

# *News, Notes and Queries*

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## THE INCIDENCE OF EMOTIONAL DISORDER IN A SEVENTEENTH-CENTURY MEDICAL PRACTICE

### INTRODUCTION

In 1733 George Cheyne, writing on neurosis, stated 'These nervous disorders being computed to make almost one third of the Complaints of the People of Condition in England'.<sup>1</sup> A little over two centuries later, the Royal College of General Practitioners still agreed with the same proportion, accepting that 30 per cent of patients attending the surgery of the general practitioner present with symptoms of neurosis and with psychosomatic complaints.<sup>2</sup>

Whilst these later findings are well documented and supported by contemporary studies, we have no such sure clinical evidence for the high incidence of emotional disorders in earlier periods. However, in one instance, we can arrive at a reasonably accurate figure by analysing the case histories of a general practitioner of an even earlier date than Cheyne, for the notes analysed in this paper are those of Dr. John Hall, first published in 1657 and still easily available today in a facsimile edition, thanks to the scholarly work of Mrs. Harriet Joseph.<sup>6</sup>

Dr. Hall (1575–1635) was born in Bedfordshire and practised in Stratford-upon-Avon, where he had set up residence after marrying Shakespeare's elder daughter, Susanna. His connections with our greatest poet are not, however, his only claim to fame, for his patients recognized that in medicine he was 'most excellent in that art'.<sup>6</sup> This opinion was further documented by the inscription on his tombstone, which describes him as 'medica cereberrimus arte'. Dr. John Hall collected together in two notebooks a selection of observations on some of his patients, presumably with the intention of having them published. They were certainly of importance to him, as he mentions them in his brief will, directing that, since he could not leave them to Mr. Boles (a medical colleague in Stratford), his own son-in-law Thomas Nash could have them to do with them as he pleased. The notes eventually passed from the hands of his daughter Elizabeth to Dr. James Cooke; he patiently deciphered Hall's abbreviated Latin and, with the help of Richard Court, Hall's apothecary, translated the contents of the first of the two notebooks into English and had them published. The book, *Select Observations on English Bodies*, ran into three editions, the first in 1657, the second in 1679 and the third in 1683. But, despite its success, it was not followed by the publication of the contents of the second notebook, which Dr. Cooke mentions in the preface. This second notebook appears to have been lost.

### THE PRESENT STUDY

The aim in analysing Hall's notes is to attempt to estimate the incidence of emotional disorders as seen by a general practitioner in the early seventeenth century.

For the present study the second edition of *Select Observations* has been used in its facsimile printing,<sup>6</sup> as this is the most accurate and nearest to the original text. It comprises 182 'Observations' on 183 patients (one observation concerns two patients), from which we have excluded three, as they were added by Dr. Cooke in the course of his editing. We are aware of the smallness of the sample (180 patients) and of the

fact that it is not a random sample, or a consecutive series, as Dr. Hall selected his observations in order to present to his readers a collection of useful therapeutic precepts. However, in many respects Dr. Hall's practice seems to be fairly representative of the patients seen by a seventeenth-century general physician.

For instance, the social status and occupations of Dr. Hall's patients show that they came from all social classes; his notes refer to lords and ladies as well as to ministers, schoolmasters, barbers and servants. Also, although the age of the patients is not always stated, his practice seems to have covered all age groups, from a baby of six months to an old man of eighty-six years.

Again, the 'Observations' offer a sample of 180 patients consisting of 109 females (61 per cent), 70 males (39 per cent) and an infant of unstated sex. This preponderance of female patients is still found today in general practice and most general practitioners confirm that women are more frequent attenders at surgeries than men.<sup>4</sup>

Nor is there reason to believe that the selection was biased by the inclusion of a disproportionate number of emotional and psychosomatic disorders. Hence, in trying to establish the incidence of neurosis in the early seventeenth century, we may reasonably assume that the 'Observations' represent a sample of the material dealt with by a general physician of that period.

However, before discussing the evidence presented by Dr. Hall's notes, it is important to establish that he was aware of the distinction between psychosis (madness) and neurosis (emotional disorder).

#### DR. HALL'S AWARENESS OF EMOTIONAL DISORDER

The Elizabethans in general were not ignorant of the difference between psychosis and emotional disorder. Shakespeare, Hall's father-in-law, makes it clear that the central symptom of madness is the inability to feel emotion:

I am not mad: too well, too well I feel  
The different plague of each calamity.  
(*King John*, III, iv, 59–60).

Shakespeare's plays, aimed as they were at audiences representing a wide cross-section of the population, reflect the popular thinking of his times, but we need not discard the possibility that, in addition, he was influenced, or even at times advised, by his son-in-law.

There is no doubt that Dr. Hall was well aware of the distinction between emotional disorder and psychosis. Like the general practitioner of today, who seldom finds a percentage greater than 0.5 per cent of psychosis among his patients,<sup>8</sup> Dr. Hall describes no case of psychosis in his notes. In fact the nearest he gets to psychosis (he actually uses the word 'frenzy') is in the description of a case of acute organic psychosis, or delirium, in a young woman of twenty-four who, following childbirth, 'fell suddenly into a grievous delirium, no other disease preceding; she was most angry with those that formerly she most loved, yet her talk was very religious. By intervals there was a fever acute, which made me fear a frenzy.'

Psychiatric disability of an emotional nature is overtly recognized by Dr. Hall in some of his patients, whose symptoms he describes by such terms as 'melancholy',

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'hypochondria' and 'the mother' (i.e. hysteria). Evidence that he not only recognized emotional disorders for what they were, but also knew the effect of stress on the organism, is to be found in many of his comments. Striking examples are found in his notes on the case of Lady Brown of Radford. Here he reports her many symptoms, including 'melancholy, watchfulness [insomnia] and troublesome sleep', and then adds '*All these happened from the death of her daughter, dying in child-bed*'. Again in the observation on the Bishop of Worcester, an old man of eighty-six, we read 'He had very unquiet Nights . . . and if he did sleep, it was with terror, *which happened from the sudden slaughter of one in his family*, which did much terrify and perplex his spirits, and afflicted him grievously with Melancholy'. [Our italics]. His understanding of stress disorders shows clearly too in the advice he gives to the parents of a depressed and hysterical adolescent girl that 'there should be few to trouble her.'

It is also of interest that in many of his observations Dr. Hall includes notes on the personality and aspect of his patients, implying that personality assessment would be a feature of his analysis of the clinical situation. Common are such descriptions as 'a great drinker', 'an excellent poet' (in reference to Drayton), 'very religious', or even 'very handsome' or 'godly', 'honest' or simply a 'poor man'.

#### METHOD OF ANALYSIS

From the 'Observations' on 180 patients the following information has been abstracted: (1) symptomatology relevant to emotional disorder and (2) sex of patient. The criteria used in assessing the symptomatology have been almost always factual, rather than speculative, e.g. depression has been recorded only when Hall actually uses the term 'melancholy'; hypochondria only when the term is used; hysteria when he refers to 'the mother', which was a contemporary term for that disorder. If the same patient presented with multiple symptoms of emotional disorder, each symptom has been recorded under its appropriate heading.

#### SYMPTOMATOLOGY OF EMOTIONAL DISORDER FOUND IN THE 'OBSERVATIONS'

A hundred symptoms of emotional disorder were shown by fifty-two patients. These symptoms were not evenly distributed between them, but sometimes appeared singly and at other times they appeared in a cluster of up to five symptoms in the same patient. For instance, Observation XLVII, in the first hundred cases, refers to a female of forty-six years of age, for whom Dr. Hall reports hypochondria, depression, palpitation, headache and vertigo. On the other hand in the patient showing enuresis (Observation XII, in the first hundred) Dr. Hall notes no other symptom, but the 'cure' achieved by the administration of dried windpipe of a cock, herbs and raw egg, leaves no doubt that the enuresis complaint was not due to any organic causes, but had a psychopathological aetiology.

Emotional trauma causes certain changes in the individual, these changes usually show in the altered mood, behaviour and physical state of the individual; furthermore they tend to appear in all three of these aspects rather than in just one. For the sake of classification, the symptomatology of emotional disorder<sup>7</sup> can be conveniently listed under three main headings: (1) changes of mood; (2) changes of behaviour; (3) physical changes (psychosomatic disorders).

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Table 1 shows those symptoms noted in his patients by Dr. Hall that are indicative of changes of mood, of behaviour and of physical state.

Dr. Hall was very explicit in describing the symptoms shown under 'Changes of Mood' and was himself aware of their aetiology (see examples given above of Lady Brown of Radford and the Bishop of Worcester). Depression, as today, seems to have been a common symptom; 'melancholy' is recorded no less than sixteen times in the 'Observations' and is almost equally prevalent among males and females.

Under 'Changes of Behaviour' we have listed fifteen cases of hysteria. That this

TABLE I

Symptoms in the fifty-two neurotic patients

Changes of mood			
	<i>Males</i>	<i>Females</i>	<i>All Patients</i>
Depression .. .. .	7	9	16
Anxiety .. .. .	3	6	9
Listlessness .. .. .	1	—	1
Changes of behaviour			
	<i>Males</i>	<i>Females</i>	<i>All Patients</i>
Hysteria .. .. .	—	15	15
Assertive behaviour .. .. .	—	1	1
Psychosomatic symptoms			
	<i>Males</i>	<i>Females</i>	<i>All Patients</i>
Headache and migraine ..	4	13	17
Menstrual disorders .. ..	—	15	15
Hypochondria .. .. .	6	2	8
Palpitation .. .. .	2	5	7
Sleep disorders .. .. .	1	3	4
Vertigo .. .. .	1	1	2
Epilepsy .. .. .	1	1	2
Persistent miscarriages ..	—	1	1
Sexual disorders .. .. .	1	—	1
Enuresis .. .. .	1	—	1

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symptom was attributed to females only is due to the fact that it was believed to be caused by displacement of the womb. Witchcraft and demonic possessions had been attributed to hysterical women until the time of King James; but in 1603 Edward Jorden, a physician, wrote the first English book on hysteria.<sup>5</sup> In this book Jorden categorically stated that hysteria was a clinical condition and had nothing to do with possession by the devil. Obviously Dr. Hall was of the same opinion, although he still adhered to the traditional medical teaching, which linked hysteria to the womb. Hence hysteria was a traditionally feminine expression of emotional disorder and in fact it accounts for 38 per cent of the neurotic symptoms presented by Dr. Hall's female patients.

The third group of symptoms indicative of emotional disorder is listed under 'Psychosomatic Symptoms'. Patients presented with headache, menstrual disorder, palpitations, enuresis etc. That these disorders had an emotional aetiology, rather than a physical one, can be assumed from the fact that Dr. Hall reports that he achieved cures by his ministrations. As these consisted mostly of violent purging, emetics, blood-letting (though this he used more moderately than some of his contemporaries), plasters, and the use of some strange substances, often quite vile (dried peacock's dung, white of hen's dung, crushed worms etc.); we can only regard these prescriptions as placebos, whose therapeutic value rested in the faith that both doctor and patient had in them. This is no adverse criticism of Dr. Hall; on the contrary, it reflects the trust his patients had in him. A comparison could be made with Benjamin Rush who, as recently as the beginning of the nineteenth century, used with success purging, emetics and copious bleeding almost indiscriminately for somatic and mental disorders alike. Reported in the light of today's knowledge of the placebo phenomena, his therapeutic success too can only be attributed to his personality and to the response of his patients to it, rather than to the physical properties of the medication.

Under the psychosomatic heading we have also listed two cases of epilepsy. In the whole sample of 180 patients three cases of 'falling sickness' are recorded: one in a child six months old, treated and reputedly cured by roots of peony. This patient has not been included in the fifty-two displaying emotional disorder because of the difficulty of assessing the value of the diagnosis from a very brief case history. The other two mentions of epilepsy are reported in adults in conjunction with other symptoms. The patients were treated with sneezing powders and inhalants in addition to purging and bleeding. These last two cases have been included for the following reasons: (a) they present with other symptoms of emotional disorder; (b) Hall states that after his herbal treatment and bleeding they had no more 'fits'; this 'cure' in itself underlines the emotional mechanism of the illness; (c) even then it was known that emotional trauma could precipitate a 'fit'. This fact is dramatically demonstrated by Hall's father-in-law, Shakespeare, in his *Julius Caesar*. There Casca describes how Caesar had a fit after refusing three times the crown offered to him by Mark Antony, whilst the crowd around him staged a wild demonstration of loyalty:

Casca: He fell down in the market place and  
foamed at the mouth and was speechless.  
(*Julius Caesar*, I, ii, 257).

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Again, in *Othello*, Shakespeare gives a very realistic description of Othello becoming incoherent and having a 'fit', precipitated by Iago, who had fanned his jealousy beyond the limits of endurance.\*

An overall look at the symptoms of neurosis recorded by Dr. Hall in his 'Observations' shows that they are very similar to those noted today by general practitioners and the material appears to be the same.

**RESULTS**

As already stated, in writing his 'Observations' Dr. Hall's aim was to record useful therapeutic precepts, or 'counsels and advices', as Dr. Cooke says in his preface to the published work; he therefore gives in great detail his successful prescriptions, but concedes only a brief mention to the symptoms presented by his patients, with hardly any description of the pathological processes. Because of this lack of information, we feel that, despite an overall similarity with the pattern today, a symptom by symptom comparison with the symptomatology presented by neurotic patients today would not be profitable. Thus we limit our comments to the incidence and sex distribution of emotional disorder as found in Dr. Hall's 'Observations'. Table II summarizes our findings.

**TABLE II**

**Incidence of emotional disorder in sample**

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number in sample .. ..	70	109	180*
Percentage of total sample ..	39%	61%	100%
Patients showing symptoms of emotional disorder .. ..	13	39	52
Percentage of total sample showing emotional disorder	7%	22%	29%

\* For one patient no sex was given in case histories.

Of the total sample of 180 patients, fifty-two (29 per cent) were found to display presenting, and usually primary, symptomatology suggesting emotional disorder, either by a single symptom (e.g. hysteria), or by a cluster of symptoms (e.g. headache, insomnia, depression). This incidence is amazingly close to the 30 per cent currently accepted by the Royal College of General Practitioners.<sup>2</sup>

Furthermore, the proportion of females (75 per cent) was greater in the group

\* It is interesting that Shakespeare introduced this highly dramatic and emotionally-charged episode of epilepsy into the play, which is absent in his original Italian source, the *Hecatommithi* of Giovanni Battista Giraldi.

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showing symptoms of emotional disorder. This again, matches contemporary studies. Kessel, in 1960,<sup>8</sup> states that in a sample of patients with conspicuous psychiatric morbidity 'the women consulted more often than the men', but this preponderance of females was not apparent in other disorders. Both Pougher<sup>9</sup> and Denker<sup>8</sup> give a proportion of one male to three females in the sample of neurotic patients they investigated.

Thus, in addition to being in agreement with the Royal College of General Practitioners on the incidence of emotional disorder in general practice, our neurotic sample shows the same ratio of males to females as that shown by contemporary samples. We hasten to add that we are aware that the statistical accuracy of our figures is based solely on the imperfect sample available, but it would be strange if this close match were the result of coincidence only. We have already commented that the material looks the same.

#### SUMMARY

1. The 'Selected Observations' of Dr. John Hall have been taken as a sample of the clinical material seen by the general practitioner in the early seventeenth century.
2. The symptomatology of emotional illness as displayed by Dr. Hall's patients is discussed and clearly follows the pattern of symptoms seen today.
3. The percentage of patients in the sample displaying symptoms indicative of emotional disorder is the same as that currently accepted by most general practitioners. Furthermore, this percentage shows a ratio of males to females closely matched by that found in contemporary investigations.

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