CHAPTER TWO

HOW SWEDES BECAME NERVOUS

In the nineteenth century, the grand dame of the neuroses was hysteria, which had been around as a female illness since antiquity. It made a diagnostic come-back in the 1880s, by which time the medical discussion of hysteria had become more scattered and confused.¹ Discovery of the process of ovulation, the doctrine of animal magnetism and the notion of the ‘hysterical constitution’ that laid stress not on the physical symptom profile but on negative character traits, such as eccentricity, impulsiveness and hypersexuality, all had their impact on the medical representation of hysteria. That these negative traits of the hysterical constitution were usually attributed to women contributed to the revival of the ancient notion that hysteria was a female malady. It was the British physician Thomas Sydenham who, apart from the psychologisation of hysteria, had set the stage for a conceptualisation of the feminine ‘constitution’ as ‘weak’ and ‘nervous’ in the eighteenth century. This prejudice about the inferior feminine constitution became one of the medical cornerstones of late nineteenth-century misogynistic language (see Chapter 5). Hysteria was by its very nature a protean illness, functioning as a diagnostic tabula rasa, the content of which was determined by socio-cultural factors.²

¹ As Mark Micale observes, the “sheer accumulation of meanings of hysteria a hundred years ago is extraordinary. In France during the late nineteenth century, hysteria was employed as a metaphor for: artistic experimentation, collective political violence, radical social reformism, and foreign nationalism. It became shorthand for the irrational, the will-less, the uncontrollable, the convulsive, the erratic, the erotic, the ecstatic, the female, the criminal, and a host of collective ‘Others’. It was a synonym for everything that seemed excessive, or extreme, or incomprehensible about the age.” Mark S. Micale, “Discourses of Hysteria in Fin-de-Siècle France,” in The Mind of Modernism: Medicine, Psychology, and the Cultural Arts in Europe and America 1880–1940, ed. Mark S. Micale (Stanford: Stanford University Press, 2004), 84.
² Micale, Approaching Hysteria; Gilman et al., Hysteria beyond Freud.
Together with hysteria, ‘neurosis’ became cultural illness *par excellence*. In 1769, the Scottish physician William Cullen used the term ‘neurosis’ in his *Synopsis Nosologiae Methodicae* to refer to the then established concept of ‘nervous disease’. Cullen referred to the two famous British physicians, Francis Willis and Thomas Sydenham, and stated that “since the time of Willis, British physicians have grouped some diseases under the category of nervous”. By the late eighteenth century, an understanding of the mechanism of the nervous system had become more advanced, and this signified in part a clean break with traditional Galenic medicine. For Cullen and his neurologist successors, the nervous system was believed to be the unitary principle regulating all organic functions. Cullen, who invoked the idea of the hysterical womb that his eminent predecessors, Willis and Sydenham, had rejected, called ‘neuros’ those ‘nervous diseases’ which were thought to result from dysfunction in the unitary regulator. The two most common such diseases at that time were hysteria and hypochondriasis, the latter signifying a dysfunction afflicting males. Cullen differentiated between general and local diseases, the first group comprising three classes, ‘neuros’ among them. He then subdivided neuroses into four orders, arguing that neuroses resulted from “general alterations of the nervous system”. In his *more botanico* taxonomy, he was following in the footsteps of Carl Linné, the famous Swedish botanist who did groundbreaking work in creating a basic classificatory system in botany.

Cullen’s ideas were widely disseminated through foreign translations of his works (in Germany, neurosis was translated as *Nervenkrankheit*), and his reputation as an outstanding medical scientist helped immortalise the concept of neurosis. In the nineteenth century, Cullen’s broad, vitalist concept of neurosis was challenged by the new generation of neurologists, whose anatomo-clinical model saw all diseases as reducible to an anatomical lesion. Cullen’s vitalist notions of the ‘principle of life’ and his broad taxonomic system of neuroses were discredited by nerve pathologists, but he remains an important figure in the history of neuroses, for it was he who coined the term, deliberated widely on the nature of nerve diseases, and influenced a number of physicians.

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4 Cullen, quoted in ibid., 15.