HYPOCHONDRIASIS OF THE EIGHTEENTH CENTURY—
NEUROSIS OF THE PRESENT CENTURY *

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The term "hyponchondriasis" today—if used at all—is generally applied
to a psychopathological condition which is characterized by a constant
concern with one's own health and a tendency to consider oneself ill. This
is how, for instance, Manfred Bleuler understands it.¹

This has not always been the case. Molière's "malade imaginaire" was
called a hypochondriac in his time. For, then, "hyponchondriasis"
meant something quite different from what it means today; it was a
real and serious illness with its seat in the upper abdomen (hypo—under;
chondros—cartilage). It involved spiritual as well as physical pain to
those who suffered from it, and it could be induced either mentally or
somatically. There was never perfect agreement as to the exact cause
of hypochondriasis in the eighteenth century, but there was never any
doubt about its actual existence.

Hypochondriasis was found to be very common at the time, one could
almost say it was the fashionable disease of the century. Earlier, Syden-
ham (1624-1689) had found one-sixth of his patients suffering from it.²
But in this number, hysterical women were included, for Sydenham,
like his eighteenth-century followers, regarded hypochondriasis and hys-
teria as one and the same disease called by different names according to
the sex of the patients. Later, this proportion was frequently estimated
to be even higher. George Cheyne (1671-1743) found almost a third,³
Thomas Trotter (1761-1832) as many as two-thirds of his patients to
be suffering from this "malady." ⁴ Hypochondriasis tended to afflict

* I should like to thank my mother and Dr. Christine Trautvetter for their help in translating this paper.
³ George Cheyne, *The English Malady*: or, a treatise of nervous diseases of all kinds, as spleen, vapours, lowness of spirits, hypochondriacal, and hysterical distempers, etc. (London-Dublin, 1733), p. 11.
the most civilized people and peoples; those ranking highest in the socio-cultural scale were thought to run the greatest risk of contracting it. It was considered a disease of civilization. For that very reason the English called it "the English Malady," not without some pride. Thus George Cheyne in 1733 set the following words at the beginning of his _The English Malady_ . . . :

The title I have chosen for this treatise, is a reproach universally thrown on this island by foreigners . . . by whom nervous distempers, spleen, vapours, and lowness of spirits, are . . . called the English Malady. And I wish there were not so good grounds for this reflection. The moisture of our air, . . . 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 (among 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, . . . scarce known to our ancestors, and never rising to such fatal heights, nor afflicting such numbers in any other known nation.

Thus in many individual cases hypochondriasis acquired the significance of a status symbol, a fact which in turn might have added to the popularity of that diagnosis.

If we now look at the symptomatology of this "malady" called hypochondriasis in the eighteenth century, we notice a striking similarity to the symptomatology of our modern neuroses. Everything that goes into the making of modern neuroses can be found to an astonishing extent in the eighteenth century's hypochondriasis—though of course psychosomatic and purely psychopathological signs were then not as clearly separated from each other as they are today, and though the nosographical attitude of the ancient doctors towards hypochondriasis is not found in many modern psychiatrists' concept of neurosis.

The affliction was called hypochondriasis, but after Sydenham it usually included the formerly separate disease hysteria as well. Hypochondriasis in a stricter sense was, as we shall see later, a descendant of the ancient melancholy. The ancient manifestations of melancholy, namely flatulence ("vapours"), eructations, constipation (or diarrhoea), dejection, irritability of temper, unreasonable fear, misanthropy, withdrawal into solitude, restlessness, insomnia, disturbed sleep, vain lamentations, irregu-

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* Cheyne, _English malady_, pp. 1-11.
larities of pulse, abnormalities of appetite (nausea included), and former manifestations of hysteria such as asthma, headaches, motor dysfunctions thus added up to the complete picture of the eighteenth-century hypochondriasis. In roughly this way hypochondriasis was described by Sir Richard Blackmore (1653-1729), Robert Whytt (1714-1766), John Hill (1716-1775) and the Swiss Ulrich Bilguer (1720-1796), just to mention some of the most important authorities on the subject. There were two more typical symptoms of hypochondriasis, namely irregularities of the urine and a pale complexion, which have vanished from the description of modern neuroses, but these will have to be discussed more fully later on.

In view of such similarity, a question arises almost automatically. If the modern neuroses and the hypochondriacal syndrome of the old days look so very like each other, could this be considered proof for the actual existence of such a morbid pattern? Or does the pattern of symptoms which we try to differentiate from the infinity of phenomena as typically neurotic rather reflect the shape of our expectations, formed by tradition? In other words: were the hypochondriacs neurotic or are our neurotics hypochondriacal? From the historian’s point of view the following considerations could be thrown into the discussion:

There is, as I tried to show elsewhere, an uninterrupted historical line leading from hypochondriasis of the eighteenth century to modern neurosis. As we shall see later, this fact has some bearing on our question. But before we venture into this investigation, we must turn our attention away from our main subject and beyond it into the past. For the historical line mentioned above can be extended backwards to the melancholy of classical antiquity. A glance at the ancient concept of melancholy will therefore be of some interest with regard to the subject in hand.

“Melancholy,” as it is described by Aretaeus the Cappadocian (about 50 A. D.) bears a striking resemblance to the “hypochondriasis” of the Enlightenment. The most important difference is that of their supposed etiologies. Melancholy was caused by an excess of black bile in the

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9 Robert Whytt, Observations on the Nature, Causes, and Cure of Those Disorders Which Have Been Commonly Called Nervous Hypochondriac, or Hysteric. To which are prefixed some remarks on the sympathy of the nerves (Edinburgh, 1765).
10 John Hill, Hypochondriasis. A practical treatise on the nature and cure of that disorder; commonly called the hyp and hypno (London, 1766).
11 Ulrich Bilguer, Nachrichten an das Publikum in Absicht der Hypochondrie . . . (Copenhagen, 1767).
organism, whereas hypochondriasis had no such definite source. Some
eighteenth-century authors believed the cause of hypochondriasis to be
thick blood, particularly in the region of the “hypochondriac organs” like
the stomach, the liver, and especially the spleen. Some pointed to a
flatulence of the upper parts of the intestines, some to still other dis-
turbances which were often but vaguely defined. Reminiscences of the
old humoralistic theory of melancholy were frequent. Other authors of
the time took nervous disorders to be the real cause of hypochondriasis.
Representatives of the first category are Hermann Boerhaave (1668-
1738),
Friedrich Hoffmann,
John Hill.
As opposed to these, Sir
Richard Blackmore
and Robert Whytt,
among others, regarded the
nervous system as the true origin of the disturbance, as Sydenham had
suggested in his famous letter to Dr. Cole.
Finally, there was a third
group of authors who, like Thomas Willis (1621-1675), thought that
the nervous system and the hypochondriac organs together constituted its
basis.

It is no mere coincidence that the melancholy of antiquity and the
more recent hypochondriasis look so alike as regards their symptoms but
differ fundamentally as regards their etiologies. It can in fact be shown
that the change of name and etiology from “melancholy” (melas = black;
choler — bile) to “hypochondriasis” had its distinct motivation in the
growing doubts about the notion of black bile.

Similarly, hypochondriasis underwent a change later on. The hypo-
chondriac origin of the former melancholic syndrome (the vapours, the
spleen, the thickness of blood, the stomach etc.) had no chance either to
survive the scientific criticism which medicine had adopted by then. It
was to become evident, eventually, how vague and uncertain all hypotheses
about the etiology of hypochondriasis were. In addition to this, theoretical
difficulties arose when these hypotheses were put to use. For instance,
the phenomenon that the syndrome we are talking of could be caused
mentally as well as somatically, which was taken for a fact, was not easily

15 Hermann Boerhaave, Opera omnia medica (Venice, 1751), p. 250 ff.; Aporiismi de
cognoscendis et curandis morbis, §1998 ff.
16 Friedrich Hoffmann, Opera omnia physico-medica in sex tomos distributa (Geneva,
1748). lib. 3, De morbis spasmodicis et convulsivis, sect. I, cap. VI, p. 64.
17 Hall, Hypochondriasis, p. 3.
18 Blackmore, Treatise of the Spleen, pp. 223-224 and 28 ff.
19 Whytt, Observations.
21 Thomas Willis, Opera omnia (Amsterdam, 1682), De morbis convulsivis, cap. XI,
particularly p. 84.
22 Esther Fischer-Homberger, Hypochondrie. Melancholie bis Neurose: Krankheiten
to be explained within the framework of these hypotheses (unless the "soul" was localized in the abdomen).

On the other hand, the idea of a nervous etiology of hypochondriasis gained ground. In the beginning it progressed within the classical theory of hypochondriasis. This holds true for Sydenham's, Blackmore's, and Whytt's writings. Later on, however, the disorders of the nervous system gradually replaced the original hypochondriasis; the nervous system began to take the place of the hypochondriac organs in their function as the pivot of associations. Accordingly, there was another change of name. For, once the conviction that hypochondriasis was a disorder of the nervous system was established, there was no reason why it should go on being called hypochondriasis. In this sense Whytt wrote in 1765 on the hypochondriacal and related disorders: "Of late, they have also got the name of nervous..." Thus in 1807 Thomas Trotter (1761-1832) published *A View of the Nervous Temperament*, which had as its subtitle: ". . . a practical inquiry into the increasing, prevalence, and treatment of those diseases commonly called nervous, bilious, stomach and liver complaints, indigestion, low spirits, gout, etc." The development illustrated by these formulations shows clearly in Étienne Jean Georget's (1795-1828) suggestion to call hypochondriasis "cerebropathie." Whereas the name "melancholy" had been replaced by the one name "hypochondriasis," this latter term was in turn replaced by a good many others. We have already mentioned Whytt's "nervous disorders," Trotter's "nervous temperament," Georget's "cerebropathie." But there were many more. Some of them did not even refer to their relationship with hypochondriasis but unreflectingly took over its heritage. This was the case with Tissot's (1728-1797) "maladies nerveuses," Cullen's "neurosis" (which Lopez Piñero has shown to be rooted in Willis' neuropathology on the one hand, Sydenham's hystero-hypochondriasis on the other). This was the case, too, with the nineteenth century's "spinal irritation," Griesinger's "cerebral irritation," Brachet's "névro-

99 Whytt, *Observations*, p. III.
104 The term seems to have been first used by John Burns in 1809.
spasmie,” Bouchut’s “nervosisme,” Weincke’s “nervöser Zustand,” and many others, as well as with “hystera.” The latter emerged again from the eighteenth century’s hysteria-hypochondriacal pool as a separate entity in the nineteenth century.

It was with the appearance of George Miller Beard’s first book on neurasthenia, in 1880,7 that this Babelic diversity of terminology was reduced to a single term. From then on, the syndrome which is the object of our inquiry was almost unanimously called “neurasthenia.” Within the limited space of this paper it is not possible to show in detail that the symptomatology of neurasthenia is a repetition of that of hypochondriasis. We have demonstrated it elsewhere.28 For our present purpose, the simple statement must be sufficient. In any case this fact was also well recognized by Beard and many of his contemporaries. Beard writes: “Cases with . . . the above-described [neurasthenic] symptoms are diagnosticated and treated in all kinds of ways. The most frequent diagnoses are hysteria or hypochondriasis or anaemia. Others, who give more attention to the nervous system, make more special forms of diagnosis, such as spinal irritation. . . .”29

“Prior to Beard, neurasthenia was classed with hysteria and hypochondriasis or else described as ‘spinal irritation,’” Oppenheim (1858-1919) wrote in 1902.30 Otto Binswanger (1852-1929), Leopold Loewenfeld (1847-1924) and Rudolf Arndt (1835-1900) take a similar view. Robert Wollenberg (1862-1942), referring to these circumstances, distinguished between a “pre-neurasthenic” and a “neurasthenic” period in the history of hypochondriasis.31 Was “neurasthenia” to remain the final term for our syndrome? As we know today: it was not. Nervous disorders could not be proved to be its final etiology. But before going on with the history of our syndrome, let us glance at the further development of the notion of “hypochondriasis.” For, from the appearance of neurasthenia, this notion ran a course separate from that of the syndrome.

We said at the beginning of this paper that hypochondriasis in its

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11 Robert Wollenberg, Die Hypochondrie, in: Nothnagel, Specielle Pathologie und Therapie, XII, part 1, 3 (Vienna, 1904).
golden age in the eighteenth century had very little to do with the fear of being ill. Nevertheless the phenomenon of such fear was very well known at that time. Only slowly in the course of the later eighteenth, and especially the nineteenth century, did it become customary to associate pathophobia with "hypochondriasis." This development was at least partly linked up with a devaluation of the notion of "hypochondriasis." But it could not lead to a clear change of meaning before 1880 (when neurasthenia appeared on the scene). This new association could not become firmly established until the word "hypochondriasis" was no longer needed to designate what had formerly been the hypochondriac syndrome and thus became redundant. Such was the case when neurasthenia took over the symptomatological burden of hypochondriasis in Wollenberg's "neurasthenic" period. According to Wollenberg, this period is characterized by the fact that the majority of scholars then renounced the idea of a hypochondriac illness in its own right. "Whereas until then hypochondriasis had been the more comprehensive concept and had included 'nervous symptoms,' the situation was now reversed" and hypochondriasis became the symptom within the greater concept of "nervous disease." 88 The notion of the "Zustandsbild," conceptualized by Karl Kahlbaum (1828-1899) in the sixties of the last century, had been introduced into clinical use by Emil Kraepelin (1856-1926) in the nineties. 89 The advantage of this notion was (and still is) that it explicitly implies no etiological statement. But Kraepelin did not wish to exclude the possibility of a specific pathological substratum corresponding to the clinical picture of hypochondriasis. It was Robert Wollenberg who decided to establish the association between hypochondriasis and the notion of the "Zustandsbild." It is not unlikely that his insight into the history of hypochondriasis induced him to do so. "We thus conclude" he wrote in 1904. "that the concept of hypochondriasis is merely a psychopathological picture" ("psychopathologischer Zustand"). 89

In the history of psychiatry a change from illness to mere psychopathological picture can often be observed when for any length of time no proper substratum can be found for the disturbances. Linked up with this there is usually a change of symptoms, in particular there is a reduction of symptomatological range, as we have seen in the case of hypochondriasis.

89 Karl Ludwig Kahlbaum, Die Gruppierung der psychischen Krankheiten und die Einheitung der Seelenstörungen (Danzig, 1863).
89 In the 5th edition of his textbook "Psychiatrie," 1896.
89 Wollenberg, "Hypochondrie," p. 59; the passage is printed in boldface.
Melancholy, too, became a psychopathological picture (which it still is) after the black bile had been banished among the myths.\textsuperscript{68} This was also the case with neurasthenia, exhaustion of the nerves.

The word "neurasthenia" brings us back to the original track of our inquiry. We left it when the syndrome which had been called "hypocondriasis" in the eighteenth century and "neurasthenia" by Beard and his followers was about to lose the latter name as well. The nervous etiology, too, was not to last—no changes whatever could be shown in the nerves of neurasthenic patients. Still another etiological concept was adduced to explain the ancient melancholy. Beard had already suggested the possibility of forces comparable to electricity or magnetism being the cause of neurasthenia.\textsuperscript{37} It is well known that after him the ideas of magnetism, hypnotism, and psychology, which Franz Anton Mesmer (1734-1815) helped to introduce into medical thinking, once more led to a change of the etiology and the name of our syndrome. At first they were applied mainly to hysteria, later they were extended to include neurasthenia as well. Sigmund Freud (1856-1936) can be considered a representative of those who introduced the "psychological" etiology where formerly a neurological etiology had been generally accepted. With Freud the term "neurosis" was set aside for disturbances which were thought to be of psychological origin.

Thus the phenomena which in the eighteenth century were thought to be hypochondriacal are now believed to be psychogenic. In accordance with this, feelings of physical and mental discomfort which provoked bloodletting and purgation in former times are treated with psychotherapy today. Is this going to be the final solution? We do not know. In any case it must be stated that the concept of psychogenesis which is implicit in the modern notion of neurosis has one definite advantage (albeit questionable in a heuristic sense) over all former concepts; it is inaccessible to scientific criticism. The "soul" itself is by definition not within the grasp of science. On the other hand this very fact makes the concept of psychogenesis unprovable and might thus result in another change. But here we are going beyond the limits of our work.

We asked in how far the tracing of a historical continuity is apt to confirm or put in question the actual existence of the cluster of somatic and psychopathological phenomena called neurotic today. Before we attempt to answer this question, there is one other thing we might usefully consider.


\textsuperscript{37} Beard, A Practical Treatise, Introduction.
In the course of the development of the supposed etiology of our syndrome and the question of its terminology, which we described above, there can be found certain retroactive effects of etiology and terminology upon clinical observation. Let us, for instance, look at the complexion of our patients. The melancholics used to be of darkish complexion: "The habit of the body also becomes perverted; colour, a darkish green, unless the bile do not pass downward, but is diffused with the blood over the whole system." **68** Though originally only a reflection of the ancient concept of melancholy in the observed picture, this colouring of the skin did not diminish along with the notion of the black bile. For then, observation was not considered to be subject to human errors, as it is thought to be today. So the darkish green of the original melancholics just faded in the course of the centuries; Blackmore's hypochondriacs were only livid, those described by Hill could still be of a greenish colour, but primarily they were pale.**69** And in the age of nervous etiology, only remnants of the old colouring can be found: a touch of green on the pale cheeks of chlorotic girls—chlorosis being a close relative to or a form of neurasthenia.**46** In neurosis there is hardly a trace left of it—except perhaps for the darkish complexion of the psychosomatic "ulcus personality" sometimes spoken of.

A similar fate has affected the anomalies of urine which formerly were usually observed in the patients we are here concerned with. Their history is more complicated than in the case of complexion. All the same, we shall try to sketch it briefly.

The urine of Aretaeus' melancholics was, like their skin, a logical outcome of the humoral cause of their illness. It was "scanty, acrid, tinged with bile." **41** For since Empedocles at least, the black bile was the cold and dry humour, it was black and corresponded to the element earth. "Dryness is the cause..." Aretaeus writes about melancholy.**42** Dryness, by the way, can be found as a cause of the nervous diseases of the eighteenth and nineteenth century as well. There it usually appears as a deficiency of nervous fluid. It is not surprising that this humoral situation is faithfully reflected in the urine of melancholic patients.

When the concept of the four humours and the theory of black bile ceased to be dominant, there was no longer a rationale for the ancient

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**41** Arndt, *Die Neurasthenie*, p. 112.

**42** Aretaeus, *Works*, p. 300.

findings in the urine. Losing their theoretical support, these findings became uncertain and shifting and began to undergo various changes. The classical darkish and scanty urine was no longer observed regularly after the classical humoral theory had proved unprovable. But unwavering attention was paid to quantity and quality of the urine. Sydenham found in almost all of his hysterical and hypochondriacal patients ‘an urine as clear as rock-water; and this hysteric women evacuate plentifully, which I find, by diligent enquiry, is in almost all, the pathogno-monick sign of this disease, which we call hysteric in women, and hypochondriack in men. . . .’” 44 Unlike Sydenham and more like the ancients, Hill finds a blackish urine in hypochondriacal patients. 45

In the nineteenth century, Beard described “oxalates, urates, phosphates and spermatozoa in the urine.” 46 And J. M. Charcot (1825-1893) regularly observed a typically “hysterical ischuria” in his famous female patients, which could progress to a complete anuria of one or more weeks duration. 47 But as Charcot repeatedly pointed out in his lectures, this remained an obscure phenomenon to him.

In the modern concept of neurosis, irregularities of the urine are no longer considered a prominent symptom. Charcot’s defeat in the struggle with the Nancy school, to which the psychoanalytical movement liked to refer, and scientific progress may have contributed to effect this rather sudden change. We do not know. However, there is no emphasis on examination of the modern neurotic’s urine—not even in psychosomatic medicine.

Thus a greenish complexion and quantitative and qualitative irregularities of urine have ceased to be significant in the syndrome we are talking of. On the other hand, symptoms have been added to the old catalogue. Since Sydenham’s suggestion of the identity of hysteria and hypochondriasis, former hysterical signs like headache, convulsions, palsies, asthma have become incorporated in it (disturbances of sensibility as well, but these became frequent only in the nineteenth century). The etiological concept of “spinal irritation” in the nineteenth century has drawn the doctors’ attention to the formerly rather rare lumbago which is now so frequently observed by psychosomatists. During the era of the “traumatic neurosis,” the “mouches volantes” and other ocular

44 Sydenham, Works, p. 305.
46 Beard, A Practical Treatise, p. 102.
phenomena came to the attention of the specialists. And, last but not least, the ideas of psychogenesis have pushed psychopathological symptoms (e.g. all kinds of expression of anxiety) to the foreground of common consciousness, whereas the disorders of the digestive tract have become less important and genuine neurological symptoms have been banished from the domain of neurosis.

After all this, can we learn any lesson with regard to our original question? With what certainty can we, from the similarity of hypochondriasis of the eighteenth century and modern neurosis, conclude that the cluster of symptoms, which is common to both, exists independent of our observation?

My impression is that we could not safely draw such a conclusion, and for this reason I shall not try to do so. For, looking at the historical process, at the end of which the name “neurosis” was given to something initially called “melancholy” and, later on, “hypochondriasis,” we become careful about our conclusions. We see so clearly how observation is filtered by tradition that we cannot but hesitate to accept the filtrate as a true image of the genuine filtered matter. In trying to validate modern ideas by their former existence, one should never forget that one’s thoughts might be following a circle. Thus, though from a historical point of view it remains perfectly possible that a hypochondriacal or neurotic syndrome “exists” in a scientific sense, it cannot be proved historically. For medical history is qualified to further a historical understanding of medicine, but only on certain occasions is it capable of furthering a medical understanding of history.