction: ‘Ha! How the world of science moves... The drunkard is hypnotized into sobriety; the sex maniac grows to loathe his former impulses; the kleptomaniac becomes honest; the insomniac snores in his heavy sleep.’¹⁰ The insomniac, according to a certain irony, like the alcoholic, the sex maniac and the kleptomaniac, becomes especially visible under the sign of the erasure of his or her very identity. In the medical or pseudo-medical discourse that pathologizes and attempts to treat sleeplessness, and in the popular literature that parlays this discourse into colloquial speech, the insomniac comes into being at the *fin de siècle*. Here is the logic of what Foucault, in his effort to understand the ways in which a normative language is constitutive of the identities it seeks to correct or even efface, calls a ‘discursive orthopedics’.¹¹

Especially in a metropolitan setting, where both labour and leisure hours were subject to peculiar pressures, and where new technologies of communication and illumination as well as changing patterns of production and consumption were transforming the relations between day and night, insomnia became symptomatic, at the turn of the twentieth century, of the lived experience of capitalist modernity. This was the case both in Britain and the United States. As Ekirch comments in relation to insomnia, ‘what some termed “Americanitis” was, in fact, a transatlantic malady.’¹² Not so much ‘Americanitis’, then, as ‘modernitis’. Insomnia was a manifestation of the acceleration and intensification of everyday life; the extension of everyday life, it might be said, into the night. An entry on ‘Sleeplessness’ in the *British Medical Journal* from September 1894 provides a vivid snapshot of this. ‘The subject of sleeplessness is once more under public discussion,’ the anonymous columnist writes; ‘The hurry and excitement of modern life is quite correctly held to be responsible for much of the insomnia of which we hear; and most of the articles and letters are full of good advice to live more quietly and of platitudes concerning the harmfulness of rush and worry.’¹³ The author tries to distance himself from the ‘platitudes’ to which he alludes, but finally can’t do so because of their veracity or perceived efficacy.

The medical condition most closely identified with the ‘hurry and excitement of modern life’ at the end of the nineteenth century, again both in Britain and the United States, was ‘neurasthenia’ – a term that, as Reiss remarks, ‘covered an enormous range of symptoms, many of which had previously been covered by the diagnostic category of hysteria.’¹⁴ As a diagnostic term, ‘neurasthenia’ was effectively patented by the North American neurologist George Miller Beard, who published his *Practical Treatise on Nervous Exhaustion (Neurasthenia)* in 1880, and its more popular sequel, the highly influential *American Nervousness: Its Causes and Consequences* in 1881. According to Beard, neurasthenia was a form of nervousness that ‘is strictly deficiency or lack of nerve-force’. Nervous excitation and nervous exhaustion, he declared, are complementary aspects of a single psychological complex. And it is rife in the most advanced industrial societies, where the acceleration and agitation of everyday life induce both excessive stimulation and, at the same time, a counter-effect that he identifies as ‘nervelessness’. ‘The chief and primary cause of this development and very rapid increase of nervousness is *modern civilization*,’ he explained, ‘which is distinguished from the ancient by these five characteristics: steam-power, the periodical press, the telegraph, the sciences, and the mental activity of women.’¹⁵ Nervousness and nervous exhaustion, Beard argued, ‘manifests itself by some one or many of a very large

number of symptoms of functional debility and irritability', which he enumerated at length. Prominent among these symptoms – in fact, the first one that he names in the most substantial list included in the book's opening chapter – is insomnia.¹⁶

An article in the *Lancet*, published some twelve years later, confirms Beard's almost axiomatic association of insomnia with neurasthenia, of neurasthenia with insomnia. 'From that group of symptoms known as "neurasthenia" sleeplessness is seldom absent,' it begins, before going on to take the biography of a physician, whose 'first and greatest trouble was insomnia', as a case study: 'The first symptom on his list is sleeplessness. He cannot sleep.'¹⁷ In the final decades of the nineteenth century and the opening ones of the twentieth, in Britain and especially the United States, the insomniac and the neurasthenic were closely – even coevally – connected to one another. In their essay on 'The Etiology and Treatment of Neurasthenia,' for example, which appeared in the *Medical Record* in 1899, the New-York neurologist Joseph Collins and his clinical assistant Carlin Phillips identified insomnia as the condition's principal symptom, alongside depression, constipation, headaches, nocturnal emissions. Analysing 333 cases, they identified insomnia in 70% of them, a higher percentage than any other symptom (headaches, the second most frequent manifestation of neurasthenia, were a feature of 55.8% of them). Insomnia is divided into two classifications: 'First, great lassitude and profound mental torpor after eating followed by restlessness and sleeplessness after one or two hours' sleep; and, second, 'wakefulness and other phenomena of disturbed sleep without introductory somnolency.'¹⁸ Sleeplessness, to offer a final brief glimpse of its pairing with neurasthenia, is the governing trope in *Insomnia and Nerve Strain*, a book published in 1908 by Henry Swift Upson, superintendent of the Cleveland State Hospital in Ohio.¹⁹

1908 was the year in which, according to the OED, the term 'insomniac' was first used in print as a noun. It cites a lecture on 'Sleep and Sleeplessness' delivered the previous year at the Great Northern Central Hospital by Alexander Morison, Physician to the Children's Hospital at Paddington Green in London (not to be confused, incidentally, with the more famous Scottish physician and alienist of the same name, who had died in the mid-1860s). Morison's lecture, or the article that reproduces it, opens by admitting that 'it is probably because defective sleep is associated with so many states that text-books of medicine, notwithstanding its importance as a symptom of disturbance and cause of still further exhaustion, do not treat it fully under one heading.' This, though, is what he proceeds to do, 'discussing so far as [he] can the factors which underlie sleep and wakefulness, the discrimination of one type of sleep from another, the significance and prognosis of different varieties of sleeplessness, and the rational treatment of the condition.' In the course of this disquisition, Morison isolates what he calls 'the neurotic insomniac', who most clearly manifests certain decisive symptoms of sleeplessness, including higher body temperature, quicker 'visceral actions', and more frequent urinary secretion, than the efficient sleeper.²⁰ The neurotic insomniac is close cousin to the neurasthenic one, just as nervousness is closely related to nervelessness in Beard's discourse.

Interestingly, Morison goes on to diagnose insomnia as a middle-class condition: 'Sleeplessness is, in my experience, and I think I corroborate the general impression, more rare among the poor than among their wealthier neighbours.'²¹ Sleeplessness, we might add – at least to the extent that, as a symptom, it detaches itself from the enervated or innervated body and comes to define an individual's experience of everyday life – is a kind of privilege. The poor cannot afford insomnia, for however inadequately they sleep during the night it is pointless to complain because they are under compulsion to rise again at a decent hour the following day and resume their physical labours. The psychoanalyst Darian Leader has recently underlined that, in the twenty-first century, 'many sleep hygienists dispense advice for a privileged elite', one that can approach the problem of sleep like both a science and an

art;²² but this was surely the case one hundred or one hundred and fifty years ago too. Moreover, like members of the working class, perhaps women were in part excluded from the prerogative of calling themselves insomniacs in the late nineteenth and early twentieth centuries. For caring for an infant or a sick child were simply part of the job, and no one was going to congratulate them on the medical interest of their sleeplessness. Science was not interested in whether women who suffered from interrupted nights could be cured to the point where they snored in their heavy sleep, as Junor puts it in *Dead Man's Tales*. Indeed, deep sleep might even have vitiated their ability to look after an infant that was, for example, sick. On occasion, in the periodical literature of the late nineteenth century, female insomniacs make an appearance under that name, as in an article entitled 'How to Cure Sleeplessness' published in the *Woman's Signal* in 1897, in which a 'young lady', also described as 'the insomniac', announces, 'We live too much in an electric glare by night'; but this is comparatively unusual.²³

The noun 'insomniac' actually crops up some time before 1908 – as should already be apparent from Junor's short story a decade earlier. The earliest reference I have found dates from April 1888. It appears in a short comic sketch, entitled 'The Insomniac', that was printed in the pages of *Fun*, a British periodical set up in 1861 to rival *Punch*.²⁴ 'We tell the story of the Insomniac', it begins, capitalising the initial letter of the noun, 'in order that it may encourage those who believe insomnia to be incurable to hope'. The story, a fairly silly one, sub-Dickensian in tone, centres on an insomniac whom the narrator and his friend encounter one night at a hotel when, worn out by travel, they are hoping for a good night's sleep. This is rendered impossible once they have been disturbed, on first resting their heads on their pillows, by a heavy sound that comes from the room above. When they beat on this guest's door, he gravely informs them: 'I'm subject to insomnia; in fact, I have not slept ten minutes since the twelfth of the month before last.' This individual, who has 'that weird hollow look of one who suffers from habitual insomnia', explains that he has not only tried numerous cures for his condition but has 'gone to the expense of having the various sleep-inducing expedients which I try, to the number of seven hundred and thirty-six, printed in a little book for gratuitous distribution'. His favourite remedy, the narrator reports, involves the insomniac 'standing on one leg until the blood had all flowed into his right ankle, applying at the same time a mustard plaster to the back of the neck' [24, p. 176].

In the end, a week or so later, the narrator and his companion are involved in a train crash on a 'night express'. The cause of this accident is a signalman who has fallen asleep. And this signalman, it transpires, is the Insomniac. Only by doing a job that requires him to be awake at night – in contrast, presumably, to his previous, middle-class profession – can he be guaranteed that he will sleep at night; and, as a result, become 'plump and well' [24, p. 176]. Performing a mechanical job at night leads to sleep; performing a stressful job in the daytime, it is implied, leads instead to sleeplessness.

III

I want to focus what remains of this brief reconstruction of the emergence of the insomniac as such by returning to a New-York City dentist who suffers from insomnia – this time not from the early twenty-first century but the late nineteenth. Here is a case study of the neurotic or neurasthenic insomniac.

Joseph Albert Kimball, known as Albert, was born in Kimball Hills, New Haven, in 1842. From 1864 to 1865, during the Civil War, he served in the 10th Vermont Infantry, under Colonel Albert Burton Jewett, and fought for the Union forces as a private, until he was discharged, according to the *Medical and Surgical History of the War of the Rebellion*

(1870), ‘on account of lacerations of the scalp’.²⁵ Later in the 1860s, he trained as a dentist at the New York School of Dentistry, graduating in 1868. I have been unable to find any information about him during the following two decades, but from 1887 he seems to have started filing patents for various devices he had invented in order to improve the practice of dentistry, including a ‘dental mixing dish’ and a ‘dental tool holder’. Kimball was the ‘inventor of numerous little contrivances’, as the *Ohio Journal of Dental Science* summarised it.²⁶ According to his obituary in the *Dental Cosmos*, he ‘had an excellent practice in New York’, located at 50, West 26th Street, ‘for many years.’²⁷ In spite of this professional success, though, or perhaps in part because of it, Kimball evidently suffered from mental health problems, and these were manifest above all in chronic insomnia.

As the most advanced metropolitan city of the late nineteenth century, the place where modernity seemed at its most accelerated, and where neurasthenia was thought to be most concentrated, New York was seen as the epicentre of the problem of sleeplessness. An article in the *New York Times* from 1900 makes this point with a series of statistics. Entitled ‘The City of Sleep’, it starts as an anecdotal account of a curious incident in the night-time that had recently taken place in a quiet, sequestered village in Long Island called Wading River. According to this item, burglars one night dynamited the village’s post office, first wrecking the safe and then setting fire to the building itself, all without waking a single one of the residents. Wading River, it announces on the basis of this evidence, ‘is the one place in the world where insomnia is unknown and apparently impossible’. The point of the article is in effect to reinforce the classic opposition between the city (as somewhere constitutively sleepless) and the countryside (as somewhere inherently soporific). In other words, this piece is secretly about the City of Sleeplessness.

The statistics it goes on to cite are intended to portray New York as the capital city of a contemporary crisis in sleeping:

According to the most trustworthy statistics obtainable there are in New York 684,352 insomniacs, by which is meant people who sleep very little and are possessed of the delusion that they do not sleep at all. In addition to this there are 1,287,364 light and restless sleepers, who wake at the least sound and to whom the customary street noises occurring prior to 6:30 in the morning are extremely disturbing. There are also 556,200 night hawks who sleep well enough if they wait until nearly daylight before trying, but for whom early retirement means a recourse to the mathematical recreations by which sleep is more often wooed than won. How many there are of those who by reason of business worries, indigestion, or other temporary causes have periods of unsatisfactory sleep, no one knows.²⁸

The article, in other words, posits a population of roughly 2.5 million poor sleepers, at a time when the total population of New York was approximately 3.5 million.

In New York in the early 1890s, Kimball set up and edited a specialist journal, *The Dentist Himself*, which was clearly designed to be chatty and companionable rather than technical. The first – and only – issue positions this periodical as a place in which over-worked dentists practicing in cities can find consolation in sympathetic articles that detail the travails of the profession. The opening article, for example, by one James S. Latimer, politely complains of the high rents paid by dentists, the lack of time for scientific research, and the claustrophobic conditions of the practice: ‘the confinement to the office and [the] incessant and unhealthful toil makes nine-tenths of our city practitioners dyspeptics.’ Most dentists struggle simply to survive financially, Latimer adds, and many ‘finally die houseless, with little more than enough to bury them decently’.²⁹ His recommendation, based on personal experience, is that urban dentists migrate to the countryside, if they possibly can, so as to practice in more congenial, less pressured conditions. Somewhere like Wading River, perhaps, the so-called City of Sleep...

Dentists in the United States in the late nineteenth century appear to have seen themselves as a profession peculiarly susceptible to the stress that Beard and others classified in terms of neurasthenic or neurotic conditions. (Arguably, they are still peculiarly susceptible to stress today, though the diagnostic language is of course slightly different – as a profession, they continue to have disproportionately high suicide rates, in part because of what one textbook calls ‘psychiatric morbidity’.)³⁰ The issue of the *American Journal of Dental Science* that records the proceedings of the Fifteenth Annual Session of the American Dental Association, which took place in Niagara Falls in 1875, enables us to eavesdrop on the conversations they were having with themselves about the psychological strain that they regarded as an almost inevitable consequence of their occupation. At the evening session on 3rd August, John Allen, a distinguished specialist in dental prosthetics who had worked in New York since 1853, gave a paper on ‘the subject of physiology as applied to the occupation and health of the dentist’. ‘No profession more severely taxes the mind, brain, and nervous system than our own,’ he announced, ‘and one hour of the required tension often tells upon the dentists more than would a day of ordinary toil. The temperament of patients often exhausts his [sic] vital forces rapidly.’ Implicitly, it is the physical and mental demands of the profession and, perhaps decisively, the social and emotional challenge of interacting with recalcitrant patients, that leads to what Allen, in language that anticipates what might be described as the entropological vocabulary of Beard and others in the 1880s, calls ‘premature exhaustion of the vital forces’.³¹

Subsequent papers and interventions in this annual session of the American Dental Association specify that sleeplessness is a particular symptomatic problem for dentists. Responding to a Dr. McQuillen’s talk on ‘Sleep, Dreams, and Anaesthesia,’ for example, a Dr. Atkinson is reported as saying that ‘he has known no sleep for weeks as generally understood, and has slept in the saddle.’ ‘What induces insomnia?’ a Dr. Magill asks in his contribution to the debate, ‘Is it mental excitement, or the tension under which we labor?’³² Both, seems to be the consensus. The waggish Professor Flagg, who begins by announcing that sleep ‘is an extended subject, and the speaker has done a great deal of it in his time, and expects to do more, and feels competent to discuss it’, recommends healthy sleeping habits as an essential prerequisite for professional efficiency and personal sanity. ‘Don’t get up early and work till night over the chair, and then go into the laboratory till midnight, and then go to reading up,’ he advises. For in so doing ‘we become exhausted mentally, physically, and, we may almost say, *morally*.’ That is, dentists are becoming increasingly demoralised by long hours and sleepless nights. Flagg cautions, in addition, against excessive use of anaesthetics, since it is dangerous to the patient and damaging to the dentist who administers it: ‘The effect on himself was fearful – insomnia, nervous irritability, etc. – until he abandoned it.’³³

The following morning, further discussion of Allen’s paper, ‘Physiology as Related to the Health of the Dentist,’ takes place. A Professor Taft considers the conditions that, in dental practice, induce a state of exhaustion that causes insomnia and an attendant physical and psychological collapse; and prescribes ‘fresh air, rest, freedom from stress’ to his beleaguered colleagues. According to him, ‘the confinement to which the dentist is subjected is bad, the position he occupies in operating is bad, the inhalations are injurious’ (these ‘inhalations’ might refer either to anaesthetic gas or the patients’ bad breath, both of which are alluded to in the pages of the *American Journal of Dental Science*). Because of the extreme concentration demanded over sustained periods, both muscular and ‘mental strain’ are corrosive. There are, furthermore, peculiar social factors that exert a debilitating effect on the industrious dentist, which he politely summarises in terms of ‘incompatible patients’, also known simply as ‘the incompatibles’.³⁴ McQuillen, it is reported, gloomily responds that ‘he had known from personal experience what insomnia or wakefulness meant.’³⁵

J. Albert Kimball's journalism suggests that, fifteen years later, he would have identified with these complaints. He himself contributed at least two articles to the inaugural, and final, issue of *The Dentist Himself*. The first, 'Wanted – An Office Boy,' confirms some of Latimer's claims, in that it details the physical and psychological strains felt by the dentist: 'The indoor life, the impure air he is forced to inhale, standing over the patients, and the continual nervous strain upon him while operating upon nervous or fidgety patients, soon show their effects upon him.'³⁶ Stress, here, seems to be transmitted back and forth between patients and dentist. The second, far more substantial article by Kimball is entitled 'Over-Work'. It repeats some of the points made on the previous page, though more graphically and with even greater resentment, and hints in mordant tones that colleagues of his are addicted to opium, chloral and cocaine as a means of dealing with their stress.

It also offers a case study of its own, one that is probably at least in part autobiographical even though he refers to him as his 'exalted friend and former teacher'. This anonymous individual, 'thin and haggard,' constantly harassed, is tortured by 'toilsome days and almost sleepless nights'.³⁷ After this description, Kimball offers his own confession:

Not blessed with a robust constitution, I have repeatedly broken down from over-work. I have been a dyspeptic, a hypochondriac, an insomniac. That last word might not be in the dictionary, but it ought to be. I feel its forceful application to my case. For weeks, and in the aggregate for months, what little sleep I obtained was that which came like a sort of swoon, from utter exhaustion, or was secured through recourse to drugs. I have felt a thousand times that I would gladly exchange city life for that of the lonely backwoodsman, or the small farmer at the end of a country road, to purchase that blessed repose which nature vouchsafes to the weary, healthy body and the calm, unheated brain; the slumber of the tired child who drops into the delicious bath of oblivion as his head sinks into the soft embrace of the pillow.³⁸

Kimball may finally have had recourse to cliché, and to an idealised fantasy about the possibility of a good night's sleep, but his desperation is palpable. And moving. He seems to derive a moment of comfort, or control, from coining a term that he feels fits his condition: I am... 'an insomniac'. Certainly, this isn't a cliché. As a noun, it was not in the dictionaries at this time.

Like the unnamed mentor he has taken as his case study in this article, Kimball here communicates what, a couple of paragraphs earlier, he had called 'the terrible sensation of being conscious that he was breaking down and yet unable to prevent it'. Tragically, he himself must have been in a state of severe psychological collapse by this point. Early in the morning of 16th August that same year, 1892, aged 49, Kimball killed himself by first administering chloroform and then cutting his own throat with a razor. He left behind a wife and two children. Along with a number of other newspapers, the *New York Times* reported the suicide in a good deal of rather lurid, if also affecting, detail. Under the heading 'Dr. J. Albert Kimball's Suicide: He Was Despondent through Fear of Becoming Insane,' the author of this obituary recorded that 'the fact of the suicide was first discovered by Henry Holt, the dentist's colored office boy, who came to the house at 8 o'clock in the morning'. Holt came upon Kimball's body – 'the head resting in a pool of blood;' 'an opened and blood-stained razor clutched in the right hand' – in a small space at the back of the office that served 'as a dentist's toilet room':

Young Holt's scream of horror awoke the occupants of the house, and Drs. Sherman and Blakeslee, assistants of Dr. Kimball, were sent for, but it was evident that the suicide had been dead for nearly two hours, and all that could be done was to notify the police at the Thirtieth Street Station. An officer took charge of the body, while the Coroner was sent for.

The dead man had evidently acted with great coolness and deliberation. On the sink, above which is fixed a small mirror, was an uncorked and half-empty bottle of chloroform, the odor of which still clung about the dead man's mouth. He had evidently, as a preliminary to cutting his throat,

swallowed a dose, in hopes that it would deaden the pain. The blood in the washbasin and the blood stains on the mirror clearly proved that the desperate man, in order to make sure of death, had stood before the mirror, and, having determined the exact spot where to cut, had severed the left jugular vein. He had then leaned over the water basin, letting his blood drain into until he got too weak to stand. Then he fell back on the floor.

On his desk in the front room was found a last message scrawled on a letterhead of a monthly journal, the *Dentist Himself*, of which Dr. Kimball was the editor. It ran as follows:

Forgive me my darling wife and friends. I must choose between death and a lunatic asylum. I prefer death. Pray forgive me. I do this as much for your sake as for mine. With oceans of love, farewell.

ALBERT

God be pitiful to our children.

The article concluded that Kimball, ‘who enjoyed a lucrative practice in this city,’ and who ‘was in appearance tall and stout, with gray side whiskers and mustache’, was free from all monetary or domestic troubles, but that, according to those intimate with him, he had ‘for many years past been a constant and great sufferer from nervous prostration and melancholia, and often expressed the fear that he would end his days in a lunatic asylum’.³⁹ There is something profoundly poignant about the clinical care and solicitude with which, at least according to this detailed reconstruction, Kimball conducted his suicide so as to minimise the mess (though the obituary implied that, with rather less care and solicitude, he had waited for his wife and two children to return from their summer holiday before killing himself). Judging from the report’s claim that ‘the suicide had been dead for nearly two hours’ when he was discovered at 8am, he must have taken this fatal action, in an apartment in which his recently returned wife and children slept, at approximately 6am, after what one imagines was a final, fatal night of sleeplessness.

Insomnia, clearly, was not the prime cause of Kimball’s suicide. But it was probably a proximate cause on the night of 15th August. And it evidently exacerbated his existing psychological and perhaps physical problems, which were themselves no doubt not unrelated to those lacerations of the scalp acquired during the Civil War almost three decades earlier. And he himself, as his article for the journal he edited indicates, identified himself decisively as an ‘insomniac’. His inability to sleep, we can speculate, was both one symptom, perhaps the dominant one, and one possible cause, of the climactic episode that led to his suicide. In this, Kimball was not an entirely isolated case. The 1890s, as I have already indicated, witnessed something of an epidemic of sleeplessness. ‘The subject of insomnia is of more general interest now than ever before for the reason that the sufferers from insomnia were never so numerous as now,’ wrote a journalist for the *Washington Post* in 1891, ‘and owing to the peculiar conditions of modern society and business life the number is rapidly increasing.’⁴⁰ At the *fin de siècle*, in fact, chronic insomnia was frequently regarded as in itself fatal, and the identities of the insomniac and the suicide were thus entangled.

Certainly, newspapers in the United States ascribed the cause of a number of suicides in the final decade of the nineteenth century to insomnia. In June 1896, for example, the *New York Times* reported that J.H. Terrell, chief engineer of the steamship Yorktown, owned by the Old Dominion Steamship Company, killed himself ‘by cutting his throat with a razor’: ‘He was a victim of insomnia, and when seen by officials of the line several days ago he said that his nerves had been completely unstrung by loss of sleep.’⁴¹ And in June 1898, under the heading ‘Found Sleep of Death: Richard T. Fussell Driven to Suicide by Insomnia,’ the *Washington Post* carried the story of a ‘well-known and highly esteemed business man’, the proprietor of a company that manufactured ice-cream in the capital, who had gassed himself in a hotel room. ‘It was learned that he has been a great sufferer from insomnia,’ the reporter noted, ‘and this had undermined his health and broken down his nervous system.’ He added, ‘he had been frequently known to sit up all night, reading or killing time in other ways, in a vain endeavour to induce slumber.’⁴² Later in June 1898, the *New York Herald* ran a story,

reproduced by other newspapers such as the *Kansas City Journal*, claiming that ‘some learned scientists believe that enlightened man is fast forgetting how to sleep – that insomnia is a necessary perquisite of higher intelligence’. ‘Scarcely a week passes,’ it continued, ‘during which we do not read of a death – self-inflicted or otherwise – caused by this horrible curse, which preys especially upon intellectual men.’⁴³

Kimball, in identifying himself as an ‘insomniac’, and in finally assuming the identity of a suicide, thus became a new kind of martyr to the condition of chronic sleeplessness. His case history, that of a middle-class professional suffering from mental-health problems in a stressful urban environment, like Ferris’s sleepless dentist in *To Rise Again at a Decent Hour*, helps to historicize current anxieties about insomnia, which are far from unprecedented in the record of metropolitan modernity.

¹ Ferris, Joshua, *To Rise Again at a Decent Hour* (Harmondsworth: Penguin, 2014), 42. My thanks for their extremely constructive criticisms to the three anonymous referees commissioned to read this article by the editors of *Interface*; and, for the same, to Catherine Charlwood and Sally Shuttleworth.

² Walker, Matthew, *Why We Sleep* (Harmondsworth: Penguin, 2017), 243.

³ Crary, Jonathan, *24/7: Late Capitalism and the Ends of Sleep* (London: Verso, 2013), 13.

⁴ Eluned Summers-Bremner, *Insomnia: A Cultural History* (London: Reaktion, 2008), 11.

⁵ Kroker, Kenton, *The Sleep of Others and the Transformation of Sleep Research* (Toronto: University of Toronto Press, 2007), 349.

⁶ Ekirch, A. Roger, ‘The Modernization of Western Sleep: or, Does Insomnia Have a History,’ *Past and Present* 226: 1 (2015). See also Handley, Sasha, *Sleep in Early Modern England* (New Haven: Yale University Press, 2016).

⁷ Reiss, Benjamin, *Wild Nights: How Taming Sleep Created Our Restless World* (New York: Basic Books, 2017); Scriver, Lee, *Becoming Insomniac: How Sleeplessness Alarmed Modernity* (Basingstoke: Palgrave Macmillan, 2014).

⁸ Foucault, Michel, *A History of Sexuality, Volume I: An Introduction*, trans. Robert Hurley (Harmondsworth: Penguin, 1984), pp. 43, 17.

⁹ Scriver, *Becoming Insomniac*, 29.

¹⁰ Junor, Charles, ‘The Silent Sepulchre,’ in *Dead Man’s Tales* (Melbourne: George Robertson, 1898), 97.

¹¹ Foucault, Michel, *A History of Sexuality, Volume I*, 29.

¹² Ekirch, ‘The Modernization of Western Sleep,’ 187.

¹³ Anonymous, *British Medical Journal* (1894),

¹⁴ Reiss, *Wild Nights*, 179. For useful introductions to neurasthenia, see Lutz, Tom, *American Nervousness, 1903: An Anecdotal History* (Cornell: Cornell University Press, 1991); and Gijswijt-Hofstra, Marijke, and Roy Porter, eds, *Cultures of Neurasthenia: From Beard to the First World War* (Amsterdam: Rodopi, 2001).

¹⁵ Beard, George M., *American Nervousness: Its Causes and Consequences* (New York: Putnam’s, 1881), vi.

¹⁶ Beard, *American Nervousness*, 6-7.

¹⁷ Hedley, W.S., ‘The Insomnia of Neurasthenia,’ *The Lancet* 141: 3641 (10 June 1893), 1381.

¹⁸ Collins, Joseph and Carlin Phillips, ‘The Etiology and Treatment of Neurasthenia: An Analysis of Three Hundred and Thirty-Three Cases,’ *Medical Record* 55: 12 (25 March 1899), 414-15.

¹⁹ Upson, Henry Swift, *Insomnia and Nerve Strain* (New York: Putnam’s, 1908).

²⁰ Morison, Alexander, ‘A Lecture on Sleep and Sleeplessness,’ *The Lancet* 171: 4406 (8 Feb 1908), 407.

²¹ Morison, ‘A Lecture on Sleep and Sleeplessness,’ 408.

²² Leader, Darian, *Why Can’t We Sleep?* (Harmondsworth: Penguin, 2019), 19.

²³ Anonymous, ‘How to Cure Sleeplessness,’ *The Woman’s Signal* 195 (23 September 1897), 4.

²⁴ Anonymous, ‘The Insomniac,’ *Fun* (25 April 1888), 176.

²⁵ Irwin, Alphonso, ‘Obituary: J. Albert Kimball,’ *The Dental Cosmos: A Monthly Record of Dental Science* 34: 10 (1892), 867.

²⁶ Anonymous, ‘Our Aftermath,’ *The Ohio Journal of Dental Science* 12: 9 (1892), 454.

²⁷ Irwin, ‘Obituary: J. Albert Kimball,’ *The Dental Cosmos*, 867.

²⁸ Anonymous, ‘The City of Sleep,’ *New York Times* 11 October 1900, p. 6.

²⁹ Latimer, James S., ‘Where Shall I Locate?’ *The Dentist Himself* 1: 1 (January 1892), 2.

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- ³⁰ Maris, Ronald W., Alan L. Berman and Morton M. Silverman, 'Why Dentists Have a High Suicide Rate,' in *Comparative Textbook of Suicidology* (New York: Guilford Press, 2000), 216.
- ³¹ Anonymous, 'The American Dental Association, Fifteenth Annual Session: Evening Session (3 August 1875),' *The American Journal of Dental Science* 9 (Baltimore: Snowden & Cowman, 1876), 262-3.
- ³² Anonymous, 'Anonymous, 'The American Dental Association, Fifteenth Annual Session: Evening Session,' 264, 266.
- ³³ Anonymous, 'The American Dental Association, Fifteenth Annual Session: Evening Session,' 266-7.
- ³⁴ Anonymous, 'The American Dental Association, Fifteenth Annual Session: Morning Session (4 August 1875),' *The American Journal of Dental Science* 9 (Baltimore: Snowden & Cowman, 1876), 311-13.
- ³⁵ Anonymous, 'The American Dental Association, Fifteenth Annual Session: Morning Session,' 314.
- ³⁶ [Kimball, J. Albert,] 'Wanted – An Office Boy,' *The Dentist Himself* 1: 1 (January 1892), 7.
- ³⁷ [Kimball, J. Albert,] 'Over-Work,' *The Dentist Himself* 1: 1 (January 1892), 8.
- ³⁸ [Kimball, J. Albert,] 'Over-Work,' 9.
- ³⁹ Anonymous, 'Dr. J. Albert Kimball's Suicide: He Was Despondent through Fear of Becoming Insane,' *New York Times*, 17 August 1892, 9.
- ⁴⁰ Anonymous, 'Insomnia and its Therapeutics,' *Washington Post*, 19 August 1891, 4.
- ⁴¹ Anonymous, 'Terrell Suffered from Insomnia,' *New York Times*, 14 June 1896, 11.
- ⁴² Anonymous, 'Found Sleep of Death,' *Washington Post*, 5 June 1898, 6.
- ⁴³ Anonymous, 'How to Produce Sleep,' *Kansas City Journal*, 24 June 1898, 9.