Mind–Body Enigma:
Hysteria and Hypochondriasis at the Edinburgh Infirmary

During the eighteenth century, hysteria and hypochondriasis were considered fashionable ‘neuroses’ caused by an affluent, civilised life-style. In a most unique way, both disorders entwined biological and mental, environmental, social and cultural aspects, creating representations of considerable medical complexity and uncertainty. This essay examines a paradoxical transfer of these traditional nosological labels to a new environment: the voluntary hospital. As observed at the Edinburgh Infirmary, physicians attempted to contextualise both diseases ‘from below’, branding famished women as hysterics while lethargic men became hypochondriacs. Their institutional progress and management expose the equivocal effects of hospitalisation and contingent nature of medical classifications.

Introduction

Of all diseases incident to mankind, those of the nervous system are the most complicated and difficult to cure. A volume would not be sufficient to point out their various symptoms. They imitate almost every disease and are seldom alike in two different persons, or even in the same person at different times.

William Buchan (1769)1

In the summer of 1781, John Hope (1725–86), physician-in-ordinary at the Edinburgh Infirmary for the past three years, accepted two young adults to the hospital’s medical wards. At the time, Hope also held the professorship of botany at the University. Thanks to the survival of his patient journal from August to October of that year, we can reconstruct some of the details of his hospital activities. On 23 August, Angus Robertson, aged 27, asked to be admitted complaining of ‘lowness of spirits’, flatulence and insipid eructation. In spite of his vigorous physical appearance, this man related a history of unusual heart palpitations and constant oppression of his chest. The symptoms had started three weeks earlier and were similar to a previous bout nearly four years earlier; Hope’s diagnosis: ‘hypochondriasis’. A day
later, 24 August, 18-year-old Ann Webster arrived with somewhat similar troubles. She complained of having had constant stomach pains, as well as episodes of anxiety and ‘oppression of spirits’ for the past two weeks, occurring mostly around noon and in the evening. Gurgling sounds in the lower abdomen and a sensation of ‘balls rolling about’, ascended towards the stomach and chest, producing a choking sensation in the throat. At that point, this young woman frequently experienced fits and fainting episodes lasting nearly twenty minutes. The digestive problems and fainting spells seemed to be linked to an abrupt interruption of her menses on the first day of her period. Hope labelled her case ‘hysteria’.2

This essay focuses on the contours and treatment of conditions such as ‘hysteria’ and ‘hypochondriasis’ in an eighteenth-century hospital, the Royal Infirmary of Edinburgh. These fashionable diagnoses were usually bestowed upon affluent men and women. But the use of the same labels on the poor inmates of the charitable institution begs discussion. Hence, the investigation into these diagnoses first began in an effort to document and clarify the meaning of ‘hysteria’ and ‘hysteric complaint’.3 Hypochondriasis was later included because of its traditional association and symptomatic similarities with hysteria. Both conditions were believed to have originated in the abdomen below the rib cage or hypo chondros populated by organs such as the liver and spleen, uterus, bladder and intestines, and traditionally considered the seat of human vitality and emotions. Accounts of these ailments were also often class- and gender-biased and placed within the context of women’s and men’s health, leading to a variety of meanings throughout the course of history. Like other chapters, this study is based on rich archival sources: hospital registers, patient case histories, and student lecture notes.4 While the texts present ambiguous medical interpretations of the patients’ suffering, the case histories and lecture notes reveal the outlines of a more interactive relationship between ward physicians and their charges.

Languages of suffering: a genealogy of the ‘vapours’.

As Roy Porter suggests, ‘cultures, groups and individuals respond in different ways to life’s pains and pressures’.5 In doing so, they employ several idioms of suffering and sickness, including words, physical symptoms and emotional expressions. Much, of course, depends on disease conditions currently prevailing in any given society. In the past, rapid social and economic change, political turmoil and wars, migrations and urbanisation, natural disasters, as well as new technologies, created unique ecologies of disease responsible for epidemics and endemic, chronic afflictions (Chapter 5). Frustration and anxiety, resentment and fear, anger and sadness, all modify behaviour and affect the body. The distressed mind responds with