Nervous Disease in Late Eighteenth-Century Britain

Heather R. Beatty

Number 6
NERVOUS DISEASE IN LATE EIGHTEENTH-CENTURY BRITAIN:
THE REALITY OF A FASHIONABLE DISORDER
STUDIES FOR THE SOCIETY FOR THE SOCIAL HISTORY OF MEDICINE

Series Editors: David Cantor
Keir Waddington

Titles in this Series
1 Meat, Medicine and Human Health in the Twentieth Century
David Cantor, Christian Bonah and Matthias Dörries (eds)

2 Locating Health: Historical and Anthropological Investigations of Place and Health
Erika Dyck and Christopher Fletcher (eds)

3 Medicine in the Remote and Rural North, 1800–2000
J. T. H. Connor and Stephan Curtis (eds)

4 A Modern History of the Stomach: Gastric Illness, Medicine and British Society, 1800–1950
Ian Miller

5 War and the Militarization of British Army Medicine, 1793–1830
Catherine Kelly

Forthcoming Titles
Desperate Housewives, Neuroses and the Domestic Environment, 1945–1970
Ali Haggett

www.pickeringchatto.com/sshm
NERVOUS DISEASE IN LATE EIGHTEENTH-CENTURY BRITAIN:
THE REALITY OF A FASHIONABLE DISORDER

BY

Heather R. Beatty
# CONTENTS

Acknowledgements vii

Introduction: Explaining a Fashionable Disorder 1

1 Defining Nervous Disease in Eighteenth-Century Britain 7

2 Quacks, Social Climbers, Social Critics and Gentlemen Physicians: The Nerve Doctors of Late Eighteenth-Century Britain 37

3 ‘Fester’d with Nonsense’: Nervous Patients in Late Eighteenth-Century Britain 63

4 The Pursuit of Health: The Treatment of Nervous Disease 99

5 A Disease of the Body and of the Times 141

Epilogue 175

Appendix 183

Notes 189

Works Cited 221

Index 237
It is with much gratitude that I wish to thank the people that helped to make this book possible. Many thanks to the librarians at the Bodleian Library, and to Iain Milne and Estela Dukan at the Royal College of Physicians in Edinburgh, whose warm welcome made my time in their beautiful archives even more magical. I am grateful to Margaret Pelling, whose helpful advice and consistent encouragement guided me through my DPhil years and the many years since. Likewise, I am indebted to Perry Gauci for his abiding cheerfulness and remarkable ability to help me find clarity amidst my piles of notes and flurries of ideas. Many thanks to Erica Charters for her academic advice and cherished friendship, and to Norman Ansley for building my love of history and a most treasured library. Thanks most of all to my family, and especially to my parents, for their unfailing support and loving words throughout the years.
INTRODUCTION: EXPLAINING A FASHIONABLE DISORDER

In his Lectures on the Duties and Qualifications of a Physician (1770) Doctor John Gregory sympathized with students who were forced to study medical history, claiming, ‘It is indeed an unpleasant task, and, at first view, seems a useless one, to enquire into the numerous theories that have influenced the practice of physic in different ages.’ Nevertheless, he maintained, the subject did have some redeeming value; certain forgotten historical remedies could have real therapeutic importance, and the study of ‘fanciful hypotheses’ adopted by physicians of earlier ages could encourage modern practitioners to be more discerning in their own adherence to new medical theories.1 To historians, the study of medical history has yet a greater significance. As Gregory noted in his earlier publication, A Comparative View of the State and Faculties of Man with Those of the Animal World (1765), doctors create medical theories by drawing upon all avenues of knowledge. Consequently, Gregory explained, ‘the history of Medicine does not so much exhibit the history of a progressive art, as a history of opinions’.2 As many historians have argued, when viewed in a cultural context, medical theory can tell us much about the ideas, beliefs and prejudices of the society in which it was born. Nervous disease – including the conditions of hysteria, hypochondria and melancholy – has proven a virtual goldmine for historians who have successfully proven its relationship to larger themes including fashion, literature, gender and class.3

Despite this wealth of literature, surprisingly little is known about the actual experience of treating or suffering from this socially significant malady. Was nervous disease a serious pathological entity? Who treated nervous disease, and what modes of treatment were employed? How prevalent were nervous patients in eighteenth-century Britain? What symptoms did patients exhibit, and how did they think about their illness? The answers to these questions reveal surprising discontinuities between popular perceptions about nervous disease and its lived reality. By exposing these differences and investigating the reasons behind them, this study further develops our understanding of the relationship between
medicine and culture, and allows nervous patients and their physicians to offer very personal accounts of a supposedly national malady.

Nervous disease first achieved widespread attention as a nationally significant disorder early in the eighteenth century, with the work of the Bath physician, George Cheyne. Composed for a public audience, Cheyne’s enormously successful *English Malady* (1733) sketched a stereotypically defining image of nervous disease and its sufferers, which persisted for much of the century. First, Cheyne explained, nervous disease most commonly affected English citizens. The reasons behind this civic susceptibility were many:

The Moisture of our Air, the Variableness of our Weather, (from our Situation amidst the Ocean) the Rankness and Fertility of our Soil, the Richness and Heaviness of our Food, the Wealth and Abundance of the Inhabitants (from their universal Trade) the Inactivity and Sedentary Occupations of the better Sort (amongst whom this Evil mostly rages) and the Humour of living in great, populous and consequently unhealthy Towns, have brought forth a Class and Set of Distempers, with atrocious and frightful Symptoms, scarce known to our Ancestors, and never rising to such fatal Heights, nor afflicting such Numbers in any other known Nation. These nervous Disorders being computed to make almost one third of the Complaints of the People of Condition in England.4

Historians have effectively illustrated how Cheyne’s discussion of the nation’s proclivity to nervous disease was tinged with conspicuous pride. As perhaps the most prolific author on the subject, Roy Porter explained that ‘Cheyne’s drift’ was that all ‘disease symptoms should also be read as symptomatic of something else: an economic and social success story of which the English could justly be proud.’5 Luxury, laziness, gluttony and flashy city living were vices only the wealthy could afford. Hence, the consequences of these vices – delicate health and strained nerves – were equally indicative of a person’s wealth, implying their ability to afford the offendedly opulent lifestyle. The effect of these implications was, as Porter suggested, to ‘glamorise the condition of being nervously ill’6.

Further glamorizing the condition, Cheyne introduced a class-oriented nervous physiology:

Persons of slender and weak Nerves are generally of the first Class ... The Truth is, it [ie., affliction with nervous disorders] seldom, and I think never happens or can happen, to any but those of the liveliest and quickest natural Parts, whose Faculties are the brightest and most spiritual, and whose Genius is most keen and penetrating, and primarily where there is the most delicate Sensation and Pain.

Thus, it was only in a prosperous, well-educated, modernized and highly civilized consumer society that nervous disease could plague so many. Cheyne’s ‘English Malady’ was, as Porter has explained, a fashionable ‘disease of civilization’.7

Because nervous disease was adorned with such flattering implications, critics of the medical profession expressed concern that patronage-dependent
physicians would indiscriminately bestow the complimentary diagnosis upon anyone willing to pay. Even Thomas Beddoes, a well-respected physician and nerve doctor, admitted to the influence that lucrative patients could wield over their diagnosing physicians. Noting the way in which some doctors listened with ‘obsequious attention to the medical nonsense of fashionable ladies’, Beddoes lamented that the art of healing was often secondary to ‘the art of pleasing’. Historians have effectively explored nervous disease within this context of patronage and consumer society, revealing how medical theory and diagnoses often bent to accommodate cultural whim.

Indeed, as the following chapters will show, historians have examined nervous disease in an impressively wide range of frameworks. Beyond its roles as a supposed disease of the nation, symptom of consumer society, gauge of civilization, arbiter of fashion and indicator of the power of patronage and professional integrity, nervous disease has also been explored in terms of gender. As weak nervous systems were most often associated with delicate women, historians have demonstrated how medical theory both responded to, and prescribed, ‘proper’ female behaviour, and contributed to the late eighteenth century’s frenzied concern with effeminate men. Nervousness has also been fruitfully discussed in terms of Scottish Enlightenment philosophy, in which the work of David Hume and Adam Smith contributed to medical theories relating a person’s moral fibre to the state of their nerves. Sensitive people possessed delicate nerves. Hence, delicate health was a physical manifestation of admirable emotional depth and sensibility. Historians have studied nervous disease in the context of sensibility extensively, revealing how this term became the shared territory of physicians, philosophers, politicians and authors of fiction.

These histories, demonstrating the many ways that nervous disease was contextualized and understood, are crucial to this study’s investigation of the disease experience. Nervous patients and their practitioners were an indelible part of the culture that attributed such strong connotations to disordered nerves. Likewise, as this study will show, the way that patients coped with their ailments was heavily dependent upon these cultural narratives. For instance, some patients revelled in their nervous complaints, confident that they were indicative of mental superiority while others suffered in embarrassed silence, believing that their malady signified their degenerate masculinity. Yet just as these narratives are crucial to understanding the disease experience, so too are the ways in which patients physically suffered from, and treated, their disorders on a daily basis.

To date, learned and literary figures have served as history’s most reliable informants on the experience of nervous disease; the prolific pens of such high-profile sufferers as James Boswell, Samuel Johnson, David Hume, Adam Smith and Samuel Taylor Coleridge have left historians with useful personal accounts of their nervous maladies. Yet aside from these shining stars, little has been
said about the constellation of ‘ordinary’ citizens who suffered in such supposed quantity as to qualify nervous disease as ‘the’ English malady. Through an exploration of hospital registers, medical society records, medical school lectures and dissertations, letters composed by sufferers and private writings and case notes from medical practitioners, this study investigates the experiences of these patients and their doctors, complementing our understanding of the disorder’s cultural baggage with a greater understanding of those that carried it.

The bulk of patient examples employed in this study come from the surviving postal correspondence of the famed Edinburgh physician and nerve expert, William Cullen. Like many renowned physicians of his time, Cullen conducted a significant amount of his practice by mail. Housed at the Royal College of Physicians in Edinburgh, thousands of these consultation records survive, spanning from the early years of Cullen’s private practice in 1755 to his death in 1790. As a guiding light in eighteenth-century nerve theory and the founding father of the ‘neuroses’, Cullen’s correspondence includes a wealth of letters to and from nervous patients. The blunt descriptions of symptoms, treatments and patient concerns exhibited in these letters offer historians a thrillingly unguarded glimpse into the experience of treating and living with nervous disease in late eighteenth-century Britain.

The chronological focus of this study, spanning from the 1760s to the beginning of the nineteenth century, is significant and strategic. As will be discussed at length in the following chapters, nervous disease reached its height in popularity in the 1760s, following the publication of Robert Whytt’s treatise On Nervous, Hypochondriac, or Hysteric Diseases (1764). As a physician and professor of medicine at the University of Edinburgh, Whytt’s emphasis on the primacy of the nervous system influenced an entire generation of medical minds who inherited belief in its role as the physiological bridge between mind and body. This period also marked, as other historians have shown, the peak in the fashionable nature of nervous sensibility. By the turn of the nineteenth century, the flattering implications of disordered nerves were tempered with moral concern over the apparent ethical and political dangers posed by nervous debility. Thomas Trotter’s View of the Nervous Temperament (1807) is highly representative of this ideological juncture, and therefore marks the end of this study’s chronological focus. The shift in medical and cultural perceptions of nervous suffering witnessed from 1764 to 1807 makes it a particularly useful period for examining the relationship between the stereotyped and lived experiences of nervous disease. On a practical level, Cullen’s consultation records fit remarkably well with this timeframe, offering a stream of patient examples spanning the second half of the century.

The first chapter of this study necessarily covers a much longer time span than the rest. Through an exploration of the origins and evolution of medical, literary and philosophical discussions of the nerves, this chapter illustrates
the degree to which disordered nerves were laden with cultural meaning by the middle of the eighteenth century. It also demonstrates the enormity and arguable futility of the struggle by medical academics to achieve a clinical definition of nervous disease. Together with the widespread confusion over the structure and workings of the nervous system, the symptoms of nervous disease were, as the seventeenth-century physician Thomas Sydenham described, as ‘varied as the colours of a chameleon’.[18] As this chapter reveals, the socially charged yet scientifically vague definition of nervous disease made it a constant source of debate. While countless physicians and nervous patients insisted on the horrid reality of the disease, sceptics argued that it was merely a social construction, designed for deceptive ‘sufferers’ to feign fashionable sensibility. This chapter explains the reasons behind these suspicions while also exploring how the nerves and nervous disease came to dominate academic medical theory by the middle of the eighteenth century.[19]

Chapter 2 explores the medical practitioners who developed nerve theory and diagnosed nervous disease in the second half of the century. Popular portrayals of nerve doctors during the period commonly depicted them as ostentatious money-grubbing quacks. The tendency of historians to contextualize nervous diagnoses in terms of a competitive consumer society has inadvertently perpetuated this stereotype. Although some doctors did diagnose nervous disease in an effort to make money, compete with professional rivals and improve their own status, this chapter argues that they were not representative of the majority of treating practitioners. Instead of viewing the ‘nerve doctors’ as a coherent body of practitioners, this chapter examines and compares the academic credentials and quality of publications that they produced. In doing so, it reveals significant tensions and discrepancies between what it defines as the ‘first tier’ (academic physicians), the ‘second tier’ (social climbers and social reformers) and the ‘third tier’ (quacks) treating nervous disease. It focuses heavily on the first-tier leaders of the medical profession, who were the most respected, frequently consulted, and professionally influential body of practitioners. This chapter suggests that the relative absence of these ‘serious’ doctors from so many histories on the subject has contributed to the faulty image of nervous disease as a phenomenon more culturally contrived than clinically significant.

In a similar fashion, Chapter 3 highlights the shallow nature of stereotyped depictions of nervous sufferers. Indeed, patient correspondence, consultation letters and professional descriptions of nervous invalids by medical practitioners reveal a striking contrast between popular perceptions about, and the reality of, nervous patients. Despite the general reputation of eighteenth-century nervous disease as the exclusive preserve of the rich, this chapter underscores the presence of sufferers in the middle and lower classes. Whereas the period’s popular discourse frequently portrayed nervous patients as eager sufferers secretly rejoic-
ing in the modish implications of their maladies, this study further suggests that most patients seeking medical assistance were in genuine misery. Likewise, whereas nervous disease was commonly considered a pathological manifestation of fashionable sensibility and delicacy, patient consultation letters reveal that the symptoms of nervous disease were far from flattering. Unlike the vague swoons and nervous flutterings felt by fictional heroines in the mid-century’s novels of sensibility, real nervous sufferers littered their disease descriptions with remarkably indelicate complaints of gas, painful indigestion and emotional instability.

My discussion of treatment in Chapter 4 also provides surprising revelations about the nervous experience. It explains the medical theory behind seemingly indulgent prescriptions like travel and trips to the spa, investigates the most common diet and exercise regimes for nervous sufferers, and provides details of the medications most commonly prescribed in such cases. In addition to explaining the theory behind these remedies, this chapter illustrates what it was like for nervous patients to undergo treatment; it explores the tastes, smells and side effects of the most popular medicines, as well as the methods behind more aggressive remedies like blisters, issues and electric shock therapy. Through actual patient accounts, this chapter shows how patients from all classes endured surprisingly objectionable and aggressive treatments in hopes of curing their very real, and often very painful symptoms.

The final chapter of this study further addresses the disparities between the discourse and reality of nervous disease. It demonstrates how popular portrayals of nervous patients as selfish malingerers in the late eighteenth century reflected serious national anxiety over Britain’s ability to cope in a modern world. It explores how concern over a perceived increase in nervous sufferers diminished its fashionable exclusivity and heightened alarm over the perceived danger of depraved modern living. The late eighteenth century witnessed a significant moral backlash against sufferers who, by living loosely, had prompted their own nervous conditions and were consequently endangering the physical, moral and political health of the nation.

The fact that nervous complaints persisted throughout the century, even amidst mounting social condemnation of nervous weakness, proves that the experienced symptoms of nervous disease were far more lasting than their flattering social implications. Whereas the modern historiography frequently illustrates the ways in which the eighteenth-century medical world was influenced by culture, this study highlights the equal power of medicine to belie social prescription and to affect the period’s cultural climate. By grounding our understanding of the cultural contexts of nervous disease with a better understanding of its clinical importance and lived experience, this study reveals that nervous disease in eighteenth-century Britain was as diagnostically significant as it was socially charged.
By the eighteenth century the disorders ‘commonly called nervous’ already had a long history, stretching back to the Hippocratic writings in the fourth century BC.¹ For hundreds of years doctors and natural philosophers debated the significance of a mind–body connection, the origins of hypochondria and hysteria, and the precise physiology allowing for what was widely acknowledged to be a confusing and inconstant set of symptoms. By the time the eminent nerve doctor Robert Whytt wrote his *Observations on the Nature, Causes, and Cure of those Disorders which have been Commonly Called Nervous, Hypochondriac, or Hysteric* (1764) in an effort to provide an updated and comprehensive medical text on these matters, the definition of nervous disease was as loaded as its history was long. Cultural implications of suffering from disordered nerves proliferated alongside clinical explanations for nervous disease. Hypochondria, hysteria and general nervous weakness encompassed a befuddling mixture of physical and emotional causes and consequences including emotional superiority, relaxed nervous fibres, wealth, dangerously strong passions, delicate physiology, genius and extreme sympathy between the mind and the malfunctioning body. Opinions regarding the verity and severity of nervous disease were as mixed as these explanations, with sceptics regarding it as an invention of overly sentimental novel readers and obsequious physicians, and believers insisting that anyone who doubted the pain and distress of nervous sufferers was simply ‘ignorant and cruel’.² The confused history of this malady prior to the mid-eighteenth century illuminates the reasons behind these disparate opinions.³ This history also elucidates the struggle of physicians to define the complicated set of disorders denominated ‘nervous’, and highlights the simple elegance and lasting significance of Whytt’s 1764 definition of nervous disease as an ailment ‘owing to an uncommon delicacy or unnatural sensibility of the nerves’.⁴

Historians have long acknowledged the vague nature of the definition of nervous disease and its cultural implications.⁵ This chapter examines the reasons behind this ambiguity and explores the inevitable clash between cultural and pathological definitions of nervous disease in the eighteenth century.⁶ By
addressing these issues it clarifies the reasons behind scepticism about nervous ailments on the part of many medical practitioners and members of the public. This chapter begins with an overview of the medical faculty’s variety of opinions regarding the causes of nervous disease from the seventeenth to the early eighteenth century. It then explores the ways in which these professional debates prompted an increasingly medically informed public to devise their own opinions regarding nervous ailments. Ultimately it reveals how, fuelled by the popularity of Scottish philosophy and sentimental literature, public definitions replete with flattering social implications of nervous disease predominated over starkly pathological definitions from the 1730s to the middle of the century. As this chapter will show, it was only with Whytt’s publication in 1764 that the medical world asserted its presumed dominion over nervous disease, and that the nerves, in turn, came to dominate the medical world.

Debates over the Structure and Function of the Nerves

For Hippocrates, hypochondriasis was an actual physical disorder in the spleen, or, more generally, the hypochondriurn, an abdominal area located under the rib cage. Despite this physical cause, the symptoms of a disordered hypochondriurn identified by the ancient Greeks were largely psychological, including strong emotional turmoil and melancholia. Greek medicine acknowledged the presence of mind–body connection, with Hippocratic writings noting common sense examples of the phenomenon including the way in which fear could make a man turn pale, and anger could cause his face to redden. Galen called similar attention to how the pulse was easily ‘altered by quarrels and alarms which suddenly disturb the mind’. Consequently, it was not surprising to the ancients that in addition to the physical effects of a deranged hypochondriurn like painful digestion and flatulence, patients also experienced emotional symptoms such as fear and sorrow.

According to the Hippocratic texts, hysteria was closely related to hypochondria, although it was most common in unmarried or widowed women. With the exception of emotional or physical fits whereby women would convulse or laugh and cry uncontrollably, hysteria exhibited the same symptomology as the male-dominated diagnosis of hypochondria: difficulty breathing, an irregular pulse, vomiting, belching, headaches and anxiety. Hysteria was commonly attributed to a ‘wandering womb’, in which the offending uterus would float upward, place pressure on the liver, and encumber the patient’s breathing. The simplest cure for hysterical patients was marriage and quick pregnancy, as a baby in the womb would supposedly help to weigh it down. Practitioners such as the respected Bath physician Robert Peirce subscribed to this notion well into second half of the seventeenth century. Among Pierce’s published cases is one of a nineteen-
year-old female who was ‘more than ordinarily troubled with Vapours, and strange Fits (doubtless Hysterical)’. Although Pierce noted that his patient was cured by a course of the Bath waters, he prescribed marriage as the most reliable preventative of future fits. As he reflected in his published notes, ‘I hope my Lady, her Mother, (by giving her to a good Husband) prevented a Relapse’.

Medical theory changed little from ancient times to the seventeenth century. The celebrated seventeenth-century scholar Robert Burton’s *Anatomy of Melancholy* (1621) still relied heavily on Hippocratic humoural theories, identifying the four humours as the root cause of all distempers. Consequently, Burton very traditionally associated the melancholic and depressive state with an excess of black bile. Although he composed 1,392 pages on melancholy, Burton did little to clearly define the disorder, claiming instead that ‘whether it be a cause or an effect, a Disease, or Symptome … I will not contend about it’. Among the symptoms of melancholy he listed feelings of fear and sorrow, disordered imagination and a loss of reason. Like his ancient predecessors, Burton believed strongly in a reciprocal relationship between mind and body:

> For as the Body workes upon the minde, by his bad humours, troubling the Spirits, sending grosse fumes into the Braine; and so per consequens disturbing the Soule, and all the faculties of it with feare, sorrow, &c. which are ordinary symptoms of this Disease: so on the other side, the minde most effectually workes upon the Body, producing by his passions and perturbations, miraculous alterations; as Melancholy, despaire, cruell diseases, and sometimes death it selfe.

Like Hippocrates, Burton noted that emotional turmoil could result in hypochondria and hysteria. Further blurring the already vague distinction between melancholy, hysteria and hypochondria, Burton identified a particular type of melancholy as ‘hypochondriacal melancholy’. The symptoms of hypochondriacal melancholy were twofold: those that affected the body, and those that affected the mind. Physical symptoms included ‘wonde, rumbling in the guts, belly ake, heat in the bowels, convulsions, crudities, short winde, sowre & sharpe belchings, cold sweat, paine in the left side, suffocation, palpitation, heavinesse of the heart, singing in the eares, much spittle and moist, &c’. Psychological symptoms included a tendency to be ‘fearefull, sad, [and] suspitious’ while experiencing ‘discontent, anxiety &c’.

Burton also acknowledged a strong connection between hypochondriacal melancholy and mental genius, insisting that most poets and academics were sufferers; *The Anatomy* included a lengthy chapter specifically devoted to the ‘Misery of Schollers’. Burton was hardly the first to suggest a connection between melancholy and creative genius. Hundreds of years earlier Aristotle even pondered why ‘all men who have become outstanding in philosophy, statesmanship, poetry or the arts are melancholic’. While Burton believed strongly in
the ability of a superior mind to affect the body, he also believed that hypochondriacal melancholy could have an ‘inward’ physical cause. The physical source of hypochondriacal melancholy remained a mystery, although the spleen, a ‘cold stomach’ and an ‘over-hot liver’ were the primary culprits. Burton explained the difficulty of determining a physical cause, claiming that ‘in this hypochondriacal or flatuous melancholy, the symptoms are so ambiguous that the most well-trained physicians cannot identify the part involved’. Thus, Burton left his readers with a blurred distinction between melancholy, hysteria and hypochondria, as well as significant ambiguity regarding their physical causes.

In 1667 the renowned London physician and member of the Royal Society, Thomas Willis, lent some clarity to this vague picture with his publication on the *Pathology of the Brain*. As G. S. Rousseau has argued, Willis’s *Pathology* marked the beginning of a gradual shift from an understanding of the human body as a system of humours and hydraulics to the eighteenth-century’s notion of the body ruled by the nervous system. Willis argued that the human soul/mind was located in the brain, and that the nerves, running from the brain to the rest of the body were responsible for all of the body’s functions including sensation, movement and thought. Because melancholy, hysteria and hypochondria involved problems with both an overly passionate mind and a malfunctioning body, the nerves were the most likely source behind these troubles. ‘[T]hose distempers,’ Willis proclaimed, ‘are for the greatest part convulsions and contractions of the nervous parts’. He explained,

> Sometimes the Melancholy, being disturb’d in the spleen, conveys thence the passion to the Brain, whence disorderly and Hypochondriacal fancies happen: And on the contrary, when a violent Passion of the mind, occasionally rais’d within the brain troubles the Spirits residing in it, the impression given the fancy, is convey’d to the spleen by the course and successive affect of the spirits, lying within the nerves.

This ‘discovery’ made Willis a pivotal figure in the history of the nerves and nervous disease. As the presumed link between the brain and body, interest in the nerves skyrocketed after Willis, becoming the most significant topic in physiology until the nineteenth century. In addition to identifying hypochondria and hysteria as specifically ‘nervous’ disorders, Willis also expanded the group of symptoms traditionally associated with these ailments to include ‘wandering pains’, ‘flushing of blood’, ‘a danger of swooning’ and a tendency to imagine themselves ‘being affected with diseases of which they are free’.

While the nerves gained newfound importance in the seventeenth century with Willis’s theory, they were not a new discovery; nerves were present even in the writings of Hippocrates and Galen, although they were often mistaken for sinews, ligaments and tendons. The ancients believed that the nerves were responsible for movement and sensation. The precise structure of the nerves
was a matter of debate, with Aristotle arguing that the nerves emanated from the heart, and Galen rightly insisting centuries later that they stemmed from the brain. Galen further postulated that the nerves were hollow tubes, through which the body’s animating fluid, described as ‘pneuma psychikon’ or ‘animal spirits’, flowed, carrying sensory impressions to the brain. Fifteen centuries later, Willis agreed, contending that animal spirits were the method by which ‘unseen messages’ were sent from the brain to the rest of the body.

Like Willis, Thomas Sydenham, the ‘English Hippocrates’ of the late seventeenth century, also believed that nervous disease was the result of disordered animal spirits and convulsions or contractions of nervous parts. As Sydenham noted in his explanation of hysteria, ‘From this very disorder of the spirits is born that disturbance, and the continually variable abnormalities of both mind and body which prevail in hysterics and hypochondriacs alike.’ Sydenham further maintained that hypochondria and hysteria were the same disease; female sufferers were simply hysterics, and male sufferers were hypochondriacs. His posthumously published *Compleat Method of Curing Almost All Diseases* (1693) noted of ‘the disease called in women Hysterical; in men the Hypochondriacal Passion’ that ‘when the mind is disturb’d by some grievous accident, the animal spirits run into disorderly motions.’

Whereas Sydenham acknowledged that a physical disorder or disorder of the animal spirits was the cause of hypochondriac and hysteric symptoms, he maintained that strong emotions typically initiated these ailments. Thus, hypochondria and hysteria were both mental and physical disorders. Sydenham warned practitioners of the consequent difficulty entailed in diagnosing nervous ailments; because these diseases were often instigated by ‘disturbances of the mind’, he argued that their symptoms could not ‘be accounted for on the common principle of investigating diseases’. Instead, symptoms were varied and inconsistent, thereby frustrating physicians in search of a purely physical distemper.

Two years after Sydenham’s death, Sydenham’s friend and Thomas Willis’s prized pupil from Oxford, the medically educated philosopher John Locke, published his famous *Essay Concerning Human Understanding* (1690). In this essay, Locke discussed sensation at length, clearly adopting his tutor’s ideas about the nerves. Just as Willis held the nerves responsible for sensory impressions, and consequently for knowledge, so too did Locke insist that the nerves were ‘conduits’, conveying sensations to a receptive mind. Locke’s work further cemented medical ideas about the connection between mind and body, showing how even a person’s train of thought, association of ideas and state of mind could have ‘considerable influence on the body’. Eighteenth century philosophers like David Hume, who, as will be discussed, further shaped the evolution of nervous theory, were largely indebted to Locke’s ideas about the association of ideas and the nerves. Of course, Locke’s reasoning was not wholly owing to Willis’s teachings;