

'The Grand Organ of Sympathy': 'Fashionable' Stomach Complaints and the Mind in Britain, 1700–1850

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Summary. Although the nerves have often been at the centre of the historiographical discussion of the so-called fashionable diseases of Georgian Britain, the stomach and digestion have at least as much claim for consideration. Associations between excessive consumption and elite status lent a touch of glamour to digestive problems, while creating the basis for a critique that depicted stomach maladies as the result of excess, greed and immorality. The first section of this paper explores how the patient experience of these disorders related to their glamorous connotations. The second part then considers changing views of the relationship between the digestion and the mind, arguing that the stomach was very much at the heart of ideas of selfhood until the nineteenth century. The third section examines the reasons for the apparent decline of modish stomach complaints at the end of the Georgian era in terms of changing medical thinking and socio-cultural context.

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Although the nerves have often been at the centre of the historiographical discussion and popular image of the so-called fashionable diseases of the Georgian period, the stomach, the bowels and digestive organs have at least as much claim for consideration in that regard.¹ The widely discussed association of sickness with excessive consumption

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¹See Ian Miller, *A Modern History of the Stomach: Gastric Illness, Medicine and British Society, 1800–1950* (London: Pickering and Chatto, 2011), George Rousseau, *Nervous Acts: Essays on Literature, Culture and Sensibility* (Basingstoke: Palgrave, 2004), Clark Lawlor, "'Half Dead: and rotten at the Coare: my Lord!': Fashionable and Unfashionable Consumption, from Early Modern to Enlightenment', in Allan Ingram and Leigh Wetherall-Dickson, eds, *Disease and Death in Eighteenth-Century Literature and Culture* (Basingstoke: Palgrave, 2016), 165–86, William Cullen, *First Lines of the Practice of Physic* ... [Edinburgh, 1784], William Cullen, *A Treatise of the Materia Medica* [London, 1789], Roy Porter, *Flesh in*

the Age of Reason (New York: Norton, 2005), esp. 311–13, James Whorton, *Inner Hygiene: Constipation and the Pursuit of Health in Modern Society* (Oxford: Oxford University Press, 2000), Anne C. Vila, *Enlightenment and Pathology: Sensibility in the Literature and Medicine of Eighteenth-Century France* (Baltimore: The Johns Hopkins University Press, 1998). Peter Melville Logan, *Nerves and Narrative* (Berkeley: University of California Press, 1991), Russell Noyes, 'The Transformation of Hypochondriasis in British Medicine, 1680–1830', *Social History of Medicine*, 2011, 24, 281–98. See also Fredrik Albritton Jonsson, 'The Physiology of Hypochondria in Eighteenth-century Britain', in Christopher Forth and Ana Carden-

(especially of imported exotic luxuries), wealth, sophistication and elite status that was at the heart of the debate on fashionable disease plainly lent a touch of glamour to digestive ailments. It also made such problems ideal for the posing and self-consciousness that was at the heart of the discourses of fashionable disease, creating the basis for a medicalised critique of the elite that depicted stomach maladies as the result of excess, greed and immorality. Many contemporaries suggested that the fashionability involved in generating and performing stomach complaints was essentially a question of gullibility towards quack marketing ploys, or a matter of self-deception, fakery and malingering. Not only was the stomach (generally used loosely as a synecdoche for the whole gastrointestinal system) directly implicated in a wide range of modish digestive diseases, but also in almost all other *à la mode* conditions.² The regular shifts in medical terminology and theories of disease causation and therapy also provided context for the discussion of stomach maladies, with a new modish complaint appearing to arrive every few years.³

This paper examines these debates on fashionable digestive complaints, but rather than just outlining the development of clinical categories, we aim to provide a broader sense of cultural understandings of such conditions beyond the medical profession. Instead of contrasting a set of 'real' somatic conditions with an amorphous and illusory cultural superstructure surrounding those diseases, we are interested in the ways that medical theory and practice combined with patient experience and cultural framings to create the meaning of a diagnosis, even for those directly suffering the symptoms involved.⁴ Because of the paradoxes of the notion of a 'fashionable' disease, these conditions provide an intriguing and illuminating example of that process. The fashionable status of digestive conditions in various senses of the word is obvious, but lay descriptions of such complaints included a wide range of ideas on the subject, reflecting not only moralising but also a good deal of irony and scepticism about changing diagnoses, quack doctors and poseur patients. We analyse a large amount of material from contemporary diaries and correspondence to attempt to achieve a view of the 'lived encounter' with gastric illness that Ian Miller has called for.⁵ The context of 'fashionable disease' that linked medical conditions to status, wealth and sensitivity set the scene for cases of sufferers who were able to 'enjoy' or make a virtue of their symptoms. At the same time there was of course real suffering and sympathy, which was given meaning in a Stoical Christian context as often as in the culture of spas, modish practitioners and connotations of elite status.⁶

Coyne, eds, *Cultures of the Abdomen: Diet, Digestion, and Fat in the Modern World* (Basingstoke: Palgrave Macmillan, 2005), 15–30.

²James Rymer's 1795 *Tract upon Dyspepsy* suggested, 'morbid affection of the stomach; and the hypochondriac disease, the vapours or low spirits, are distempers generally so blended with each other, and with the atonic, irregular, or flying gout'. James Rymer, *A Tract upon Dypepsy or Indigestion* (London: Thomas Evans, 1995), 1. See George Rousseau, *The Languages of Psyche: Mind and Body in Enlightenment Thought* (Berkeley: University of California Press, 1990); George Rousseau and Roy

Porter, *Gout: The Patrician Malady* (New Haven: Yale University Press, 2000).

³Mark Jenner and Patrick Wallis, 'The Medical Marketplace', in Mark Jenner and Patrick Wallis, eds, *Medicine and the Market in England and its Colonies 1450–1850* (Basingstoke: Palgrave, 2007), 1–23.

⁴Charles Rosenberg, *Framing Disease: Studies in Cultural History* (New Brunswick: Rutgers University Press, 1992).

⁵Miller, *Modern History of the Stomach*, 7.

⁶See Clark Lawlor, 'Fashionable Melancholy', in Allan Ingram, ed., *Melancholy Experience in Literature of the Long Eighteenth Century: Before Depression, 1660–1800* (Basingstoke, Palgrave Macmillan, 2011),

Recognising the continued importance of the mind, emotions and the imagination in discussions of modish stomach complaints, the second part of this article will elucidate the role of what Anne Vila has called the ‘cerebrodigestive axis’.⁷ We place particular emphasis on the extent to which the digestive system continued to be key in thinking on health and selfhood in the period, even as the nerves became a major concern. By intimately connecting mental and emotional vices and virtues to the stomach, digestive complaints were accorded a starring role not only in talk about glamorous and prestigious symptoms, but also in the moralising social critique that shadowed the whole discourse of fashionable disease. The importance of the digestion in eighteenth-century conceptions of the embodied self linked the stomach both to excessive eating as well as prevailing notions of emotional and spiritual refinement and intellectual superiority. The history of the digestive organs, like that of the heart and the brain, is thus not only a crucial aspect of the history of medicine but also the history of the emotions.⁸

Since George Rousseau’s pioneering work on the nerves and Georgian culture, some scholars have perhaps been too keen to emphasise the shift away from the guts to the nerves and the head in conceptions of selfhood. The gradual shift from various humoral and iatrochemical models to notions of nervous sympathy did not necessarily involve the devaluation of the digestion in this context. Rather, the nervous system provided a solid basis for connecting the mind and the digestion. The stomach was the ‘grand organ of sympathy’, intimately linking body and mind, at the root of health and sickness.⁹ This is true not only for hypochondriasis, but also for a wide range of other digestive diagnoses such as biliousness and indigestion, and helps explain why digestive diseases, which were ostensibly much less glamorous than sensitive nerves, could nevertheless be reconciled with the idea of a fashionable malady, as long as they could be linked to lifestyle and virtue and did not present dramatically unsightly symptoms.

Previous scholarship has also often implied that somatic understandings of the link between bowel complaints and the mind were dominant in the period, underlining that material problems in the digestion could lead to mental and emotional issues, rather than the other way around. Although Porter quoted Laurence Sterne on the value of reading ‘Hippocrates, or Dr James Mackenzie’ on ‘the effects which the passions and affections of the mind have upon the digestion’, on the whole he stressed the somatic causation of mental and emotional problems in the guts rather than vice versa, asserting that the practitioners of the period ‘shared a common conviction that the source was organic’.¹⁰ However, it is striking that many doctors felt obliged to acknowledge a powerful role for the imagination and emotions in the causation of digestive complaints. It also seems that

25–53; Raymond Kilbansky, Erwin Panowsky and Fritz Saxl, *Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion and Art* (New York: Basic Books, 1964).

⁷Vila, *Enlightenment and Pathology*, 97–100.

⁸See Thomas Dixon, *From Passions to Emotions: The Creation of a Secular Psychological Category* (Cambridge: Cambridge University Press, 2003); Jonas Liliequist, ed., *A History of Emotions* (London: Routledge, 2012); Jan Plamper, *The History of Emotions: An Introduction* (Oxford: Oxford University

Press, 2012); Fay Bound Alberti, ‘Bodies, Hearts and Mind: Why Emotions Matter to Historians of Science and Medicine’, *Isis*, 2009, 4, 798–810.

⁹Anonymous, *The Manual for Invalids* (London: Edward Bull, 1829), 71.

¹⁰Roy Porter, ‘Barely Touching: A Social Perspective on Mind and Body,’ in George S. Rousseau, ed., *The Languages of Psyche: Mind and Body in Enlightenment Thought* (Berkeley: University of California Press, 1990), 45–80, 55.

non-practitioners were more relaxed about accepting mental causation than medical men. This article stresses the ways that practitioners and lay observers argued for causation in both directions, advocating somatogenic as well as psychogenic models.

The third section of the paper examines the reasons for the apparent decline of the idea of fashionable stomach complaints at the end of the Georgian era. Although the notion of the superiority of those suffering from digestive complaints never entirely receded, by the 1840s and 1850s the discourse of modish digestive conditions was far less common. We argue that the causes of this shift relate to changing thinking on the mind–stomach connection and the anatomy of the digestive system, and also to new class associations with stomach maladies and the advent of the unglamorous cholera epidemic. Drawing on the systematic post-mortems of so-called Paris Medicine, physicians were struck by the apparent lack of lesions in the stomach in cases involving mental and emotional symptoms, helping to disconnect digestive complaints from the mind. The class basis of thinking on the stomach had always drawn on the ambiguous glamour of elite excess, but at a time of rapid economic and social change, those connotations of the discourse were being undermined. For George Cheyne back in the 1730s, the focus was very much on the consequences for the digestion of fashionable elite lifestyles, but by the 1820s many physicians were either expressing scepticism about the link with the elite or suggesting that the rise of the ‘middling sort’ and their associated stomach complaints meant that glamour had ceased to be involved. In this dynamic late Georgian social and medical context for views of digestive complaints, there is a great deal of resonance with our twenty-first-century social problems and discourse relating to food, social class, obesity, greed and restraint.¹¹

Patient Experience and Fashionable Stomach Complaints

The cultural discourse of fashionable stomach diseases in the Georgian period was based on their associations with the glamorous lifestyles of the fashionable elite, due to their ability to indulge to excess in expensive luxury food and drink and also, as we shall see, to the assumed links between the stomach and intellectual powers. In a booming mercantile economy, many were apparently happy to glory in the negative medical consequences of prosperity. The mixed messages from physicians such as Cheyne about the dangers and implied status connotations of digestive conditions brought on by the lifestyles of the rich had a broad reception. Those wishing to promote spas such as Bath generally took it for granted that the symptoms they hoped to address were most likely to afflict the elite. For instance, the author of an article from 1810 advocating ‘The waters of Cheltenham’ was convinced that ‘the fashionable modes of “killing time”, in which so many are engaged ... produce debilitating effects that assume a thousand hideous shapes. Relaxation of stomach and consequent indigestion, is often the origin of those evils; and Cheltenham water ... removes the crude accumulations that oppress the digestive powers.’¹² Such symptoms and cures might be disagreeable in all sorts of ways,

¹¹Charles R. Rosenberg, ‘Pathologies of Progress: The Idea of Civilization as Risk’, *Bulletin of the History of Medicine*, 1998, 72, 714–30.

¹²Anonymous, ‘Letters from Cheltenham’, *Monthly Magazine* XXIX (1810), 16–20, 20.

but they clearly also had a claim to status above and beyond any associations with disgrace.

At the same time, the idea of fashionable digestive complaints was also part of a highly significant medico-moral critique of society. Even if the power relationship with patients was such that practitioners were often wary of moralising to individual patients, practitioners and self-appointed guardians of social order often drew on the language of medicine and fashion to attack the perceived vices of the *bon ton*. The critique of fashionable digestive complaints owed a great deal to the traditional Humanist attack on luxury and gluttony, albeit in radically medicalised form.¹³ Critics often linked it to an attack on the Whig supremacy, with its get-rich-quick City connections, in Tory form in the early eighteenth century and later in radical guise. The association of digestive complaints with Britain was often linked to the country’s commercial predominance, something that is clear long before the nineteenth-century developments focused on by Miller.¹⁴ In the 1730s Cheyne’s *The English Malady* had placed much of the blame for the supposed nervousness of the British elite on the strain on their digestions caused by the spectacular expansion of trade. A century later the Dublin physician James Henry, in his *A Dialogue between a Bilious Patient and a Physician*, still perceived it as self-evident that ‘the British nation . . . is now the richest and most luxurious, and therefore the most bilious’.¹⁵

Along with these links between fashion and stomach complaints, there is also the idea that a ‘fashionable disease’ was a mere modish chimera. In his 1829 book on obesity, William Wadd, Surgeon Extraordinary to George IV, derided ‘fashionable complaints’, which he saw as shifting to the stomach, ‘charged (now a-days) with one-half the complaints of mankind’.¹⁶ Likewise, an 1825 article entitled ‘On Fashions in Physic’ in *The London Magazine* offered a summary of recent shifts in terminology:

Thus was it the mode to substitute the hard word dyspepsia for nerves, dyspeptic symptoms, indigestion, primae via, and so on, became the fashionable phraseology. Every person was taught that he had a stomach, that he ought not to eat pie-crust, drink beer, frequent hot rooms, and that he ought to rise with an appetite, take bitters or steel; and so bitters and steel became fashionable, and malt liquor and pie-crust went out of fashion. The stomach had its day, like the nerves; when, on a sudden, all Bengal broke loose on us; an army of yellow nabobs . . . arrived to explode the stomach by the introduction of their own livers and Dr. Dick. The liver now became the fashion; liver complaints, bilious, bile, became the fashionable phraseology; the nerves had been forgotten in favour of the stomach, and now the

¹³Thomas Trotter, for instance, cited Tacitus on the supposed link between the health and virtue of the ancient tribes of Germany and their sobriety and simple food. Thomas Trotter, *A View of the Nervous Temperament* (Troy, NY: Wright Goodenow & Stockwell, 1808), 16–17. See also William Wadd, *Comments on Corpulency* (London: John Ebers & Co., 1829), 1–5.

¹⁴See Miller, *Modern History of the Stomach*, 1–11, 19–24.

¹⁵‘A Physician of Dublin’ (James Henry), *A Dialogue between a Bilious Patient and a Physician* (Dublin: Hodges and Smith, 1835), 28.

¹⁶William Wadd, *Comments on Corpulency* (London: John Ebers & Co., 1829), 12. Likewise, the anonymous author of an article on ‘Fashions in Physic in 1825 blamed Francois Broussais, the French pioneer of the anatomo-clinical approach, for propagating new ‘fashionable diseases, fashionable practices, fashionable theories’ relating to the stomach and intestines. ‘On Fashions in Physic’, *The London Magazine* 13 (October 1825), 177–91, 183.

stomach was no more heard of than if it had been a mere hand maid to the liver. Dyspepsia was no more; bile was all.¹⁷

Sceptical observers implied that these diagnoses were dreamt up by quacks and by deluded or malingering patients. For example, an anonymous satirical article in *The Gentleman's Magazine* in 1737 entitled 'Consolatory Advice to Ladies' suggested adding 'pains in the stomach' to a list of 'dissipations' that could lead them to Bath, because 'Cholick (in the Stomach I mean), is a clean, genteel Distemper, and by no means below women of the first condition.' It had the added advantage, the article explained, that 'its Diagnosticks are neither visible nor certain, it is pleadable against husbands, neighbours and Relations, without any possibility of being traversed'.¹⁸ Later, in 1787 James Makittrick Adair, the Scottish physician and caustic opponent of modishness in medicine, presented several much-quoted accounts of these fashionable digestive diseases and the professional self-interest that supposedly fuelled their creation.¹⁹ On one occasion he described a 'quack . . . who could not procure bread as an apothecary' who made a fortune by availing himself 'of fashionable prejudices' to suggest that 'all the fashionable diseases', whether 'nervous' or 'bilious', 'were intimately connected with gout and with each other'.²⁰

What, then, is the relationship between these different aspects of the culture of fashionable stomach diseases and actual patient experience and lay perceptions? Heather Beatty's excellent recent book on fashionable nervous disease, which includes a good deal of discussion of the stomach, adopts an occasionally problematic essentialist tone, as reflected in its subtitle 'the Reality of a Fashionable Disorder'. Indeed, finding a sense of the 'reality' of fashionable stomach complaints in late Georgian Britain in terms of patient experience and lay perspectives is a tricky business.²¹ Patient experience was itself often strongly mediated by cultural assumptions and assimilated medical theory, as we shall see. The extent to which patients helped create not just new diagnoses but also new symptoms is an intriguing question. Roy Porter was surely right to suggest that the transformations of hypochondriasis (understood in part as a digestive complaint) were due to 'the very economy of medical self-help obtained in the Georgian age'.²² Reflecting on the cultural power of fashionable patients/patrons, it is easy to see how their interests and opinions could influence medical theories about modish stomach complaints, in a way akin to Ian Hacking's argument about the role of 'feedback loops' in the creation of diagnoses and symptoms.²³

In evaluating lay attitudes towards complaints in the digestive system, Porter's call for the history of medicine 'from below' presents problems for the historian of fashionable

¹⁷*Ibid.*, 180.

¹⁸'Consolatory Advice to Ladies, on their Recess with the Parliament', *The Gentleman's Magazine*, 20 August 1737, 498–9. In the 1820s, journalists were still suggesting that readers 'experimentalize' with 'indigestion' to get themselves a trip to Hastings. 'The Editor's Room', *The London Magazine*, 1822, 2, 122–44, 133.

¹⁹James Makittrick Adair, *An Essay on Diet and Regimen* (London: James Rideway, 1812), 123–4.

²⁰James Makittrick Adair, *Medical Cautions* (London: C. Dilly, Poultry, 1787), 83.

²¹Beatty, *Nervous Disease*, 68, 43, 120.

²²Roy Porter, 'The Patient in England, c. 1660–1800', in Andrew Wear, ed., *Medicine in Society* (Cambridge: Cambridge University Press, 1992), 91–118, quotation on 112.

²³Ian Hacking, *The Social Construction of What?* (Cambridge, MA: Harvard University Press, 1999).

diseases owing in particular to a lack of sources beyond the elite.²⁴ Indeed, Georgian sources largely used the term ‘fashionable’ as a synonym for the rich and glamorous landowning classes. Many sources available even for the ‘middling sort’ from this period tend to be matter of fact and brief on the subject of sickness. More than the diaries and letters of the elite, they appear to focus on stoical acceptance and practical therapies rather than self-consciousness, or moralising or flattering discussions of illness. Typically, the 1790s diary of Anne Hughes, a farmer’s wife from Chepstow, contains a good deal about cooking, eating and medicine, but has little to indicate the influence of fashionable diagnoses. On one occasion, she complained of being ‘verrie muddelie in my stomach’, but gave no explicit hint of contemporary medical thinking.²⁵ In contrast, the Sussex shopkeeper and grocer Thomas Turner, whose only connection to fashionable society was as a supplier to the prominent Pelham clan, often wrote about regimen and digestion in his diary. Musing on his own and wider society’s excesses, Turner characteristically confesses to being ‘Sadly disordered all day, not having recovered Friday night’s debauch’, and at another juncture opining that ‘The too-frequent use of spirituous liquors, and the exorbitant practice of tea-drinking has corrupted the morals of people of almost every rank.’²⁶

Some elite sufferers of digestive complaints did, apparently, manage to ‘enjoy’ their fashionable stomach diseases, asserting a greater sense of specialness and control over their delicate diseased frames, and striving to fashion more of an empowering, exemplary social virtue out of their digestive complaints, and their own choices in the modish medical marketplace. An interesting case in point can be found in the letters from the 1790s of the Unitarian Hampshire gentlewoman Elizabeth Iremonger, to her friend Mary Heber and others in her fashionable circle.²⁷ Although she complained repeatedly of the ‘violence’ and obstinacy of her diarrhoea and stomach ailments, and grumbled about being restricted for almost a year to ‘Meat & plain boiled rise’, she adeptly deployed her experiences and (apparently incompatible) cultural and spiritual frames of illness to give a paradoxical functional spin to her complaint. Consulting a wide range of *à la mode* practitioners at Bath, Bristol, Tunbridge Wells and Islington, she was no mere passive recipient of modish remedies. She stressed her own agency, both in negotiating her choices of spa and dietary regimens, and in going well beyond providential resignation to ill health. Indeed, over and above the obligations of divinely ordained patience in the face of affliction, Iremonger positioned herself privately as a successful consumer of fashionable prescriptions and an active exploiter of providence’s remedial resources, suggesting that her discerning management of her superior ‘delicacy’ had made her the mistress of her own health, enabling her to resume formerly interdicted dietary favourites:

Bad health, like every allotment of Providence, I have always considered as given to us for the exercise of certain peculiar duties, & those not merely of the patient,

²⁴Roy Porter, ed., *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 1985).

²⁵Anne Hughes, *The Diary of a Farmer’s Wife 1796–1797* (London: Allen Lane, 1980), 32.

²⁶Thomas Turner, *The Diary of a Georgian Shopkeeper* (Oxford: Oxford University Press, 1979), 31.

²⁷See Keri Davies, ‘“My Little Cane Sofa and the Bust of Sappho”: Elizabeth Iremonger: The Female World of Book-Collecting’, in Helen P. Bruder and Tristane Connolly, eds, *Queer Blake* (Basingstoke: Palgrave, 2010), 221–35.

resigned, quiescent kind, though I allow them their due merit, but to call our attention to the wonderful structure of the human frame, to it's [sic] delicacy & liability to be disordered, & to the kindness of providence in placing it within our own powers often to relieve these inconveniences. . . . Few persons, I believe, have had more delicate, uncomfortable, health that I have had for many years, tho' [now] I can truly say I know not the time when I have been so well. . . . I can now eat fruits and sallad [sic] without inconvenience, & even drink malt liquor, all of which, even boiled vegetables, I was for several years of my life obliged to abstain from. 5

Although there is a good deal of evidence of interaction with the medical discourse on lay notions of fashionable disease, lay sources often display a striking scepticism and independence of mind. For example, in a letter from 1798 to Lady Bedingfield, Thomas Suffield wrote that: 10

my Doctor tells me that my Complaint, tho' better, is not yet removed—Fellow sufferers who live in this Neighbourhood and tell me they have experienced the same, prescribe riding on horseback as much as I am able. Others make use of Dr Cheyne's appellation of the *Maladie Angloise* [sic]. All that I can say is, that whether the Complaint is called Stomachick, Rheumatick, or any other name, it has occasion'd me for a long time, to pass many Uncomfortable Nights.²⁸ 15

Much of this scepticism focused on practitioners (especially 'quacks') who promoted new treatments relating to the digestion. The Venetian practitioner Bartholomew di Dominiceti, who had set up as 'the Stewing Doctor' in Bristol, Westminster and finally Chelsea in the 1750s and 60s, was mocked by the celebrity fencing master Henry Angelo, for instance, for offering 'salubrious vapour and aromatic baths . . . to cure . . . maladies, real or fancied, which afflict those who, having more wealth than prudence, are seeking new remedies for every new dish that the culinary art can invent'.²⁹ 20 25

As far as fashionability is concerned, in the letters, journals, memoirs and diaries of those who actually suffered from digestive complaints, misery, debilitation, shame and embarrassment emerge as more emphatic themes than any glamorising or sentimentalising gloss. An examination of a wide range of patient testimony makes clear how commonly patients blamed their disordered digestions for their diseases, and conceived of their stomachs as at the hub of a wide range of physical and mental symptoms. For instance, Walter Scott believed 'the distresses' of his friend Sir Roberts 'arise all from that organ of evil the Stomach', a pathological trap for older age laid by youthful dietary excesses.³⁰ Many felt their whole identities consumed by their sick stomachs for prolonged periods. Describing the 'plagues' that attended her state of invalidism, the novelist Sarah Burney confessed to living no differently to others in many respects except in the crucial articles of her diet and stomach, which she described as like a life sentence: 30 35

²⁸*The Jerningham Letters*, 2 vols (London: Richard Bentley and Son, 1896), I, 120–1.

²⁹Henry Angelo, *Reminiscences of Henry Angelo*, 2 vols (London: Henry Colburn and Richard Bentley, 1830), 132. See Jonathan Andrews and Andrew Scull, *Customers and Patrons of the Mad-trade: The*

Management of Lunacy in Eighteenth-Century London (Berkeley and Los Angeles: University of California Press, 2003), 169–71, 81.

³⁰Herbert Grierson, ed., *The Letters of Sir Walter Scott*, 12 vols (London: Constable, 1932–37), VIII, 365.

‘a little light pudding, or a bit of innocent boild fish . . . is all that I want, or am allowed . . . my stomach is such a rag-of-my-Dame’s that it will keep me weak and washy, perhaps, for the remainder of my life.’³¹

Lord Byron, whose comments on the glamour of consumption are often quoted in discussions of fashionable diseases, was clear that stomach complaints were *not* romantic. In a letter to Lady Melbourne in 1814, he wrote that, ‘alternate extremes of excess and abstinence have utterly destroyed—oh, unsentimental word!—my stomach, and, as Lady Oxford used seriously to say, a broken heart means nothing but bad digestion. I am one day in high health, and the next on fire, or ice—in short, I shall turn hypochondriacal.’³² Byron’s conscious disavowal of fashionability was by no means unusual. Speaking less ironically, Thomas Carlyle condemned in letters the digestive complaints that afflicted him from 1818. ‘A malady of the soul one can embellish and dignify a little by enduring,’ he wrote, but ‘Dyspepsia, the ugly ragged troll . . . carries with it the indellible [sic] stamp of nastiness and lowness; do what we may, it seems to pollute the very sanctuary of our being; it renders our suffering at once complete and contemptible.’³³

Elite sufferers of digestive complaints often willingly prostrated themselves for years beneath an expensive panoply of remedies which could also cause misery, even if they were modish. Before moving in 1819 from a taxing regime of laudanum, opium, anodynes, bleeding, dietetic restriction and hydropathy to a new trial of the prescriptions of calomel by William Dick (Principal Physician to the East India Company), Walter Scott had expressed frustration and scepticism about his strict dietetic and medicinal regimen.³⁴ Venting his exasperation not only that his stomach cramps refused ‘to yield to medicine’, but also that his constitution was affected so ‘miserably’ by the high doses of laudanum (up to 200 drops), other sedatives and occasional bleedings and purges he endured, Scott also complained that he received ‘no benefit’ from ‘abstinence’ and the long ‘list of negations which scarce admitted of any thing to eat or drink’.³⁵ His condition was compounded by the dilemma that ‘the medicines which relieve the Cramp, are the worst possible for the bilious complaint, and vice versa, so the disorders play into each others’ hands, with the regularity of a see-saw-betwixt two partners at whist’.³⁶

Beatty is persuasive in emphasising how much of the patient experience of fashionable nervousness related to unpleasant symptoms such as digestive reflux, spasms, gripes and flatulence.³⁷ The diaries of the novelist Fanny Burney contain a description of an encounter in the 1770s with the Scottish traveller and writer James Bruce (whom she mockingly calls ‘His Abyssinian Majesty’) that makes it clear that digestive complaints were by no means experienced as straightforwardly fashionable. Bruce ‘had a most extraordinary complaint which could not well be accounted for; when he attempted to speak, his whole stomach suddenly seemed to heave like an organ-bellows. He did not wish to

³¹Lorna J. Clark, ed., *The Letters of Sarah Harriet Burney* (Athens, GA: University of Georgia Press, 1997), 242.

³²Lord Byron, *Lord Byron’s Correspondence*, 3 vols (London: John Murray, 1922), I, 230.

³³Charles Richard Sanders, ed., *The Collected Letters of Thomas and Jane Welsh Carlyle* 40 vols (Durham, NC: Duke University Press, 1970), I, 363–6.

³⁴Grierson, *Letters of Sir Walter Scott*, 5.405. For a discussion of physicians’ frustration with patients, see Whorton, *Inner Hygiene*, 44.

³⁵*Ibid.*, V, 28–9.

³⁶*Ibid.*, V, 319.

³⁷Heather R. Beatty, *Nervous Diseases in Late Eighteenth-Century Britain* (London: Pickering and Chatto, 2012)

make any secret about it, but spoke of it as having originated in Abyssinia, but that it since remained (under various advice) much the same in every climate. However, one evening, when he appeared rather agitated, it lasted much longer than usual, and was so violent that it alarmed the company.³⁸

The embarrassing and unglamorous symptoms of flatulence and wind that are so often the topic of discussion in the accounts of both practitioners and patients could become much more serious, and indeed putatively lethal. A number of doctors presented rather melodramatic descriptions of gastric gas building up to a level that could precipitate spontaneous human combustion. Adair, not a credulous source by any means, reported a range of exemplary cases in 1787:

It is an extraordinary fact, that not only the human stomach, but those of brutes, absolutely sometimes generate a vapour which will take fire, as in two instances of oxen, and in a woman dissected by Ruysch, a vapour issuing from the stomach caught fire when a candle was brought near it. In dram-drinkers the breath is said to take fire sometimes; and an Italian Countess is said to have been totally consumed, one hand excepted, in consequence of drinking inordinately of spirit of wine.³⁹

Combining with the 'electric fluid' in our bodies, Adair suggested, the same gastric vapour had also led to the death of another Italian lady and 'consumed a considerable part of her body to ashes'.⁴⁰ Similarly, forty years later the physician William Wadd noted corpulence's 'proneness to combustion', uncritically listing cases of spontaneous combustion, including 'a French lady whose fat caught fire'.⁴¹

Other patients were criticised for dramatising, exaggerating or even manufacturing their digestive complaints, often with allusions to their supposed fashionable status. Discussing digestive maladies in private and especially in public ran the risk of infringing prevailing codes of taste and decency. It was also generally requisite to admit some degree of responsibility for one's maladies, and to leaven one's complaints with a dose of humour or wider historical or philosophical contextualising. Walter Scott's letters often self-reprovingly blamed the origin of his own malady on his intemperate wine drinking in younger days, as in 1819 when warning his son and namesake, then newly stationed in Cork, of the hazards in officers' 'mess-habits' to his hereditarily 'delicate' stomach.⁴² Additionally, acknowledging that he did regularly recover from his bilious bouts after a few days, Scott was careful to reflect that: 'After all can a man with any decency complain who has enjoyed so many years of such perfect health?' Likewise, at periods when

³⁸Anna Kaine Ellis, *The Early Diary of Frances Burney 1776–78*, 2 vols (London: George Bell and Sons, 1889), II, 14–15 fn.

³⁹James Makittrick Adair, *A Philosophical and Medical Sketch of the Natural History of the Human Body and Mind* (Bath: R. Cruttwell, 1787), 162–3.

⁴⁰*Ibid.*, 189. In April 1779, Horace Mann sceptically reported a similar case to Horace Walpole: 'The Pope continues very ill of I do not know what. He had an universal rheumatism accompanied with a violent heat within, which has given occasion to grave peo-

ple to talk about, what I think a very silly opinion, which I suppose never existed, an *internal fire*, of which the Pope's grandmother is said to have been carried off in a flash and totally consumed.' W. S. Lewis, ed., *Horace Walpole's Correspondence*, 48 vols (New Haven: Yale University Press, 1937–83), XXIV, 467.

⁴¹William Wadd, *Comments on Corpulency* (London: John Ebers & Co., 1829), 23.

⁴²Grierson, *Letters of Sir Walter Scott*, V, 450.

his stomach cramps grew less violent and regular, Scott conceded he was even less 'entitled to grumble at occasional indisposition,' having in a sense earned it by previous fashionable dissipation and inherited weak stomach.⁴³

One way in which contemporaries put a positive gloss on disease that had little to do with fashionability or glamour was turning to Christian morality and Stoicism, which framed illness as a trial to be met with forbearance (until recovery) or resignation (if terminal or permanently debilitating). Counselling hope in the face of affliction to her friend Margaret Hodson in 1824, the Scottish writer Joanna Baillie stressed just this model: 'illness could more truly be called a blessing; for the sterling faith & worth of your mind have been tried by it, and brought perhaps as near to perfection, as our frail nature attains to in this state'.⁴⁴ Elite sufferers generally highlighted the costs related to their digestive maladies rather than stressing any enhancements. Throughout Baillie's correspondence, which is full of complaints about her chronic stomach disorders, she focuses on the 'violence' of her symptoms and the occasional prostration she experienced, her disease narratives entirely lacking any of compensatory mental, social or emotional lustre associated with fashionability.⁴⁵ Like Carlyle, Baillie described herself as virtually impotent when severely afflicted by her stomach, reduced to 'a poor creature', her 'thinking and feeling' so 'cloudy' 'under [such] oppression' that it was 'as if I could do nothing'.⁴⁶

An investigation of lay perspectives and patient experience of so-called fashionable stomach diseases thus shows that rather than a contrast between the biomedical 'reality' of patient experience on the one hand and the culture of fashionability and critique associated with stomach complaints on the other, the two are constantly mixed up. We find that people's own physical and mental experience of disease were profoundly influenced by culture, and that the cultural framing and meaning of such diseases among non-practitioners drew on their own perceptions, creating scope for exactly the kind of 'enjoying of symptoms', playful scepticism and irony, and also the conscious heartfelt rejection of glamour that one sees in so many of these sources. This mediated scene is extremely common in the sources compared to the implications of fakery common in contemporary texts and the sense of an 'unreal' literary theme only indirectly related to disease reflected in some modern commentary. Stomach complaints were particularly suited for this debate, with the direct link to dissolute excessive eating and drinking, and, as we shall see, a powerful link to the mind, with its potential connection to virtue and vice, moral self-reflection, emotional sensitivity and intellectual potency. We also regularly encounter the power of elite patients to choose practitioners based on their own conceptions of their diseases, to question their ideas and prescriptions and thereby to influence in turn the direction of medical discourse on their modish complaints. In these complicated and ambiguous ways, the discourse of fashionable disease is therefore not just a subject for moralising physicians, literary observers or satirical artists, but a real part of the experience of sickness for many in the literate and wealthy elite.

⁴³*Ibid.*, V, 29.

⁴⁵*Ibid.*, II, 575.

⁴⁴Slagle, *Collected Letters of Joanna Baillie*, II, 574.

⁴⁶*Ibid.*, II, 596–7.

The Mind and the Stomach

A key context for supposedly fashionable digestive complaints was the idea that they were related to intellectual superiority, emotional sensitivity and poetic feeling.⁴⁷ The medical justification for this connection between intellectual power and originality with digestive disorders followed the changing models of the relationship between mind and digestion, with competing theories about juices in the stomach and intestines leading to genius and notions that the nervous strain of thinking could lead to digestive problems. Some earlier explanations for the supposed association between genius and stomach conditions emphasised a physiological, mechanical basis in the guts for mental gifts. Blackmore's *Treatise of the Spleen* (1726) suggested that people with digestive problems often 'excel their Neighbours in Cogitation and all intellectual Endowments' because their 'juices' retained 'acidity' and thereby stimulated the animal spirits to create 'a greater Plenty of clear, surprizing, and beautiful Ideas'.⁴⁸ Others argued that the causation ran in the opposite direction, that the mental strain associated with intellectual life caused serious disorders in the digestive system. A collection of Thomas Sydenham's work by Benjamin Rush, for example, included an account of 'a reverend and learned prelate', who, 'having applied himself too intensely to his studies', was seized by a hypochondriac disorder that destroyed his 'digestions'.⁴⁹ By 1800 practitioners were more likely to blame mental states for ruining intellectuals' digestion. Thomas Trotter, for instance, asserted that the strain on the nervous system of 'Intense thought' could so affect the guts as to 'reduce the philosopher to an idiot'.⁵⁰

There are many accounts that suggest that the assumption of a link between talent and studiousness with digestive complaints was widespread among the laity. The letters of Samuel Taylor Coleridge furnish a well-known example of lay understandings of the subject. In a letter to Robert Southey from the Lake District in 1802, he wrote that writers 'are all sick, all mad, all slaves!' He argued that, 'virtue and genius are diseases of the hypochondriacal and scrofulous genera, and exist in a peculiar state of the nerves and diseased digestion, analogous to the beautiful diseases that colour and variegates certain trees'. He was at pains, however, to make it clear that 'virtue and genius produce the disease, not the disease the virtue, etc., though when present it fosters them'—in other words mental strain is bad for the stomach, rather than genius being a result of digestive

⁴⁷The Lausanne physician S. A. D. Tissot, whose *Essay on the Diseases Incident to Literary and Sedentary Persons* was influential in Britain, wrote at length about the link between the digestion and the mind, suggesting that good digestion was only enjoyed by 'idiots'. Only lucky men, he wrote, were endowed with the 'bowels of iron' needed for an intellectual life. S. A. D. Tissot, *An Essay on the Diseases Incident to Literary and Sedentary Persons* (London: J. Nourse, 1764), 57. See James Kennaway, 'The Diseases of the Learned and Morbid Novels: Reading as a Cause of Disease 1700–1840', *Literature and Medicine*, 2016, 34, 252–77; James Kennaway and Anita O'Connell, 'Pathological Reading', *Literature and Medicine*, 2016, 34, 242–51; Anne C. Vila, 'The Philosopher's Stomach: Hedonism, Hypochondria, and the Intellectual in Enlightenment France', in

Christopher Forth and Ana Carden-Coyne, eds, *Cultures of the Abdomen: Diet, Digestion, and Fat in the Modern World* (Basingstoke: Palgrave Macmillan, 2005), 87–104.

⁴⁸Blackmore, *A Treatise of the Spleen and Vapours*, 91–2.

⁴⁹Benjamin Rush, ed., *The Works of Thomas Sydenham on Acute and Chronic Diseases* (Philadelphia: Kite, 1809), 293.

⁵⁰Trotter, *A View of the Nervous Temperament*, 89–90. More prosaically, others followed Bernardino Ramazzini's theory that bending over a desk to work put unhealthy pressure on the internal organs. Bernardino Ramazzini, *A Treatise on the Diseases of Tradesmen* (London: 1740), 269–73; Trotter, *View of the Nervous Temperament*, 35.

problems.⁵¹ One sees similar assumptions about the role of mental application in the causation of stomach trouble in Tory politician George Canning’s humorous doggerel on ‘How much the mind affects the belly’. While staying with society hostess Frances Crewe, who was complaining of both nervousness and a huge appetite, he wrote that if the stomach became upset, ‘The body keeps an equal measure, / In sympathy of pain or pleasure.’ She ought therefore, he continued, to avoid excessive reading and ‘abstract speculation’ that ‘Must set the nerves in agitation’, and turn to food for a cure, going from ‘Bacon’s works to bacon and eggs’.⁵²

In a period when the stock of scholars in the social order was often low, the relationship between bad digestion, fashion and intellectual prowess was complicated by the contrast between gentlemanly sophistication and crabbed, obsessive and unrefined academics. One often sees a clear attempt to distinguish healthy fashionable intellectual activity from unfashionable intellectual striving. For example, the Scottish physician and poet John Armstrong in his 1764 poem *The Art of Preserving Health* advises at great length that the ‘strong-built pedant; who both night and day / Feeds on the coarsest fare the schools bestow’ should be careful. He should ‘amuse but not fatigue’ his mind, leaving the ‘German folios’ alone. In contrast, the leisurely reading aloud of Homer and Demosthenes would cause ‘quick vibrations thro’ the bowels,’ driving ‘The restless blood, which in unactive days / Would loiter else thro’ unelastic tubes.’⁵³ On the other hand, others were happy to celebrate the positive associations of the poor digestive health of scholars. In a famous letter the philosopher and historian David Hume wrote to a physician (possibly George Cheyne) in 1734 about his digestive and mental symptoms, he recalling with humour that the practitioners he consulted blamed his mental effort for his acquisition of a ‘disease of the learned’.⁵⁴

This connection between elite glamour, vice and stomach complaints was not merely a question of the mental strength needed for self-control in the face of food and drink. Rather, the main focus was on the extent that mental and emotional distress could be the cause or symptom of disorders in the stomach and bowels. Previous historians have perhaps gone too far in arguing that by the eighteenth century, ‘No longer were the viscera or vitals where the essential self lay. The new centre of symbolic gravity lay up in the head, the brain and the nerves.’⁵⁵ There was considerable continuity to older traditions of regarding the viscera as the essence of selfhood. For instance, in the early nineteenth century Thomas Trotter was typical in suggesting that the stomach was ‘endued by

⁵¹Ernest Hartley Coleridge, ed., *Letters of Samuel Taylor Coleridge*, 2 vols (Boston: Houghton, Mifflin and Co., 1895) I, 416–7. See George S. Rousseau and David Boyd Haycock, ‘Framing Samuel Taylor Coleridge’s Gut: Genius, Digestion, Hypochondria’, in George S. Rousseau, ed., *Framing and Imagining Disease in Cultural History* (Basingstoke: Palgrave Macmillan, 2003), 231–65; Gavin Budge, ‘Indigestion and Imagination in Coleridge’s Critical Thought’, in Gavin Budge, ed., *Romantic Empiricism: Poetics and the Philosophy of Common Sense 1780–1830* (Lewisburg: Bucknell University Press, 2007), 141–81; James Robert Allard, *Romanticism, Medicine and the Poet’s Body* (Aldershot: Ashgate, 2007).

⁵²Rev. Edward Hinchcliffe, *Barthomley, in Letters from a Former Rector to his Son* (London: Longman, Brown, Orme and Longman, 1856), 316.

⁵³John Armstrong, *The Art of Preserving Health. A Poem* (London: A. Millar, 1764), 108.

⁵⁴J. Y. T. Greig, *The Letters of David Hume*, 2 vols (Oxford: Oxford University Press, 1932), I, 14. See John P. Wright, ‘Dr George Cheyne, Chevalier Ramsay, and Hume’s Letter to a Physician’, *Hume Studies*, 2003, 29, 125–41.

⁵⁵Porter, *Flesh in the Age of Reason*, 60.

nature, with the most complex properties of any in the body; and forming a centre of sympathy between our corporeal and mental parts, of more exquisite qualifications than even the brain itself'.⁵⁶ Much has been written about the role of the stomach in hypochondriasis, but the importance of the mind–stomach nexus in all digestive complaints has not been sufficiently recognised.⁵⁷ Moreover, the assumption of somatic causation with psychological effects has been rather overplayed and the role of the mind, the imagination and emotions in the causation of stomach complaints neglected. 5

Eighteenth-century medical practitioners often avoided making a strong case for the idea of the mind or imagination as a cause of stomach complaints, regarding it as opening the door to dubious superstitious and supernatural speculations, preferring a fundamentally material explanation. An emphasis on the somatic character of the conditions concerned also allowed medical practitioners to assure their patients of the 'reality' of their disease and dodge suggestions that they were merely imaginary—a common accusation from critics of fashionable diseases. The therapies prescribed to elite patients reflected this, with an emphasis on diet, exercise and drugs rather than 'moral management'. Nevertheless, and despite Roy Porter's suggestion that Georgian physicians generally assumed a somatic causation, medical literature also often accepted that mental distress could lead to digestive problems as well as vice versa, whether interpreting nerves or the digestion as the primary seat of disease.⁵⁸ Practitioners' experience often led them to acknowledge that mental and emotional problems could cause digestive conditions. 10 15 20

Georgian thinking on stomach disorders and their relationship to the mind and affections had deep connections to traditions of diet and regimen going back to Antiquity. Psychosomatic stomach complaints had been easy to explain in terms of the relationship between two of the six Galenic non-naturals, the elements of regimen that he saw as the basis of healthy living—excretions and retentions, and the passions of the soul—which remained highly influential. Likewise, the model of bile and vapours from the guts causing mental symptoms remained fundamental as a model for the interaction of digestion and mind. For instance, Robert Burton's 1621 *Anatomy of Melancholy* describes how a disordered digestion can make 'windy vapours ascend up to the brain which trouble the imagination, and cause fear, sorrow, dulness, heaviness, many terrible conceits and chimeras'.⁵⁹ This model proved remarkably resilient throughout the early modern era, becoming integrated into more mechanistic ideas of the body associated with the iatromechanical view of digestion. However, from the late seventeenth century the nervous system was incorporated into prevailing notions of the interaction between the digestive system and mind. For the hypochondriasis diagnosis, there was a gradual shift from the bowels and stomach to nerves and then to the imagination, leaving the term with its modern meaning restricted to the suffering caused by imaginary complaints.⁶⁰ 25 30 35

⁵⁶Trotter, *A View of the Nervous Temperament*, 207.

⁵⁷See Esther Fischer-Homberger, 'On the Medical History of the Doctrine of Imagination', *Psychological Medicine*, 1979, 9, 619–28.

⁵⁸Porter, 'Barely Touching', 55. See also L. J. Rather, *Mind and Body in Eighteenth-Century Medicine* (Berkeley: University of California Press, 1965).

⁵⁹Robert Burton, *The Anatomy of Melancholy* (London: B. Blake, 1838), 272.

⁶⁰Russell Noyes, 'The Transformation of Hypochondriasis in British Medicine, 1680–1830', *Social History of Medicine*, 2011, 24, 281–98. See also Jonsson, 'The Physiology of Hypochondria in Eighteenth-century Britain', 15–30.

Nevertheless, echoes of the humoral system in terms of noxious gases in the digestion causing mental distress persisted well into the nineteenth century.

Thomas Willis, who was a crucial figure in the shift of focus to the nerves, was sceptical about the idea of vapours rising from the stomach as a cause of mental symptoms, but was still clear that fermented juices could affect the mind because of the 'intimate communication' between the spleen, nerves and brain.⁶¹ Willis explicitly argued that the relationship could work in the opposite direction, too, with the 'violent passions of the mind' affecting the spleen via animal spirits in the nerves.⁶² The 'nerve doctors' of the eighteenth century further elaborated the theory of the nervous system as the true conduit between digestion and the mind. The physician Richard Blackmore, in his 1726 *A Treatise of the Spleen*, aimed to remove from 'this Bowel the Guilt that is charged upon it, as the Author of those disorderly Affections'.⁶³ Despite his argument that the real basis for hypochondriasis was 'the irregular, depraved, and convulsive Disposition of the Nerves and Spirits', Blackmore was willing to accept that emotional and mental symptoms could be caused by 'ferment' in the viscera.⁶⁴ But he also recognised emotional and mental causation, observing how disturbances in the nerves, occasioned by 'sudden and violent Impressions . . . unwelcome News, sad Accidents, a sudden Outcry, or the very opening of a Door, or disagreeable and frightful Ideas presented to the Fancy or Imagination', might result in 'convulsive Spasms and Contractions in any Bowel'.⁶⁵

Cheyne's *The English Malady* (1733) is often depicted as putting the nerves at the centre of discussion of mental and emotional illness in general, but it is striking that his approach is more somatic and focused on digestion and less interested in mental causation than that of many of his contemporaries. He maintained that 'all distempers begin first at the stomach or bowels, and then ascend to the head', and that 'He that would have a clear head, must have a clean stomach; the neglect of which, is the cause why we see so many hypochondriacal, melancholy, and vapourish gentlemen'.⁶⁶ The fundamental model here was hydraulic or iatromechanical, the complex tubes and pipes of the stomach operating as a powerful pressure-pump for producing the rising gaseous and liquid distillation of 'vapours'. Those vapours (a term he disliked) were designated as 'bad, sharp, thick, and viscid Juices, attended with weak and relaxed Nerves'.⁶⁷ If disorders in the digestive system led to obstructions, all sorts of physical and mental symptoms could result.

The traditional emphasis on the digestion was easily incorporated into the increasing interest on the nervous system in eighteenth-century medicine, drawing on the notion of

⁶¹Kenneth Dewhurst, *Willis's Oxford Lectures* (Oxford: Sandford, 1980), 87–92; Thomas Willis, *The London Practice of Physick* (London: Thomas Bassett and William Crooke, 1685), 307–9. See Robert G. Frank, 'Thomas Willis and his Circle: Brain and Mind in Seventeenth-Century Medicine', in George Rousseau, ed., *The Languages of Psyche: Mind and Body in Enlightenment Thought* (Berkeley: University of California Press, 1990), 107–46.

⁶²Willis, *London Practice of Physick*, 311. See also Thomas Sydenham, *The Entire Works of Thomas Sydenham* (London: E. Cave, 1713), 420.

⁶³Richard Blackmore, *A Treatise of the Spleen and Vapours, or, Hypochondriackal and Hysterical Affections* (London: J. Pemberton, 1726), 10–11.

⁶⁴*Ibid.*, 29–30, 11.

⁶⁵*Ibid.*, 30.

⁶⁶George Cheyne, *An Essay on Regimen* (London: C. Rivington, 1740), xxxvii; George Cheyne, *An Essay of Health and Long Life* (London: George Strahan, 1737), 34.

⁶⁷George Cheyne, *The English Malady* (London: G. Strahan, 1733), 194.

nervous 'sympathy', precipitated by the work of the likes of Albrecht von Haller on irritability and sensibility. In particular, Robert Whytt's *Observations on the Nature, Causes, and Cure of those Disorders ... commonly called Nervous, Hypochondriac or Hysteric* (1765) emphasised the role of the sympathetic nervous system in the way that organs, especially the brain and the digestive system, communicate. Despite this focus on the nerves, there is still a high level of continuity with traditional views that focused on vapours. Whytt wrote that, 'A disordered state of the stomach and intestines, with wind or noxious humours lodging in them, will sometimes so affect the brain, as to deprive people of their reason.'⁶⁸ Again, for Whytt, the interaction between mind and stomach worked in both directions: 'obstructions in the stomach ... may be often the cause of low spirits, so, on the other hand, melancholy, or long continued grief, frequently gives rise to hypochondriac and hysteric complaints, and sometimes to obstructions in those viscera.'⁶⁹

Miller implies that the stomach achieved 'heightened centrality' in the early nineteenth century because of the doctrine of nervous sympathy, but the continuities with iatromechanical and indeed humoral conceptions of an essentially reciprocal relationship between mind and digestion involving noxious vapours and fluids are striking.⁷⁰ Although the nerves, themselves often understood as a system of fluids, increasingly provided the terminology and explanatory framework for such conditions, in many ways the stomach remained what the dietetic writer James Mackenzie in his *The History of Health* (1765) called the 'father of the family'.⁷¹ This sense that the causation of disease could work from stomach to mind and vice versa thus survived fairly intact through the emergence of the nerve medicine of the Georgian period. Rather than replacing a medicine of vapours and digestion with one of the nerves and stimulation during the eighteenth century, physicians found reasons to combine the two. As we shall see, the local pathology and systematic post-mortems associated with Paris Medicine and its British contemporaries proved to be more of a caesura in this regard.

Lay discussion of the topic suggests an assumption of a profound and highly significant relationship between digestion and the nerves. The correlation made stomach and intestinal complaints ideal vehicles for satires such as Thomas Love Peacock's classic take on Romantic hyper-sensibility *Nightmare Abbey* (1818), which mentions in its very first lines that the inhabitant of that country seat was 'much troubled with those phantoms of indigestion which are commonly called blue devils'—that is, those stomach complaints causing symptoms of depression.⁷² George Cruikshank's image *Indigestion* of 1835 (Figure 1) similarly has the stomach pains of that condition accompanied by blue devils, the symbol of low spirits.

The pervasive conceptualisation of the mind–digestion connection in terms of vapours rising from the guts to the brain and causing distress is reflected in countless lay and

⁶⁸Robert 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: T. Becket and P. Du Hondt, 1765), 17.

⁶⁹*Ibid.*, 203.

⁷⁰Miller, *Modern History of the Stomach*, 9.

⁷¹James Mackenzie, *The History of Health, and the Art of Preserving It* (Edinburgh: William Gordon, 1765), 211.

⁷²Thomas Love Peacock, *Nightmare Abbey* (London: J. M. Dent, 1861), 15.

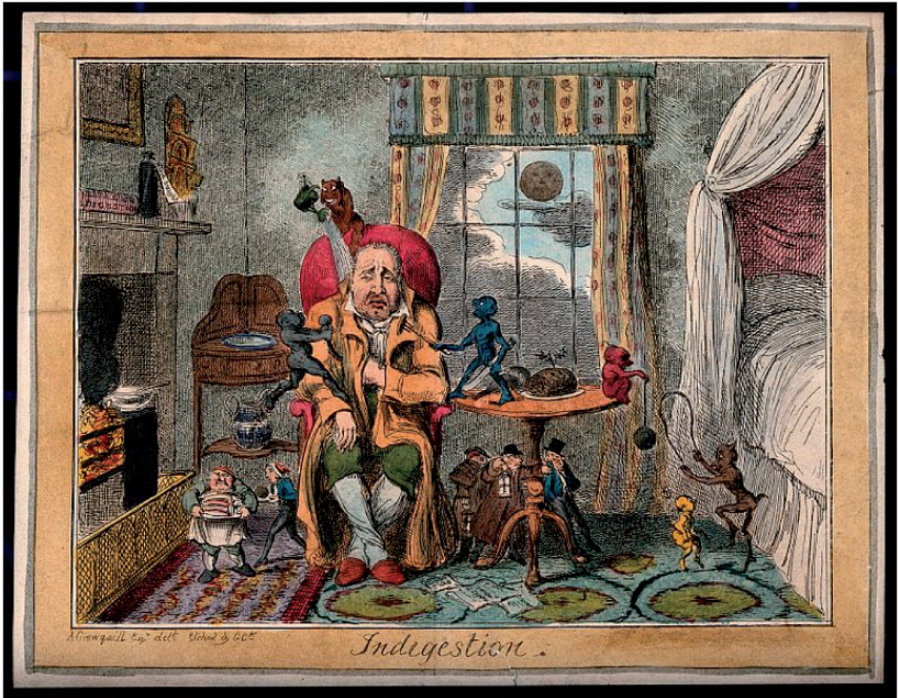


Fig. 1 *Indigestion*—Hand-coloured etching by George Cruikshank after Alfred Crowquill (1835) (Wellcome Images)

literary sources. Jonathan Swift in his 1704 *Tale of the Tub* turned satirically to that model, writing, 'Now, I would gladly be informed how it is possible to account for such imaginations as these . . . without recourse to my phenomenon of vapours ascending from the lower faculties to overshadow the brain, and there distilling into conceptions, for which the narrowness of our mother-tongue has not yet assigned any other name beside that of madness or phrensy.'⁷³ This model persisted prosaically into the early nineteenth century in lay narrative sources. For example, as late as 1822, the Ayrshire novelist John Galt wrote of Robert Plan, the protagonist of his novel *The Provost*, that he was 'of a retired and sedentary habit of body; and the vapour of his stomach, as he was sitting by himself, often mounted into his upper story, and begat with his over zealous and meddling imagination, many unsound and fantastical notions'.⁷⁴

Similarly, Lady Caroline Fox (the mother of Charles James Fox), corresponding with her sister the Countess of Kildare in 1759, wrote that having 'been exceedingly out of order with my head and stomach for some months' and experiencing regular vomiting, weight loss and a disordered head, she was certain that 'what I imagined nerves all comes from

⁷³Jonathan Swift, *The Works of Jonathan Swift*, 2 vols (London: Henry Washbourne, 1841), I, 114.

⁷⁴John Galt, *The Provost* (Edinburgh: William Blackwood, 1822), 293.

my stomach'.⁷⁵ The Scottish Methodist and correspondent of John Wesley, Lady Maxwell of Pollock, blamed her on-going emotional and religious distress on stomach complaints affecting her nerves. In a letter to Lady Hope in August 1781, for instance, she complained of 'disorder in my stomach and bowels, which affected my nerves and spirits'.⁷⁶ Walter Scott likewise connected the 'flatulence [and] hypochondria' experienced by his friend the publisher James Ballantyne, including the 'blue-devils', to 'indigestion', the remedy for which was to submit to 'a regimen as to eating not for a month or two but for a year at least'.⁷⁷

Evidence of lay assumptions about causation in the opposite direction, that is, the idea that mental distress could upset the health of the digestion, is also common. For instance, Lady Louisa Stuart, the daughter of Lord Bute, wrote about her father's health in a letter from 1778. She reported his 'constant sickness in his stomach', caused perhaps partly by his imagination but especially by 'the abuse in the newspapers, which no persuasion can keep him from reading . . . they print the most impertinent, spiteful things every day'.⁷⁸ Writing to the dashing English naval officer Sir Sidney Smith held in a French revolutionary prison in 1797, the Scottish physician Gilbert Blane implored him to employ the 'medicine of the mind', but the focus of his concern was the impact of emotional distress on his digestive system. 'The function of the animal oeconomy which want of exercise and anxiety of mind chiefly affect is that of the stomach,' he wrote, and it was from there that the principal threat to the health of body and mind would come.⁷⁹ Similarly, in his famous review of the work of the German romantic E. T. A. Hoffmann, Walter Scott suggested that his psychological problems had had a fatal influence on his stomach, notwithstanding his views on the influence of the digestion of the mind. 'There is much reason to think that his life was shortened . . . by his mental malady,' he wrote, 'of which it is the appropriate quality to impede digestion and destroy the healthful exercise of the powers of the stomach.'⁸⁰

The potential impact of emotional states on digestion and vice versa was a boon for those who wished to moralise about 'excessive sensibility'. For example, 'A Grandmother', in *Advice to Young Mothers on the Physical Education of Children* (1833), expressed concern about 'the dangerous consequences of a cherished and cultivated excess of sensibility'. Excessive feeling, she claimed, 'deranges the stomach, bowels, nerves, liver, and brain; producing, according to the habits of the different subjects, indigestion, diarrhoea, convulsions, jaundice, and various sorts of fevers'. It could even, it seems, lead to the death of children.⁸¹ Likewise, the 1825 *Domestic Duties, Or, Instructions to Young Married Ladies* by Frances Byerley Parkes (one of the Byerley sisters related to the

⁷⁵Brian FitzGerald, ed., *Correspondence of Emily, Duchess of Leinster (1731–1814)*, 2 vols (Dublin: Stationery Office, 1949), I, 195.

⁷⁶Rev. John Lancaster, *The Life of Darcy, Lady Maxwell of Pollock* (New York: J. Collord, 1840), 193.

⁷⁷Grierson, *The Letters of Sir Walter Scott*, 2.365.

⁷⁸Mrs Godfrey Clark, *Gleanings from an Old Portfolio: Containing Some Correspondence between Lady Louisa Stuart and her Sister Caroline, Countess of Portarlington and other Friends and Relations*, 3 vols (Edinburgh: David Douglas, 1895), I, 91.

⁷⁹Letter from Dr Gilbert Blane to Sir Sydney Smith. National Records of Scotland (GD40/9/214/2).

⁸⁰Walter Scott, 'Novels of Ernest Theodore Hoffman', in *Critical and Miscellaneous Essays*, 2 vols (Philadelphia: Carey and Hart, 1841), II, 9–52, quotation on II, 34.

⁸¹'A Grandmother', *Advice to Young Mothers on the Physical Education of Children* (Boston: Hilliard, Gray and Co., 1833), 320–1.

Wedgwood family, whose school in Stratford was attended by Elizabeth Gaskell) discussed the necessity of both 'physical and moral management' for digestive complaints, including avoiding not only spicy food but also excessive reading and music and showing 'too much tenderness and sympathy' towards children.⁸²

The mind–stomach nexus was thus really at the heart of the various debates on fashionable digestive complaints. With causation widely understood to work both from stomach to mind and vice versa, both were assigned a key role not only in issues related to excessive consumption of food and drink but also to the whole moral, emotional and intellectual sphere of sensibility. Over and over again one sees sources that deal with sensibility and nervousness that spend far more time discussing the digestion than the kind of psychological causes later developments might lead one to expect. To a great extent, this link explains the regularity with which the stomach features in debates on fashionable diseases in the period. In discussions of questions of sensitivity and low spirits, vice in the context of moralising pedagogical texts or virtues in relation to intellectual prowess, the stomach was often as significant as the brain and nerves.

The Decline of Fashionable Diseases of the Stomach

It seems that by the end of the Georgian era much of the elite glamour associated with stomach complaints was waning, although it has recurred intermittently in various forms until today. By the 1840s members of the *bon ton* suffering from superior digestive diagnoses who had preoccupied the imagination of previous decades had largely faded from view. Instead, stomach complaints are depicted as something involving rather more down-at-heel figures, the subject of gentle humour more than savage social satire. For instance, Mr Gobler in Charles Dickens' 1834 short story 'The Boarding House', who lives on the margins of respectability, is described as having 'no stomach whatever. . . . I mean that his digestion is so much impaired, and his interior so deranged that his stomach is not of the least use to him.'⁸³ Far from being a glamorous figure or a symbol of elite vice, he is a 'lazy, selfish hypochondriac . . . tall, thin and pale'.⁸⁴ Likewise, the protagonist suffering from stomach complaints in Charles Birch-Reynardson's 1851 comic squib *Muggin in Search of Health* is rather déclassé and lives in a cottage not a mansion (Figure 2). He goes on a tour of continental watering holes, but not before he 'becomes hypochondriacal' and suggests to a doctor that he might be 'in the family way'.⁸⁵ And although Mr Stomach in Sydney Whiting's *jeu d'esprit* of 1853 *Memoirs of a Stomach* describes himself as having 'gentle parentage', and suffers from repeated hypochondriacal delusions such as fancying himself 'in the family way', he is more of an Everyman than an example of the fashionable diseases discourse.⁸⁶ As well as eating 'in fashionable watering-places', he has also dined in 'eating-houses, the effluvia of which, steaming up through the iron grating, made me qualmish before eating, and ill all the day after'.⁸⁷ In the

⁸²Mrs William [Frances Byerley] Parkes, *Domestic Duties, Or, Instructions to Young Married Ladies* (New York: J. and J. Harper, 1829), 291–7.

⁸³Charles Dickens, *Sketches by Boz*, 2 vols (New York: Charles Scribner, 1905), I, 345

⁸⁴Dickens, *Sketches by Boz*, I, 355–6.

⁸⁵Charles Thomas Birch-Reynardson, *Muggin in Search of Health* (1851) (Beinecke Library, Yale University – Osborn d207).

⁸⁶Sydney Whiting, *Memoirs of a Stomach* (London: W.E. Painter, 1853), 1.

⁸⁷*Ibid.*, 109–11.



Fig. 2 Charles Thomas Birch-Reynardson—*Muggin in Search of Health* (1851) (Beinecke Library, Yale University—Osborn d207).

company of Mr Brain, Mr Stomach attends university, but its impact is not via the digestive effects of mental strain, but due to his enormous breakfasts.⁸⁸

It seems to us that there are several significant reasons for this decline in the idea of fashionable stomach complaints. First, developing anatomical understandings of digestion associated with Paris medicine (and parallel British developments) called into question the mind–stomach nexus that had done so much to link such maladies to the discourse on fashionable diseases. Although François Broussais did focus on the role of stomach inflammation in disease, acknowledging Pierre Jean Georges Cabanis’ concept of ‘rapport’ between stomach and mind, and the alienist Philippe Pinel continued to be fascinated by the relationship between digestion and the mind, the mounting evidence for the lack of lesions in the bowels in cases of mental distress resulted in a loss of faith in a close interrelationship between the digestive system and the mind.⁸⁹ Physicians and patients never entirely gave up on the idea of a potent link between mind and guts, but the

⁸⁸*Ibid.*, 130, 85

⁸⁹W. R. Albury, ‘Corvisart and Broussais: Human Individuality and Medical Dominance’, in Caroline Hannaway and Ann La Berge, eds, *Constructing Paris Medicine* (Amsterdam: Rodopi, 1998), 221–50; Miller, *Modern History of the Stomach*, 42–4; Othmar Keel, ‘Was Anatomical and Tissue Pathology

a Product of the Paris Clinical School or Not?’, in Caroline Hannaway and Ann La Berge, eds, *Constructing Paris Medicine* (Amsterdam: Rodopi, 1998), 117–83; Elizabeth A. Williams, ‘“Stomach and Psyche” Eating, Digestion, and Mental Illness in the Medicine of Philippe Pinel’, *Bulletin of the History of Medicine*, 2010, 85, 358–86.

development of the ulcer diagnosis and a shift towards conceiving of emotions more in mental rather than physical terms undermined the connection.⁹⁰

In Britain, a similar shift away from the mind–stomach nexus can be seen. For instance, John Abercrombie's *Pathological Practical Researches on Diseases of the Stomach* of 1830 provides examples of cases that 'had been considered hypochondriacal' before setting out their 'real' causes, pointing to the results of post-mortems.⁹¹ Abercrombie also dismissed the implications of any anatomical link between stomach, nerves and mind, writing that 'The dependence of the function of digestion upon the influence of the eighth pair of nerves, is among the most beautiful discoveries of modern physiology; but nothing of a practical nature has hitherto been deduced from it.'⁹² This focus on local pathology transformed the categorisation of stomach complaints, and increasingly left the interaction of stomach and mind to the emerging field of psychological medicine. A new set of somatic diagnoses such as ulcer began to dominate digestive medicine, challenging the ideas about the somatic basis of psychological symptoms in the digestive system that had been around in various forms since Antiquity.⁹³ Until the 'executive ulcer' of the twentieth century, digestive conditions no longer carried such a direct link to potentially superior mental characteristics.⁹⁴

Changes in the medical environment and not just medical theory also appear to have had a profound impact on the idea of fashionable stomach diseases in the wake of the arrival of so-called Asiatic cholera in Sunderland in October 1831.⁹⁵ The impact of *cholera morbus* may have been dwarfed by other conditions such as consumption and have had few consequences for political structures, as Margaret Pelling has argued, but its effect on the culture surrounding digestive diseases is clear.⁹⁶ The advent of cholera in a society that had had little experience of major epidemics of contagious digestive diseases during the Georgian era undermined the notion of modishness in the context of digestive complaints in a number of ways. Most obviously, rather than a chronic lifestyle condition of the kind best suited for the discourse of fashionability, cholera was an acute, potentially fatal disease, whose alarming symptoms were incompatible with glamour. Secondly, cholera ignored social and national divisions, and, indeed, was linked less to wealth and the elite than to poverty, and finally, it seemed to cast doubt on the prestige of modish physicians, who were left looking impotent in the face of a public health disaster, rather than 'managing' the symptoms of more palatable diseases.

The changing nature of British society as its class structures were transformed by the Industrial Revolution also played a vital role. It is likely that physicians came to see a

⁹⁰See Miller, *History of the Stomach*; Dixon, *From Passions to Emotions*.

⁹¹John Abercrombie, *Pathological Practical Researches on Diseases of the Stomach* (Philadelphia: Carey, 1830), 352, 220–1.

⁹²*Ibid.*, 90.

⁹³Miller, *Modern History of the Stomach*, 12–19.

⁹⁴It also undermined the notion that stomach complaints were intimately connected to intellectual superiority, as Anne Vila has noted in the French context. Vila, 'Philosophe's Stomach', 95.

⁹⁵R. J. Morris, *Cholera 1832: The Social Response to an Epidemic* (London: Croom Helm, 1976), 95–158;

Michael Durey, *The Return of the Plague: British Society and the Cholera, 1831–2*; Charles E. Rosenberg, 'Cholera in Nineteenth-Century Europe: A Toll for Social and Economic Analysis', *Comparative Studies in Society and History*, 1966, 8, 452–63.

⁹⁶Margaret Pelling, *Cholera, Fever and English Medicine, 1825–65* (Oxford: Oxford University Press, 1978); Richard Evans, 'Cholera in Nineteenth-century Europe', in Terence Ranger and Paul Slack, eds, *Epidemics and Ideas: Essays on the Historical Perception of Pestilence* (Cambridge: Cambridge University Press, 1992), 149–73.

broader range of patients and that they became more interested in the diseases common beyond the elite. It is certainly the case that long-term shifts in the perception of class associations also played a role in the decline of modish stomach complaints. After the work of physicians like Cheyne from the 1720s, stomach complaints had acquired a strong association with the idle elite. By contrast, it had long been a commonplace that the labouring poor were healthier and lived longer than the rich. For example, the physician Rice Charleton, who largely dealt with patients from outside the elite at the Bath General Hospital, wondered if 'the poor are less liable to disorders of the stomach than the rich from their different manner of living'.⁹⁷

After 1800, however, practitioners increasingly suggested either that the link of digestive disorders with wealth was mistaken or that the causes and incidence of such complaints were sliding down the social scale. Whereas Cheyne had praised the diet of the 'middling rank' as the healthy and best suited for the British climate, in the early years of the nineteenth century Thomas Trotter thought they too were succumbing to luxury.⁹⁸ The lifestyle of 'Men of business,' he declared, 'impedes the functions of the stomach.'⁹⁹ The stomach specialist James Johnson argued that all classes suffered in the same way: 'The class of [stomach and bowel] complaints . . . knocks at the door of every gradation of society, from the monarch, in his splendid palace, down to the squalid inhabitant of St. Giles.'¹⁰⁰ Many contemporaries linked the changing class associations of stomach complaints with the rapid social changes connected to capitalist development in the early nineteenth century. Johnson wrote that it was partly capitalist 'speculative risks' that disturbed 'the functions of the digestive organs'.¹⁰¹ In Johnson and some of his contemporaries one thus perceives a shift from an understanding of nervous disease and its consequences for digestion in terms of luxury and idleness to one that focused on labour and speculative capitalism decades before George Beard's neurasthenia diagnosis.¹⁰²

Conclusion

It is clear that the whole discourse of fashionable disease and the way it mediated patient experience was directly linked to changing medical, cultural and socioeconomic contexts. Far from replacing the traditional focus on the digestion, the nerve paradigm in eighteenth-century medicine provided a clear basis for connecting modish sensibility to the stomach. Medical theory offered a way for lay observers to both glamorise and criticise the symptoms associated with the *bon ton*. It also allowed some patients to 'enjoy' their symptoms, or at least to adopt a playful, ironic view of their often very real suffering, and often provided a functional and validating experiential and cultural context even in the face of criticism and rejection. The intimate connection between digestion, the

⁹⁷Rice Charleton, ed., *Histories of Hospital Cases under the Care of the late Dr. Oliver; with Additional Cases and Notes, by the Editor, in Charleton, Three Tracts on Bath Water* (Bath: Printed for R. Cruttwell, 1774), 63.

⁹⁸Cheyne, *English Malady*, 156.

⁹⁹Trotter, *A View of the Nervous Temperament*, 37–8.

¹⁰⁰Johnson, *An Essay on the Morbid Sensibility of the Stomach and Bowels*, 1–2.

¹⁰¹James Johnson, *An Essay on the Morbid Sensibility of the Stomach and Bowels* (New York: Griggs and Auner, 1827), 68.

¹⁰²Roy Porter, 'Nervousness, Eighteenth and Nineteenth Century Style: From Luxury to Labour', in Marijke Gijswijt-Hofstra and Roy Porter, eds, *Cultures of Neurasthenia: From Beard to the First World War* (Amsterdam: Rodopi, 2001), 31–50.

nerves and the mind, widely understood to function in both directions, meant that the vices and virtues related to emotional and intellectual life were also incorporated into the debate on fashionable stomach conditions. From the 1830s, increasing medical scepticism about the mind–stomach nexus, combined with decreasing social prestige for stomach complaints and the advent of cholera, led to the decline of the discourse of fashionable stomach complaints, both in terms of authentic or ironic glamour and as a stick with which to beat the idle rich. 5

Thinking about the interrelationship between the stomach and the mind has gone through many vicissitudes since the Georgian era. The discovery of *H. pylori* bacteria in ulcers in 1983 led to a move towards somatic explanations and a reduction in interest in the role of ‘stress’ that had been influential since the work of Walter Cannon and British wartime research.¹⁰³ Nevertheless, today there is once again extensive medical discussion of the interface between the digestive system and the mind.¹⁰⁴ In discovering the roots of contemporary culture of medicalised food anxiety, self-control, anorexia and obesity, the fashionable stomach diseases of the long eighteenth century have a strong claim to our interest. Their links to an emerging ‘consumer society’ presented all sorts of problems not only for individuals’ digestions but also for moralists worried about the consequences of modernity and its self-indulgence. Reviewing their decline by the end of the Georgian period in the face of new medical thinking, new class associations and a new internalised emotional restraint, we perceive the gradual development a new ethic of the self-control in terms of eating, as the heroic meals of the previous century faded into memory. The developments with regard to these fashionable digestive maladies laid the foundation for the modern, medicalised ethic of food, greed and self-control that dominates so many people’s lives today. Steven Shapin is surely right to suggest that an examination of the history of ideas about the digestion is key ‘for understanding how we’ve come to think about minds, bodies and modernity’.¹⁰⁵ 10 15 20 25

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¹⁰³Miller, *Modern History of the Stomach*.

¹⁰⁴See Ed Yong, *I Contain Multitudes* (London: Bodley Head, 2016); Emeran Mayer, *The Mind–Gut Connection* (New York: Harper Wave, 2016), S. Levenstein, ‘Stress and Peptic Ulcer: Life beyond

Helicobacter’, *British Medical Journal* (1998), 538–41.

¹⁰⁵Steven Shapin, ‘Gutted’, *London Review of Books*, 30 June 2011, 33, 15–17, 17.