Brit. J. Psychiat. (1976), **129**, 120–4

A Dialogue with Mandeville

By P. J. SHOENBERG

Summary. In *A Treatise of the Hypochondriack and Hysterick Passions* published in 1711, Bernard Mandeville, writing by way of 'Information to Patients' describes three dialogues between an imaginary physician, Philoperio, and his patient, a confirmed hypochondriac, Misomedion. The book is original in its conception inasmuch as it represents an early recorded conversation between a physician and his patient. As such it represents a development in the writing on therapeutic technique of the eighteenth century. Though Mandeville's originality has been emphasized by contemporary medical historians, this book seems to have had little influence on the therapeutic style of the physicians of his day.

'But it is a general Observation that the beloved Theme of all Hypochondriaci is Satyr; which I know is worth nothing, unless it bites.' (*Mandeville*, 1711).

In 1711 a book was published with the title of *A Treatise on the Hypochondriack and Hysterick Passions Vulgarly Called the Hypo in Men and Vapours in Women*. Its author was Bernard Mandeville, formerly known as de Mandeville, a Dutch physician who had settled in England. A second edition appeared in 1730.

He was born in 1670 in the town of Dordrecht in Holland, and as a schoolboy was already known for his passion for writing. He studied initially at the Erasmus School at Rotterdam and went on to take his M.D. at the University of Leyden, where in 1691 he maintained his thesis entitled 'De Brutorum Operationibus', arguing for the automatism of brutes and also an inaugural disputation entitled 'De Chylosi Vitialis'. He came to London apparently to improve his English. In Hawkins *Life of Johnson* he is described as living in obscure lodgings, never acquiring much practice and being known for his conversation. A physician of the time described him as 'a good sort of man' (quoted in Stephen, 1893). Mandeville himself wrote in his *Treatise*: 'I am naturally slow and could no more attend to a dozen patients in a day and think of them as I should do than I could fly.'

According to George Clark (1971), Mandeville never became very prominent, and was in fact summoned before the President and Censors of the Royal College of Physicians for practising without a licence of the College. In spite of this censure, he continued to practise though he did not ally himself with the Apothecaries, rivals of the Royal College. In fact he had a great deal of contempt for those who prescribed for their patients without seeing them.

Though he was a prolific writer, the majority of his books were not about medical subjects, ranging from the humorous the *Virgin Unmasked, or Female Dialogues betwixt an Elderly Maiden Lady and her Niece* (1709) to the sublime *Enquiry into the Causes of Frequent Executions at Tyburn* (1725). His reputation was established by the publication of a pamphlet called *The Grumbling Hive*, which was later written as a book called *The Fable of the Bees* and had run to nine editions by 1755. In it he argued by means of satire (in doggerel) the essential vileness of human nature and tried to show that prosperity might be increased by expenditure rather than by saving—that virtue lay in the savage and selfish instincts of man. The book was an attack on the utopianism currently in vogue (Lloyd, 1926), and was received with a certain degree of savagery by the public, being condemned to be burned by the common hangman. It was much admired by Dr Johnson, though other writers of the time publicly wrote against it. Mandeville died in 1733 at the age of 63.

https://doi.org/10.1192/bjp.129.2.120 Published online by Cambridge University Press

At the time of the publication of the *Treatise*, hysteria and hypochondriasis were known on the continent as the 'English malady' (Veith, 1965). Hypochondriasis was regarded as the male equivalent of hysteria, though the theories about the two conditions differed both in sophistication and in pathological location. The age of exact morbid anatomy had not yet begun (Foucault, 1973), but Theophile Bonet in his *Sepulchrum* (1679, quoted in Ladee, 1966), wrote of his 30 autopsies on hypochondriacs in which he claimed to have found anomalies due to 'animal spirits being inflamed by love'; and Willis claimed that he had shown by means of post-mortem dissections that the origins of hysteria were 'within the bounds of the head' (quoted by Veith, 1965).

In general the cause of hypochondriasis was located in the spleen, in contrast to the earlier views of Diocles and of the Byzantine physician Aetius, who had localized it in the stomach (Ladee, 1966). Notable proponents of this view were Smollius and Willis. Leigh (1961) explains that Willis believed that in the spleen, after a straining of the blood, the thicker and heavier parts became transformed into a ferment which was then discharged back into the blood in the splenic veins, or carried to the animal spirits by the nerves. Thus the animal spirits were refined, stimulated and exalted. Burton was closest to the truth in saying 'no physician could truly say which part is affected', regarding hypochondriasis as a form of melancholy.

By contrast, Jorden regarded, as did Willis, the brain as the seat of hysteria, and Sydenham in his 'Epistolatory Dissertation' attributed its cause to 'a faulty disposition of animal spirits'. Baglivi, in 1696, spoke of 'a great part of Diseases which either take their rise from or are fed by that weight of care that hangs upon everyone's shoulders'. Both systems of pathology nevertheless rested heavily on the use of metaphor and simile.

The treatment of hysteria and hypochondriasis was more prosaic and sometimes violent. Sydenham advocated purging and bleeding and the prescription of iron filings, Browne (1729) recommended listening to music, and many recommended performing vigorous exercises (Ladee, 1966).

Though physicians had presumably always talked with their patients, the idea of conversation as a therapeutic vehicle was rarely written about. Baglivi stressed the importance of the influence of the physician's words, and Mather, an American clergyman, had advised 'the Physician with all possible ingenuity of Conversation' to 'find out what Matter of Anxiety there may have been upon the Mind of the Patient; what there is that has made his Life uneasy to him' (Mather, 1724, 'The Angel of Bethesda', quoted in Veith, 1968). However, the recording of a dialogue between patient and physician was Mandeville's distinctly original achievement.

The *Treatise* consists of three dialogues, written for the benefit of a lay audience, between an imaginary physician, Philoperio (meaning a lover of experience), and his patient Misomedion, a self-confessed hypochondriac. To some extent Philoperio is a self-portrait of Mandeville. The dialogues begin in a remarkable way when Misomedion asks Philoperio:

> 'But you think, perhaps, I'm a Mad-man, to send for a Physician, when I know before-hand that he can do me no good: Truly, Doctor, I am not far from it: But first of all, are you in haste, pray?
> *Phi.* Not in great haste, Sir.
> *Mis.* I am glad of that; for most of your Profession always either are, or at least pretend to be, in a great hurry. But tho' you are at leisure, Can you hear a Man talk for half an Hour together, and, perhaps, not always to the purpose, without interrupting him? For I have a great deal to say to you, several Questions to ask you, and know I shall be very tedious; but if you can bear with me, I'll consider your Trouble, and pay you for your Time, and Patience both. Can you stay an Hour?
> *Phi.* Yes, Sir, or longer, if there be occasion.
> *Mis.* Then, pray Sir, sit down . . . (Mandeville, 1730).'

Later Misomedion adds, 'I shall talk you to death'! This approach to the patient does not seem to have been recorded in psychiatric literature until the publication of *Studies in Hysteria* by Breuer and Freud (1893) where Emmy von N. told Freud not to keep asking her where this and that came from 'but to let her tell him what she had to say'. Mandeville's dialogues are acute and witty and, as Leigh

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emphasizes, Misomedion is permitted to ventilate his ideas freely and express his hostility to the doctor, which is highly unusual for the eighteenth century.

In the first dialogue Misomedion tells his life history, saying how after qualifying as a lawyer he spent his inheritance quite extravagantly in France. At 25 he married a rich women who paid off his debts and also helped him fritter away the best part of a second inheritance. At 37 years old he developed heartburn, flushing of the face after meals, wind belching and waterbrash, and he consulted an eminent physician:

> . . . 'Hitherto I had only Quack'd with myself, and the highest I had consulted was our Apothecary in ordinary . . . I sent for an Eminent Physician, whom I knew to be a Man of great Learning. When I had told the Doctor my Case, and answer'd him what Questions he thought fit to ask, I desired, as the Prerogative of a Man of Letters, that I might be acquainted with the Cause of my Distemper, and have a rational Account given me of the Method and Prescriptions he design'd I should follow: which being granted after a small Pause; I was inform'd that the heat and burning all along the (a) Oesophagus, from which the distemper (from a vulgar Mistake of the Part) seem'd to have deriv'd the Name of Heartburning, as well as the Flushings in my Face after Meals, were (b) *certo certius*, occasion'd by an (c) *Intemperies hepatis calida*, which in my Case happen'd to be accompanied with an (d) *Intemperies Stomachi frigida*, as was manifest from the cold (e) *Pituita*, which I voided every Morning, as well as the Wind, four Belches, and other signs of Indigestion.
>
> As to the Cure, that repeated bleeding from the left (f) *Salvatella* would satisfie both Indications, and to use his own terms, *utramque fere paginam absolveret*; for that by this means the Fountain of heat, the Blood, of which my Liver had too much, would by way of Antispasis or Revulsion be drawn from the Right side, which was enough to answer the first Indication: Concerning the second, he said, that as Venesection, in general, both by the Ancients and Moderns, was allow'd to quicken the Blood, so it would procure heat to that side, where the motion was made; which consequently would be imparted not only to the upper Orifice of the Ventricle, to which alone the Name of Stomachus properly belong'd, tho' given to the whole (a) *Viscus*; but likewise to the Spleen, which both as to its Office and Situation was to the Stomach as a Furnace to a Copper, for which reason by the Ancients it had always wisely been call'd (b) *Fomes ventriculi:* He told me moreover, that it was in regard to that heat-administring Viscus, that he ordered the opening of the Salvatella, and no other Vein, because according to Galen and others, which he named, it had a peculiar Influence upon the Milt.
>
> Besides Bleeding, my Doctor told me, I was to be Purg'd, that by expelling the Pituitous Humour, (c) *per inferiora*, it might be drawn and remov'd as far as possible from the Stomach; . . . After the Bleeding and Purging, I was for a Fortnight or three Weeks to drink the Epsom Waters, which (c) *ex superabundanti* would Refrigerate my Liver, as well as constantly lead forth the Pituitous Matter: . . .
>
> . . . I was resolved to follow Directions; . . .
>
> . . . Went to Epsom to drink the Waters to the best advantage: The first Day I drank 'em the Pain of my Stomach was pretty much iencreas'd, the second I had quite lost my Appetite, and the third I was taken with a violent Looseness: . . .'

By the time that Philoperio has been called in the patient says he has been a 'hypochondriacus confirmatus' for twelve years. Eventually in order to cure himself he had begun to study medicine, and finding it full of inconsistencies had become utterly confused. Philoperio and he then begin a long discussion about the different schools of medicine and medical training and the difference between theory and practice. In this we learn of Mandeville's capacity for observation of human character:

> . . .'When I have had a thousand Pains about me, and been devoured with Grief even to Death, I have had a healthy Rascal full of Ease and Wantonness come up to me in the Street, with a Smile in his Countenance, and cry, "Well, Misomedion, how goes the Hypo?" I have said nothing and gone my ways, but I could have knock'd him down with all my Heart.
>
> *Phil:* These things are provoking: But what makes them worse is a spice of Envy, that often secretly disturbs Valetudinarians, when they are in company of careless People that are in strong athletick Health.
>
> *Misom:* You think (b) *Edentulus vescentium dentibus invidet* (He that has lost his own Teeth, envies the Teeth of others, when they make use of them. A Proverb; of which the Meaning is obvious.)
>
> *Phil:* There certainly is a great deal of Truth in that Proverb. We are naturally inclin'd to grudge

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> others those Pleasures and Enjoyments which we seem to have an equal Right to, when we can have no Share in them our selves. This is nowhere more conspicuous than in People of crazy Constitutions, especially in the hypochondriack and hysterick Diseases.'

By the beginning of the second dialogue Misomedion is already feeling better:

> '*Mis.* I had a Pain in my Stomach this morning but now I am well again, only less troubled with Wind than I was Yesterday.'

The second dialogue is more cumbersome, consisting of a long discussion about the different theories of hypochondriasis and hysteria, with an attack by Philoperio on most of his contemporaries, but especially Willis, whose views on the spleen he regards as based on simile rather than observation. However, though Philoperio ends up by making the stomach the seat of hypochondriasis on equally nebulous grounds, he does concede that excess venery and study should be taken into account as causative factors in this condition. The mechanism of study's ill effects is attributed to pressure on the stomach from too much leaning against the desk edge!

Misomedion is much impressed with his new physician, and in the third dialogue he and his wife describe his daughter's problems to Philoperio. It seems that his wife is depressed and his daughter suffers from hysteria. Philoperio's advice on the treatment of Misomedion's daughter is dissapointing:

> '*Phil.* Every Morning, as soon as she rises, (which I would have her do before six) let her be swung for half an Hour, then eat her Breakfast, and get on Horseback for at least two Hours, either gallopping or trotting as much as her Strength will permit her. Immediately after this let her be undrest, and by some Nurse or other chafed or dry-rubb'd for a considerable time, "till her Skin looks red, and her Flesh glows all over: let her begin to repeat the same Exercises about Three in the Afternoon, and after Supper keep upon her Legs two Hours before she goes to Bed. The Swing I speak of may be made after what manner your Daughter fancies most; that which they call a Flying-horse, makes a very agreeable Motion; but if she be apt to be giddy, she may swing in a Chair, or other Seat to which she is fasten'd; otherwise a Rope tied with both Ends to a Beam is sufficient: However strange and absurd this Prescription may appear, I can assure you that I have seem admirable Effects of it." '

Misomedion asks him if marriage might not be more effective, but Philoperio rightly replies that he never prescribes 'an uncertain remedy that may prove worse than the disease'.

Philoperio's consideration of Misomedion's treatment is more sensitive, even though he ends up prescribing an elaborate diet and a regime of exercise:

> '*Phil.* . . . I never saw yet two hypochondriacal Cases exactly alike.
> *Misom.* Then what is your Secret in the Cure of this difficult Distemper?
> *Phil.* I have several: I allow my self time to hear and weigh the Complaints of my Patients . . . I take pains to be well acquainted with the manner of living of my Patients, and am more curious in examining them than there is occasion for a Man to be in any other Distemper; not only to penetrate into the Procatartick Causes, but likewise the better to consult the Circumstances as well as (a) Idiosincrasy of every particular Person: . . .'

Philoperio is more cautious in his prognosis:

> '. . . As to Prognosticks, considering the main Causes that have concurred to the ruining of your Spirits, the long Duration of your Distemper, and the Vidence it has been of . . . my Sentiment is that an entire cure, so as never to relapse into any of the Symptoms that are become Habitual to you is never to be expected, nor is your pristine Vigour ever to be restored.'

In his preface Mandeville wrote that he had arranged his dialogues as Seneca in his *Octava*, bringing himself as physician on the stage. In face he wrote with some insight that the theme of hypochondriasis was satire; a point of view which recurs in Kant's view of the disease as 'Grillenkrankheit' (whimsicality disease) (1824, quoted in Ladee, 1966). Possibly he was also influenced by other writers of dialogue, such as Bishop Berkeley, whose book *Alciptron* had been publicly replied to by Mandeville (Robertson, 1907). He may also have been influenced by Moliere's *Le Malade Imaginaire* and remembered that Molière, himself a hypochondriac, had died after playing the role of Argan the patient (Ladee, 1966). To have put the hypochondriac on a medical rather than a theatrical

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stage was in itself novel and a significant landmark in the development of the therapeutic attitude towards hypochondriasis and hysteria.

Why then was Mandeville for the most part forgotten and ignored (Robertson, J. M., 1907)? Dr Johnson, while admiring *The Fable of the Bees*, also wrote that 'the fallacy is that Mandeville defines neither vices nor benefits' (quoted in Stephen, 1893). To some extent the criticism is justified, for Mandeville, while employing dialogue form to criticize current medical practice, does not in fact endorse conversation in so many words in his *Treatise*; what he gains in wittiness by his caricature of the therapeutic style of his day he loses in seriousness by comparison with his eminent forebears and contemporaries. The book was intended for reading by patients rather than by physicians, and this also may have contributed to its obscurity. However, I suspect that the chief factor was that the originality of the book's form and content was out of keeping with an age in which medicine was undergoing a profound revolution, moving from the vagueness of metaphysical pathology towards the precision of morbid anatomy.

Foucault (1973) has written:

> 'This new structure is indicated—but not of course exhausted—by the minute and decisive change, whereby the question: "What is the matter with you?" with which the eighteenth century dialogue between doctor and patient began (a dialogue possessing its own grammar and style) was replaced by that other question: "Where does it hurt?" in which we recognize the operation of the clinic and the principle of its entire discourse.'

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(*Received 28 August 1975*)

https://doi.org/10.1192/bjp.129.2.120 Published online by Cambridge University Press