Received: 16 August 2023 | Accepted: 17 August 2023

DOI: 10.1111/jsr.14034

RESEARCH ARTICLE

Individualising the social? The history of insomnia around 1900

Hannah Ahlheim

Justus Liebig University Giessen, Professor for Contemporary History, Historical Institute, Giessen, Germany

Correspondence
Hannah Ahlheim, Justus Liebig University Giessen, Professor for Contemporary History, Historical Institute, Otto-Behaghel-Str. 10 C, 35392 Giessen, Germany.
Email: hannah.ahlheim@geschichte.uni-giessen.de

Summary

Using the example of the fin-de-siècle German Reich, this article outlines how insomnia emerged as a "disease of civilisation" in an industrialising society, defined by time-specific notions, reflecting and strengthening the social norms of the time. Furthermore, it analyses the process of individualisation and flexibilisation that transferred the social struggles and economic demands of modernity onto the subject's body or soul. The history of insomnia around 1900 thus reveals a pattern of thought that shaped the understanding of the insomniac throughout the 20th century.

KEYWORDS
fin-de-siècle, Germany, history, insomnia, modernity, sleep research

> "Healthy sleep is the barometer on which it is written that everything is in order in every cell state; insomnia is the warning sign on which it is written that something is not in order", warned the German physician August Kühner in 1896 in a booklet titled *Sleep, Sleeplessness and Sleeping-Aids*. Insomnia, according to Kühner's message, could indicate a severe illness. "Only one more step, one more mistake, one more neglect, one more omission, and the cellular state is in a state of disease somewhere in the complicated apparatus."[1] (p. 17)

In Kühner's time, those living under the German Reich seemed increasingly to face problems when it came to sleep. Disturbances of sleep had become "known to be a very widespread evil, perhaps more widespread in our nervous age than in earlier times", diagnosed Rudolf Stinzing (1898, p. 27), Professor of Medicine. "Who never sat the sorrowful nights on his bed crying, does not know [...] the horrible hours which a sleepless night is able to create", the physician Josef Dickmann stated. "Unfortunately," he added, "there are many who are acquainted with this in our nervous age" (1902, p. 8). Together with the idea that insomnia probably came hand in hand with underlying disease, this diagnosis posed a serious threat to the insomniac as well as to society as a whole.

Like Dickmann, Stinzing, and Kühner, a growing number of physicians, psychiatrists, and neurologists in the fin-de-siècle Western-industrialised world began to publish articles and booklets about sleep, insomnia, and the diverse means for treating sleeplessness. This group of "newly self-appointed" (Aebischer & Rieder, 2020, p. 343) experts, who tried to establish their respective fields in emerging medical specialties, joined a larger discourse about the prevalence of insomnia in these decades. The figure of the "insomniac" wandered through novels and diaries, as theologians, philosophers, and educators as well as advisors in homoeopathy or naturopathy commented on sleep in newly founded magazines on health and lifestyle or via the fashionable medium of guidebooks. Accordingly, historians have identified the late 19th century as a turning point in the history of sleep and insomnia (Baughen, 2023; Ahlheim, 2018; Ekirch, 2015; Kinzler, 2011; Kroker, 2007; Summers-Bremner, 2008; Versteegh, forthcoming).

Using the example of the German Reich, I will outline in the first chapter of this article that, conceptually, insomnia has to be understood as a time bound concept and part of an anti-modern discourse, intertwined deeply with conflicts and developments that were taking place within German society at the end of the 19th century. In the course of industrialisation and urbanisation, social conditions, and

[1]All translations from German are mine (H. A.).

cultural habits diversified above all in the growing cities, rhythms of work and everyday life accelerated, and artificial light made new forms of nightlife and night work possible for more people (Aebischer & Rieder, 2020, p. 342; Ahlheim, 2018; Baughen, 2023, pp. 36–37; Ekirch, 2015). At the same time, experts turned sleep and its disturbances into an object of medical research, trying to develop a "more systematic understanding of sleeplessness" (Aebischer & Rieder, 2020, p. 341). These two developments contributed to the fact that experts as well as the public around 1900 saw insomnia growing and spreading as a "disease of civilisation" (Werner, 1890, p. 6).

In the second step, I want to sketch out how, at the same time, experts identified the individual's body, disposition, and behaviour as the sphere where insomnia could be more easily controlled and cured. Insomnia, in itself a socially created time bound phenomenon, was transformed once more, this time into an alleged disease that could be treated only by flexibly addressing the insomniac as a subject (cf. Versteegh, forthcoming), struggling to come to terms with the deficiencies of modern technology, economy, and society and responsible for their own self-management.

NERVOUS BODIES IN ELECTRIFIED CITIES, OR: INSOMNIA AND SOCIETY

Most German-speaking experts of the late 19th and early 20th centuries agreed that sleep disturbances and sleeplessness had to be described as a newly emerged "disease of civilisation" (Werner, 1890, p. 6) that resulted from the "rapid cultural developments of our time" (Dickmann, 1902, p. 15) and "of the way of life, living conditions, certain types of occupation and habits" (Fürst, 1894, p. 113). Debates about sleep and its disorders can thus be read as part of the widespread critique of modernity with which bourgeois writers above all, but also physicians, pedagogues, theologians, and social reformers, reacted to the developments and consequences of industrialisation and urbanisation. This perception of insomnia was closely linked to certain scientific concepts that mirrored ideological, mental, social, economic, and technical structures of the time.

In the centre of the anti-modern concepts of the late 19th century stood the metropolitan juggernaut, the big city, as the paradigmatic place of modernity (Zimmermann & Reulecke, 1999). Here, contemporaries encountered the "so immensely widespread disease" of insomnia "day after day, and wherever we look, in sick but also in apparently healthy people", as the physician Karl Werner (1890, p. 17) sketched the situation in Berlin. German criticism of modernity saw the city alienating the human being from its nature and creating an artificial environment, made of stone, hostile to life. In the big city, thousands of factory chimneys smoked day and night, new machines worked around the clock. Hundreds of thousands of people lived together in cramped quarters, jumbling social patterns and stratifications. The city was "electrified", crisscrossed by cables, spreading light and supporting ever faster means of transport. Together with novel means of communication such as telegraphs, telephones, photographs, and films, these networks changed the basic concepts of time and space (Killen, 2006; Schlör, 2016; Simmel, 1999).

Living in such a city was supposed to affect the mental and physical constitution of the human being. The "pulsating" and "electrified" city with its nervous pulse encroached upon the very material human body and its neural system, making it unstable and vulnerable. This interaction between the metropolitan surroundings and the human organism seemed to be even more plausible because current scientific concepts understood the human being itself as an electrified and wired nervous system (Rabinbach, 1992; Sarasin, 2001). Through these new ways of measuring and scrutinising the living organism, the body appeared as an energy-consuming machine, driven and directed by electrical impulses through nerve fibres, managed by a neural control centre, the brain.

This connected and sensitive human organism had to react to the multiple impulses of the surrounding city. As a result, according to contemporary diagnoses, a growing number of people living in the cities suffered from a disease observed and defined above all by US-American medical experts in the late 1860s: the disease of "neurasthenia", caused by tense, overstretched, overworked nerves (Radkau, 1998; Radkau, 1994; Schmiedebach, 2001). German experts as well as the public discourse embraced the US-American concept of neurasthenia in the last decade of the 19th century. They saw the speeding and transmitting system of the city as responsible for rampant irritability and exhaustion as well as for ailments such as headaches, fatigue, acratia – and insomnia (Aebischer & Rieder, 2020, p. 342; Kinzler, 2011, pp. 180–188).

Sleep advisors identified several reasons for this "neurasthenic insomnia". First, it seemed obvious that the shifting boundaries between night and day had an impact on the individual's sleep. The proceeding electrical illumination of cities made new forms of night life and consumption possible, with theatres, bars, nightclubs, pubs, and gambling halls quickly lining the streets and boulevards, which were now lit up as bright as day even at night. People partied and consumed, there was traffic on the streets at night, factories could be illuminated, and, as a result, the number of people working at night grew permanently (Schlör, 2016; Schivelbusch, 1995). In the lightened city, the dark and quiet time reserved for alleged "natural" sleep seemed to be dwindling steadily. For example, an article on children's sleep asked, "In our restless present, hasn't night actually already become day? … and when, then, does it become quiet in the streets of the larger cities today?" (Wartenberg, 1905, pp. 142–143). Those who, "for the sake of pleasure alone, especially in the big cities, stay up late at balls, etc., pay dearly for this dubious pleasure with their health" (Anonymous, 1906, p. 70), warned an article in the *Blättern für Volksgesundheitspflege*. Even at home, some people now had "the annoying habit of reading, writing or otherwise working late into the night, sometimes even until morning, but sleeping until noon or even longer. So, they turn night into day and day into night", complained Josef Dickmann (1902, p. 17).

Still, it was not only the fact that night became day that turned sleep into an "invaluable commodity". According to Dickmann, of all

the possible causes of insomnia, "the most widespread and most serious is definitely the unequal distribution between work and rest, between gainful employment and enjoyment, as is the case in the modern struggle for existence" (1902, p. 8, 14). In their sleep-advisory booklets, Karl Werner and Fritz Morgenroth complained about the "strenuous occupational activity of the individual" and the "intensity and restlessness of work" (Werner, 1890, p. 17), and pointed to the "restless struggle for existence, [...] the competition, the feverish haste to be ahead of the game" (Morgenroth, 1892, p. 6) that prevented people from sleeping. Thus, from the beginning, sleep advisors linked sleep disorders to new forms of competition and demands of everyday life that are considered crucial characteristics of the capitalist achievement-orientated society emerging in the 19th century.

In the eyes of sleep experts in Germany as well as in other countries of the Western world, however, only certain forms of occupation and work triggered insomnia, namely in white male individuals (for discussion of "gender, racial and class-based biases", see Baughen, 2023; for France Aebischer & Rieder, 2020, p. 343; Ekirch, 2015, p. 187). According to August Kühner, it was in the first place "scholars, high-ranking civil servants, not so much the heads of departments as their advisors, businessmen, as well as the higher classes in general, also chancellors and clerks" (1896, p. 12) who faced the threat of sleeplessness. Inasmuch as the members of "higher society" lived in a "more agitated atmosphere" and "more complicated circumstances", they could not calm down when they got to bed, explained Morgenroth in a booklet titled *Habitual Sleeplessness* (1892, p. 10).

> In the silence of the night, fearful imaginations grow tremendously, fomenting palpitation, flying heat, itching of the skin, so that the patients do not fall asleep again in the further course of the night or fall into a half-sleep only in the morning, from which they awake feeling absolutely not invigorated (1892, p. 8).

In addition, the "higher circles" could not get rid of their anger or anxiety simply by "scolding"; on the contrary, they had to constantly fight for "self-control" (ibid., p. 10). In contrast, according to the sleep advisors, the large number of physically working people had no problem at all with sleeping and did not suffer from any sleep disorders. Poets described the "healthy sleep of the poor on a poor bed" (ibid.) with good reason. Karl Werner was convinced that the "ordinary worker" needed a "decidedly shorter night's rest to restore the working power of his muscles than the scholar and people who are highly mentally exerted" (Werner, 1890, p. 11) required for their brains to recover.

This idea that the need for sleep and its quality depended on the individual's profession and social rank was closely linked to certain scientific concepts of how the nervous body slept, and it is striking how smoothly physiological concepts and a time-specific critique of modernity merged into one another. In almost all concepts discussed at that time, sleep took place first of all in the brain, the centre of the nervous system that controls the body. The British neurologist Arthur E. Durham, for example, often cited also by German researchers, explained sleep by reference to the fact that blood flooded out of the brain (Kroker, 2007, pp. 79–83). The German physiologist Eduard Michelson (1899, p. 98) used this vasomotor concept of outflowing blood to explain the speed with which light drowsiness at the onset of sleep could change suddenly into deep sleep, and several German experts also postulated that the bloodlessness of the brain cells caused real sleep be completely dreamless (e.g. Binz, 1878, p. 42).

The appeal of such a senseless world of sleep can be better understood against the backdrop of the modern city juggernaut. During sleep, the agitated mind, stressed by far too many stimulations during the day, could find senseless rest at least for a few hours, shut off from the bustle of the surrounding city by a physical barricade. Thereby, the physiological models of sleep, in themselves shaped by social experience and technological practices, contributed to the conception of insomnia as a modern "disease of civilisation". All in all, contemporaneous figures discussed insomnia merely as a result of "rapid cultural developments", as a phenomenon of modernity's mass society, of urbanisation and industrialisation. These abstract social, economic, and cultural processes, however, became inscribed in the individual body and soul, leaving very concrete traces within the nervous system and shaping a person's health and happiness. Thus, the concept of insomnia linked societal processes and structures in a very specific way to the concrete situation of the individual.

WHOSE FAULT? OR: INSOMNIA AND THE INDIVIDUAL

The complex interplay between the idea of a socially formed "disease of civilisation" and its localisation within the individual reveals whether we analyse the specific rules that were in place to cure – or to avoid – insomnia. One could argue that a person's deviation from "good" sleep became visible and determinable only against the backdrop of the relatively strict norms indicating how to sleep well propagated in 19th century Germany. For the first time, numerous booklets, articles, and pamphlets offered advice now about the right way to organise a healthy good night's sleep to a mostly but widening group of well-educated readers. If we consider these guiding texts more closely, however, we see that the rules for sleeping had become more flexible already at the fin-de-siècle, customised to the individual's habits, working conditions and disposition.

An instructive prominent example of this process of individualising the sleep regime is the simple question of how long a person actually had to sleep. The majority of sleep advisors during the 19th century advocated the still-familiar rule of an eight-hour night's sleep. Eight hours seemed to be the golden mean, and one should trust in the "sensible, time-honoured division of the day into eight hours of rest, eight hours of work and eight hours of recovery," stated Josef Dickmann (1902, p. 16). This widespread idea of an eight-hour night's sleep fit the organisation of the ideal day perfectly in an industrialised clock-orientated society. Since the early 19th century, social reformers and unions had used the parole of "eight hours labour, eight hours recreation, eight hours rest", above all in order to support their

fight for the reduction in working time (Reiss, 2017, p. 41; Huck, 1982, cover).

The demand for exactly 8 h of regular sleep was accompanied by clear announcements about when this well-measured bedtime should fit into the daily routine – after all, it was "not the same when one sleeps one's hours", confirmed doctor August Kühner (1896, p. 14). According to most German sleep experts, humans slept deepest and best "[b]efore and until midnight" (Uffelmann, 1890/1891, p. 270). In these hours, "the outside world is most adapted to the milieu in which the sleeper should find himself", explained an anonymous expert (Anonymous, 1906, p. 70). At this time "the deepest silence and the deepest darkness" (ibid.) prevailed in nature. Those who wanted to sleep well had to keep to the "hygienically salutary rule" (Poix, 1900, p. 509) of going to bed at the latest at 10 o'clock in the evening. To avoid exceeding the required but perfect 8 h of sleep, the day's work had to begin at 6 o'clock in the morning. At "no other time of day" would a person possess all the "qualities necessary for mental effort" in such a high degree, concluded Kühner (1896, p. 29). After a good night's sleep, from 10 p.m. until 6 p.m., the individual woke up "refreshed by sleep, gifted with fresh courage and new responsiveness and high-spirited due to the emergent life" (ibid.).

Historians debate whether and to what extent the norm of an 8-h consolidated night's sleep is a product of the 19th century. According to the pivotal work of US-American historian A. Roger Ekirch, in pre-industrial times a "segmented" bi-phasic sleep was prevalent in Western societies, which made being awake at midnight an innocuous habit. Only in the course of industrialisation and urbanisation did the routine of a consolidated night's sleep take hold. Thus, Ekirch even wonders if the insomnia of the 19th century might be just a "remnant of an older, once dominant pattern of human slumber" (Ekirch, 2015, p. 156). It is, however, hard to prove whether a solid 8 h of sleep indeed substituted for a hitherto common "segmented sleep" as a routine every night all over the Western world (Aebischer & Rieder, 2020, p. 343; Ekirch, 2015, p. 166; Reiss, 2017, p. 33–37). Work practices, family duties, housing or climate conditions made a consolidated 8 h of sleep almost impossible for larger segments of society. Such a gap between a strict rule and a deviant reality could strengthen the argument, though, that "insomnia" emerged precisely because of the establishment of a new moral regime (Ekirch could have strengthened his thesis by elaborating on the difficulties involved in reconstructing everyday practices with the help of descriptions that might (re)produce a norm rather than "reality").

Difficulties in applying the norm to the individual situation might be one reason why, from the late 19th century on, the strict 8-hour rule was complemented and replaced by more flexible concepts, at least by some German experts (Ahlheim, 2018, pp. 84–103). Another cause for the diversification of sleeping rules might be that the "newly self-appointed" experts began to measure sleep with the help of new technologies, following purportedly scientific concepts. While hygienic advisors still favoured the 8 h rule, methods of assessing the sleeping individual in a laboratory revealed other patterns. Early sleep researchers found that recorded "sleep curves" varied widely from person to person.

Eduard Michelson, for example, working at the famous physiological institute at Dorpat with Emil Kraepelin, defined several types of sleepers in the 1890s. He tried to record the rhythms of the various phases of deep sleep and light sleep by arousing his subjects with the help of sounds, assuming that the deeper the sleep the louder the sound needed to be to wake a person up. Perhaps his most important finding was that the sleep curves of the subjects varied from individual to individual. Moreover, according to his measurements, the deepest phase of sleep occurred about three-quarters of an hour after falling asleep and lasted for only a relatively short time; most of the following sleep then consisted of rapid alternation between deep and light sleep phases, and toward morning the deep sleep phases disappeared altogether.

Michelson assigned the various types of curves to the types of persons "which we encounter in immediate life" (Michelson, 1891, p. 37). There were people "who are most efficient in the morning", while in others the "disposition to mental performance is particularly good in the evening" (Michelson, 1891, p. 37). Contrary to most of his colleagues, Michelson doubted that the evening sleeper type "deserves preference over the morning type, the latter must therefore be regarded as the more natural, as the quite normal one". For Michelson, late sleepers were not simply "lazy" or deviant, but rather had a different "personal predisposition" (1899, p. 101). These Dopat laboratory results challenged the hygienic concepts of a consolidated sleep. Michelson himself drew the conclusion that humans by no means needed an 8 h night's sleep: Not the length, but the quality of sleep seemed important, and humans especially needed the short periods of deep sleep soon after falling asleep. For "practical life" it could be concluded "that it seems more advantageous for recovery to sleep for a short time several times a day than to achieve the same total duration of sleep continuously" (Michelson, 1899, p. 99).

Michelson is only one of several sleep experts who dissolved the rigid rules for good sleeping propagated mostly by hygienic guidebooks. The primary physician of the *Mährische Landes-Irrenanstalt*, Sigmund Kornfeld, for example, also scrapped the idea of fixed sleeping hours. "The duration of sleep is exceedingly variable, even in healthy individuals, according to age, constitution, way of life and habit, so that no fixed standard can be given for the length of sleep necessary to maintain health" (Kornfeld, 1900, p. 3). One could suppose that such a flexibilisation of the rules made it easier for those who suffered from deviant sleep. But Kornfeld not only condemned the prevailing norms for sleep. At the same time, he introduced a new and perhaps even more heavily burdening standard for good sleep: In general, Kornfeld declared, "it can only be said that for a given individual that length of sleep is sufficient at which they show no loss of working capacity" (ibid., p. 3). Kornfeld saw the rules for sleeping closely connected to the "hygiene of work", an idea that prevailed throughout many decades of the 20th century (ibid., p. 5). Independent from its length, sleep must maintain and improve the "basic condition of human enjoyment and human work" (Werner, 1890, p. 8): efficiency ("Leistungsfähigkeit"). This achievement-orientated flexible norm made it possible for sleep advisors to adapt the rules for sleeping both

to the more complex findings of sleep research and to everyday requirements.

To prove and popularise this concept, experts pointed to those individuals who seemed capable of controlling their sleep and of reducing it. Healthy people suffering occasionally from sleep disorders could compensate for the missing hours over a longer period of time, as Karl Werner reassured his readers. For his colleague Morgenroth, it was quite astonishing "to what degree insomnia can develop in intellectually important men and women, without their performance being significantly impaired" (1892, p. 16). Their "ability to work" was not "considerably impaired during the day" (Werner, 1890, p. 17), even if they spent at least parts of the night without any sleep.

For those who were not important or strong enough, a growing branch of the sleep industry offered an entire world of remedies, and the "dietetics of sleep" slowly turned into "dietetics of sleeplessness" (Kinzler, 2011, p. 209). First, a certain lifestyle should help to improve one's sleep. "Moderation in all things", as the physician Josef Dickmann summed it up, "is the basic condition of healthy sleep" (1902, p. 16). The insomniac had to give up spending the evening "in cafés, in exciting company, in restaurants, theatres, concerts, gambling clubs", and to avoid "smoking" and "getting excited by arguments and reading newspapers" (Werner, 1890, p. 36). Heavy food was forbidden, as was coffee, tea, and too much alcohol; permitted were "harmless conversation", "a light game that does not unnecessarily strain the mind and spirit", "light reading" (Werner, 1890, p. 36), further washing one's hair, a pedi- or manicure, watering flowers or winding up the watch (Aebischer & Rieder, 2020, p. 342; Luerssen, 1912, pp. 39–40). If, despite all moderation, "peace of mind" did not come as desired, the sleep-seeker could and should also resort to other measures, such as expensive reform beds with hard mattresses, cold full-body compresses, or a variety of traditional and newly invented drugs (Ahlheim, 2018, pp. 86–91; Kinzler, 2011, pp. 188–219).

Considering all these possibilities, those still suffering from insomnia could easily get the impression that they simply did not have enough self-control to handle their sleep – or sleeplessness. The modern subject was assigned to know, to access and to maintain its personal needs and to keep his/her organism in order. Along with their US-American colleagues, German experts also tended to judge sleeplessness in most individuals as a sign of degeneration and pathology rather than a signum of devotion to work or intellectuality (cf. Baughen, 2023, pp. 35, 38; Kinzler, 2011, p. 184). Thus, insomnia could indicate inefficiency and unsuccessful self-management as well as individual failure. Being sleepless turned into a daunting defect that called for individual solutions.

CONCLUSION

In studying the history of insomnia in fin-de-siècle Germany, we can comprehend how very basic conflicts that characterised 19th century society transformed into a pathological medical condition. We can thereby reveal how a newly formed group of experts contributed to the "awakening" (Aebischer & Rieder, 2020) of insomnia as a modern disease. In their diagnoses, they drew on time-specific descriptions and ideas, shaped by technological concepts and social norms. Furthermore, the growing number of guidebooks and health magazines designed to help people in their daily struggle against sleeplessness also shaped the illness itself. It seems plausible that the more the experts concentrated on the disturbances of sleep, describing them in detail, selling advice and remedies, the wider grew the awareness of personal deficiencies, and rigid rules for "good" sleep made deviations discernible.

Around 1900, however, these rules and descriptions began to undergo a process of individualisation and flexibilisation. According to at least some experts, being awake at night or sleeping fewer than the publicised 8 h did not automatically imply that a person suffered from insomnia. Only the impairment of the individual's working capacity indicated that they were troubled with sleeplessness. While, in general discourse, the term "insomnia" as "a symptom of modernity" became almost "dissociated" from "any association with the individual" (Baughen, 2023, p. 38) at the same time the "disease of civilisation" could be cured only by treating the individual body or the individual soul. Almost all sleep experts propagated the idea that the quality of sleep depended on the social circumstances as well as the disposition, habits and efforts of the individual. Thus, the "awakening" of insomnia contributed to the formation of a modern subject who had to exert constant awareness and be responsible for maintaining their own effective sleep.

Even if the perception and concept of insomnia changed decisively in the following decades, this pattern of thought shaped the understanding of the insomniac throughout the 20th century – "it's mainly your own fault if you lie awake nights", concluded the management consultant James Bender in the 1950s with regard to the manifold available aids for sleeping (Bender, 1953, p. C1, C30). Today, however, the insomniac is considered somehow deviant and in need of individual treatment. If we take this argument seriously, then treating the individual insomniac might entail the challenge of actually curing very basic afflictions of modern capitalist society.

AUTHOR CONTRIBUTIONS

Hannah Ahlheim: Conceptualization; investigation; writing – original draft; methodology; writing – review and editing; validation; formal analysis; project administration; data curation; resources.

ACKNOWLEDGEMENT

Open Access funding enabled and organized by Projekt DEAL.

CONFLICT OF INTEREST STATEMENT

The author declares no conflicts of interest.

DATA AVAILABILITY STATEMENT

My sources are published books available in libraries.

ORCID

Hannah Ahlheim https://orcid.org/0009-0007-5479-9398

REFERENCES

Aebischer, G., & Rieder, P. A. (2020). Awaking insomnia: Sleeplessness in the 19th century through medical literature. *Medical Humanities*, *46*(3), 341–343.

Ahlheim, H. (2018). *Der Traum vom Schlaf. Wissen, Optimierungsphantasien und Widerständigkeit*. Wallstein.

Anonymous. (1906). Gesundheitliche Kleinigkeiten. Der Schlaf vor Mitternacht. *Blätter für Volksgesundheitspflege*, *11*(3), 69–70.

Baughen, L. (2023). Civilized into sleeplessness: A transatlantic study of insomnia at the fin de Siècle. *American Nineteenth Century History*, *24*(6), 1–19.

Bender, J. (1953). It's mainly your fault. *Daily Boston Globe*, C1, C30.

Binz, C. (1878). *Über den Traum*. De Gruyter.

Dickmann, J. (1902). *Die Schlaflosigkeit, ihr Entstehen, Verhüten und Wesen gemeinverständl dargest. von Dr. Joseph Dickmann, Arzt*. Deutscher Verlag.

Ekirch, A. R. (2015). The modernization of Western sleep: Or, does insomnia have a history. *Past & Present*, *226*(1), 149–192.

Fürst, L. (1894). Schlaflosigkeit und Schlafmittel. *Nord und Süd: Monatsschrift für Internationale Zusammenarbeit*, *2*(71), 109–117.

Huck, G. (1982). *Sozialgeschichte der Freizeit*. Hammer.

Killen, A. (2006). *Berlin Electropolis. Shock, nerves, and German modernity*. University of California Press.

Kinzler, S. (2011). *Das Joch des Schlafs*. Der Schlafdiskurs im bürgerlichen Zeitalter. Böhlau.

Kornfeld, S. (1900). Ueber die Behandlung der Schlaflosigkeit *Centralblatt für die gesamte Thérapie XVIII*. 1–12/ 65–75/, 132–139.

Kroker, K. (2007). *The sleep of others and the transformation of sleep research*. University of Toronto Press.

Kühner, A. (1896). *Schlaf. Schlaflosigkeit und Schlafmittel*. Kühner.

Luerssen, A. (1912). Vor dem Schlafengehen. *Gesundheitslehrer, Offizielles Organ der Deutschen Gesellschaft Zur Bekämpfung Des Kurpfuschertums*, *15*(3), 39–40.

Michelson, E. (1891). *Untersuchungen über die Tiefe des Schlafes* [Doctoral dissertation, Bauhaus-University Weimar]. Schnakenburg.

Michelson, E. (1899). Untersuchungen über die Tiefe des Schlafes. In E. Kraepelin (Ed.), *Psychologische Arbeiten* (2nd. ed., pp. 98–101). Wilhelm Engelmann.

Morgenroth, J. F. (1892). *Ueber habituelle Schlaflosigkeit* [Doctoral dissertation, Friedrich-Wilhelms-University Berlin].

Poix, G. (1900). Die Hygiene des Schlafes. *Die Waage. Eine Wiener Wochenschrift*, *3*, 507–509.

Rabinbach, A. (1992). *The human motor. Energy, fatigue, and the origins of modernity*. University of California Press.

Radkau, J. (1994). Die wilhelminische Ära als Zeitalter der Nervosität, oder: Die Nerven als Netzwerk zwischen Tempo- und Körpergeschichte. *Geschichte und Gesellschaft*, *20*, 211–241.

Radkau, J. (1998). *Das Zeitalter der Nervosität. Deutschland zwischen Bismarck und Hitler*. Hanser.

Reiss, B. (2017). *Wild nights. How taming sleep created our restless world*. Basic Books.

Sarasin, P. (2001). *Reizbare Maschinen. Eine Geschichte des Körpers 1765–1914*. Suhrkamp.

Schivelbusch, W. (1995). *Disenchanted night: The industrialization of light in the nineteenth century*. University of California Press.

Schlör, J. (2016). *Nights in the big City: Paris, Berlin, London 1840–1930* (2nd ed.). Reaktion Books.

Schmiedebach, H. (2001). The Public's view of neurasthenia in Germany. Looking for a new rhythm of life. In M. Gijswijt-Hofstra & R. Porter (Eds.), *Cultures of neurasthenia. From beard to the first world war* (pp. 219–238). Brill.

Simmel, G. (1999). *Die Großstädte und das Geistesleben*. Springer.

Stinzing, R. (1898). Schlaf und Schlaflosigkeit. *Jahrbücher der Königlichen Akademie gemeinnütziger Wissenschaften zu Erfurt*, *24*, 11–32.

Summers-Bremner, E. (2008). Insomnia. A cultural history. Reaktion Books.

Uffelmann, J. (1890/1891). Schlaf und Schlaflosigkeit. *Vom Fels zum Meer*, 268–272.

Versteegh, A. (forthcoming). Insomnia (1850-1950). In M. Schrage-Früh & H. Ahlheim (Eds.), *A history of sleep and dreaming* (Vol. 5). Bloomsbury.

Wartenberg, C. (1905). Das Recht unserer Kleinen auf Schlaf. *Die Gegenwart*, *35*, 142–143.

Werner, C. (1890). *Schlaflosigkeit und Schlafmittel. Für Laien und Ärzte* (2nd ed.). Steinitz.

Zimmermann, C., & Reulecke, J. (1999). *Die Stadt als Moloch? Das Land als Kraftquell? Wahrnehmungen und Wirkungen der Großstädte um 1900*. Birkhäuser.

How to cite this article: Ahlheim, H. (2023). Individualising the social? The history of insomnia around 1900. *Journal of Sleep Research*, e14034. https://doi.org/10.1111/jsr.14034