

RESEARCH ARTICLE

Taste, intersubjectivity and medical expertise: the correspondence of George Cheyne, Selina Hastings and their patients

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Abstract

This paper examines the medical correspondence between the physician George Cheyne and the aristocrats Selina Hastings and Susan Keck. Written during the 1730s, these letters reveal that both Cheyne and his patients articulated a model of medical expertise based not on knowledge in any conventional sense, but rather on fellow feeling or intersubjectivity. Drawing on letters sent by Keck to Hastings that have yet to be noticed by historians, this paper tries to understand how Cheyne and Keck sought to convince Hastings that they had felt exactly the same symptoms under which she had suffered. In so doing, it draws on scholarship concerned with the sociology of taste. Whilst it does not claim that the intersubjective form of expertise modelled by Cheyne was a form of taste, it argues that the moves he and his patients made were analogous to the strategies used at other times and places by those concerned with taste. In both cases, the participants sought ways to obtain consensus about the supposedly subjective dimensions of human experience.

Introduction

From 1732 until at least 1734, Selina Hastings, Countess of Huntingdon (1707–1791) suffered from severe pain in or near her genitals. The eighteenth century's codes of polite communication prevent us from knowing the exact nature of the problem, but it was perhaps an irritation of the anus or vagina. Hastings was twenty-six years old, and had already given birth to three children since her marriage in 1728. We might guess, therefore, that the cause of her pain was a gynaecological complication arising from either pregnancy or the rigours of childbirth. One man, however, thought he knew exactly what was wrong. That man was Hastings's doctor, the physician George Cheyne (1671/2–1743). In 1732, Cheyne was quite an old man – in his early sixties – and still dealing with the health problems caused by having earlier been extremely obese. But Cheyne claimed that his understanding of Hastings's condition sprang from the most intimate experience. He told the countess that he had many times known the very same symptoms, and felt the very same pains.

This essay is about the form of medical expertise Cheyne claimed to possess when he insisted that he had experienced the same things as his patients. Cheyne made his name treating the group of nervous disorders then known either as the hypochondriac or hysterical affections, the vapours or the spleen. The symptoms of this depressive psychosomatic condition included sadness, obsession, vertigo, hallucination and

paralysis.¹ Cheyne had written several treatises on the topic, including *The English Malady* (1733) and *The Natural Method of Cureing the Diseases of the Body, and the Disorders of the Mind Depending on the Body* (1742), in which he made a show of his knowledge, both of the causes of nervous disorders and of their treatments. In those treatises, moreover, as well as in the many letters he sent to patients like Hastings, Cheyne asserted that he had an intuitive capacity or a special sensitivity that enabled him to decipher the external signs of the disease better than other practitioners. But Cheyne's final argument for his expertise, expressed over and over again in his letters, was his own experience of hypochondria – his own experience of its terrifying pains, and the difficult road to recovery.

Cheyne premised his competence on intersubjectivity – on the possibility of sharing his subjective state with another person. His capacity to treat hypochondria depended on the possibility of establishing that he had experienced the same feelings as his patients.

The purpose of this essay is not, however, to restate the important but now familiar argument that the emotions and other affective states were more important to the sciences of the eighteenth century than historians and philosophers of science had once understood. Jessica Riskin has shown, for instance, that the scientists of eighteenth-century France tended to see sensation as inseparable from emotion, meaning that they paid close attention to the affective dimensions of experience when framing models for the conduct and meaning of the empirical sciences.² Rather, this essay examines how Cheyne and his correspondents came to agree that they had all experienced the same symptoms. In so doing, it will show that this community of feeling was the basis for a form of expertise, demonstrating that Cheyne included intersubjectivity alongside claims based on propositional knowledge and diagnostic skill. Moreover, drawing on a set of hitherto overlooked letters from the aristocrat and political organizer Susan Keck (bap. 1706–d. 1755), we will see that sufferers took this medical intersubjectivity into account when deciding whether to pursue the treatments and regimens that Cheyne had recommended. They bought into this model of expertise and, as we shall see, at least one sufferer pursued its implications further than Cheyne perhaps intended.

This model of expertise did not, however, depend on knowledge in the sense that we usually give the word. Cheyne and his correspondents were acutely conscious that their experiences of pleasure and pain were not objects that could be resolved into the static form of verbal signs. Instead, they were experiences that resisted assimilation to language because they were constantly changing, and because their intimacy introduced deep uncertainty about whether or not others could grasp what they were. In addition, Cheyne and his correspondents understood that the intersubjectivity they sought depended upon a precarious alignment between those experiences – apt to be undermined by the act of trying to communicate about it. It is because of this engagement with intersubjectivity that I will interpret Cheyne's model of expertise using insights

1 Anita Guerrini, *Obesity and Depression in the Enlightenment: The Life and Times of George Cheyne*, Norman, OK: University of Oklahoma Press, 2000; For a succinct account of the hypochondriac and hysterical affections as they were understood in the first half of the eighteenth century see John Mullan, 'Hypochondria and hysteria: sensibility and the physicians', *The Eighteenth Century* (1984) 25(2), pp. 141–74, 146–9. For a description of the wide range of symptoms given by a contemporary physician see Richard Blackmore, *A Treatise of the Spleen and Vapours: or, Hypochondriacal and Hysterical Affections*, London, 1725, pp. 15–27.

2 Jessica Riskin, *Science in the Age of Sensibility: The Sentimental Empiricists of the French Enlightenment*, Chicago: The University of Chicago Press, 2002, p. 15. On the related eighteenth-century notion that the organs of the lower body had a profound influence on the operations of the mind see Rebecca Anne Barr, Sylvie Kleiman-Lafon and Sophie Vasset, 'Introduction: entrails and digestion in the eighteenth century', in Barr, Kleiman-Lafon and Vasset (eds.), *Bellies, Bowels and Entrails in the Eighteenth Century*, Manchester: Manchester University Press, 2018, pp. 1–23.

derived from recent work by sociologists and historians working on taste. In recent years, scholars including Ardetta Gjikola, Steven Shapin and Geneviève Teil have sought to understand how communities come to agree or disagree about taste – whether taste in the metaphorical sense applied to art objects, or in the literal sense relating to the tongue. In other words, they seek to show how the apparently subjective and highly individual experiential claims at stake in the judgement of either art or food and drink are turned into collective judgements, shared by large numbers of people.³

Drawing on this body of work, I do not mean to suggest that Cheyne, Hastings and Keck saw the difficulty of communicating about their symptoms as a matter of taste. Talking about their symptoms, they did not make explicit reference to the many contemporary theories accounting either for aesthetic value or for the pleasures of gustation. Instead, I suggest that the discourses and practices of taste provide us with tools for working out how Cheyne and his correspondents attempted to obtain consensus about the painful feelings that arose in their bodies. In turn, those tools may help us to understand precisely what kind of expertise Cheyne and his correspondents purported to mobilize. When Cheyne, Hastings and Keck tried to turn their individual experiences of suffering into collective experiences, they used strategies similar to those deployed by art connoisseurs and wine critics – both of their own day and of other times and places. Like those who claim to be experts in taste, they wanted to turn apparently subjective states of mind and body into shared forms of experience. Moreover, they premised their medical expertise on success in that difficult task.

Hypochondria and medical correspondence at the limits of intersubjectivity

As we have seen, George Cheyne specialized in treating a group of nervous disorders then generally recognized as a single condition, but known by many names. Physicians generally called it either the hypochondriacal affection if the sufferer was a man, or the hysterical affection if the sufferer was a woman.⁴ As both labels suggest, the two conditions were understood to arise when the organs beneath the diaphragm – such as the

³ This scholarship is best seen as an outgrowth of the anthropology and sociology of knowledge, different in outlook from earlier studies on the sociology of taste. In his influential *Distinction: A Social Critique of the Judgment of Taste*, tr. Richard Nice, Cambridge, MA: Harvard University Press, 1987, Pierre Bourdieu analysed the social functions of taste – the role of taste in the reproduction of social class. By contrast, scholars such as Ardetta Gjikola, Steven Shapin and Geneviève Teil want to understand the social mechanisms by which people produce consensus about what counts as good taste. Like sociologists of knowledge, they want to understand why groups of people come to accept some of those judgements as truer or more accurate reflections of the objects or experiences in question than others. All these scholars, moreover, link questions of taste to questions of value, noting that the financial stakes associated with taste judgements are frequently high and important to the way economic systems work. For an acute summary of this last point see Steven Shapin, 'A taste of science: making the subjective objective in the California wine world', *Social Studies of Science* (2016) 46(3), pp. 436–60, 453–4. The works by Gjikola and Teil will be discussed and cited below.

⁴ In this essay I will refer to the condition by the name 'hypochondria', even though I will focus mainly on women sufferers. The reason for this decision is twofold. First, medics of the late seventeenth and early eighteenth centuries tended to see hypochondria and hysteria as only slightly different manifestations of the same condition, arising from the influence of the lower body over the mental faculties. Therefore, when using expressions such as 'hysterical affection', they were not necessarily referring specifically to a malfunctioning womb. Instead, they were referring to the manifestation in women of a condition that could be found in men and women alike, when the malfunctioning lower organs affected the operations of the mind. Second, as Sabine Arnaud and others have noted, the term 'hysteria' later on came to refer to a malady that affected women, loaded with increasingly misogynistic connotations. Those connotations can be found in the early eighteenth century, but were far less pronounced than they would later become. On the near-interchangeability of hypochondria and hysteria in the early eighteenth century see Sabine Arnaud, *On Hysteria: The Invention of a Medical Category between 1670 & 1820*, Chicago: The University of Chicago Press, 2015, pp. 17–22. Cf. Thomas Sydenham, *Processus Integri in*

spleen, stomach and womb – interfered with the workings of the more noble organs higher up, including the brain. As a result, many people simply referred to hypochondria and hysteria as ‘the spleen’.⁵ Moreover, they identified the condition with a wide array of symptoms linking the lower body to the brain and mind. A sharp pain in the stomach, for instance, might be symptomatic of the same underlying defect responsible for one of the condition’s more obviously psychological manifestations, which included inexplicable sadness, obsession and even hallucination.⁶ It is well known, moreover, that doctors and their patients tended to see hypochondria as a disease of the wealthy, citing lack of exercise, rich food and drink, and the pursuit of mental rather than physical labour as its causes. Cheyne thus asserted that recent increases in Britain’s wealth had led to an epidemic of nervous disorders, writing that ‘*the Wealth and Abundance ... the Inactivity and sedentary Occupations of the better Sort ... have brought forth a Class and Set of Distempers, with atrocious and frightful Symptoms, scarce known to our Ancestors*’. Specializing in nervous disorders, Cheyne set himself up as a doctor to people of money and leisure, settling in the fashionable resort town of Bath and attracting many wealthy patients.⁷

Like many medics of the eighteenth century, Cheyne established his expertise by publishing books advancing philosophical explanations for the causes and cures of disease. In the *English Malady* of 1733, Cheyne therefore argued that nervous disorders arose when the body became incapable of efficiently transmitting nutritive fluids such as the blood through its many passages and pores. This difficulty had in turn three causes: an excessive thickness in the fluids; the presence of saline or sulphurous particles in the nutritive fluids which damaged the vessels through which they travelled; and a loss of elasticity in the muscular coatings around the arteries, veins and nerves, ultimately making the nervous system less capable of governing the body.⁸ Cheyne sought to give this account intellectual and cultural credibility by framing it in the terms of Newtonian natural philosophy. To take just one example, he argued that saline particles passing through the blood harmed the nervous system because they were governed by a strong attractive force. Separated by the digestive system, those salts would inevitably recombine because of their mutual attraction, forming sharp-edged concretions that would damage the soft and springy fibres of the body, impairing their capacity to regulate its nervous functions.⁹ It was for this ostensible reason that Cheyne laid so much stress on dietary restraint as the most durable and effective cure for hypochondria. The way to prevent the passage of these damaging salts into the blood was by avoiding the rich foods and strong liquors that contained them in excessive quantities.¹⁰

To this display of propositional knowledge, however, Cheyne added elements gesturing towards an intersubjective model of expertise. The third part of the *English Malady* is made up of case histories and correspondence from patients intended to illustrate the

Morbis fere Omnibus Curandis, London, 1692, p. 5: ‘De affectione, in foeminis, hysterica; maribus, hypochondriacá dictá’. On the later emergence of hysteria as a condition specific to women see Arnaud, op. cit., pp. 207–52.

5 Lawrence Babb, ‘The cave of spleen’, *Review of English Studies* (1936) 12(46), pp. 165–76.

6 Fredrik Albritton Jonsson, ‘The physiology of hypochondria in eighteenth-century Britain’, in Christopher E. Forth and Ana Carden-Coyne (eds.), *Cultures of the Abdomen: Diet, Digestion, and Fat in the Modern World*, New York: Palgrave Macmillan US, 2005, pp. 15–30, 19–21.

7 George Cheyne, *The English Malady*, London, 1733, pp. i–ii; Guerrini, op. cit. (1) pp. 90–3; on hypochondria as a disease of the wealthy see Roy Porter, ‘Consumption: disease of the consumer society’, in John Brewer and Roy Porter (eds.), *Consumption and the World of Goods*, London: Routledge, 1993, pp. 58–81, 61–2.

8 Cheyne, op. cit. (7), pp. 6–14.

9 Cheyne, op. cit. (7), pp. 38–43; on the use of Newtonian theory to establish medical credibility see Anita Guerrini, ‘James Keill, George Cheyne, and Newtonian physiology, 1690–1740’, *Journal of the History of Biology* (1985) 18, pp. 247–66.

10 Cheyne, op. cit. (7), pp. 159–60; Guerrini, op. cit. (1), pp. 147–50.

multiform symptoms of hypochondria, as well as the success of Cheyne's methods. Crucially, the last and longest of those examples was Cheyne's own case history, running to thirty-nine pages. As Anita Guerrini has explained, Cheyne included this case history to demonstrate both his sympathy for his hypochondriac patients, and his intimate acquaintance with their symptoms. She has shown, moreover, that Cheyne framed his own case as a kind of spiritual autobiography, linking the ups and downs of his hypochondria with his wavering capacity to resist the temptations of food and drink. Ultimately, Cheyne claimed to have cured himself through a Christian habit of self-denial, cultivating the durable pleasures of the spirit rather than the ephemeral pleasures of the body.¹¹ But he did not present himself as someone to whom this spirit of denial came easily. Instead, he sought community with his fellow sufferers by being open about his moral failures, along with the alarming bodily symptoms to which those failures led. Consider how he reported on his state in the summer of 1723:

... using little or no Exercise, I became at last *Heavy, Dull and Lethargick* to an extream Degree ... I was seiz'd with a severe *Symptomack Fever*, which terminated in the most violent *Erisipelas* [*sic*], and with the largest and fullest Blisters all over my Thighs, that I had ever seen. I suffered extremely in the *Symptomatic Fever*, by violent *Headaches*, great *Sicknesses* and *Sinking*; and having lately had two full-bodied Patients, who had died of *Mortifications* from that Distemper, I was much frightened at mine.

Here, Cheyne supplemented the philosophical parts of the *English Malady* with a detailed and frank account of his own experiences, both moral and physical.¹²

In his correspondence with patients, Cheyne placed even more emphasis on the inter-subjective parts of his expertise, almost ignoring his philosophical knowledge. In his medical letters to the famous novelist Samuel Richardson (bap. 1689–d. 1761), he made only one or two references to his theories, and none at all in his letters to Hastings. Rather, as Steven Shapin has shown, Cheyne devoted most of his effort to the conjoint tasks of persuading his patients that he cared about their suffering, and of giving them enough courage to persist in the unappetizing diets that he invariably prescribed as the most effective cure for their suffering.¹³ Moreover, as both Shapin and Wayne Wild have pointed out, Cheyne used the suggestion that he had suffered in almost exactly the same manner as his patients to further both of these moral-therapeutic objectives. He established his sympathy by claiming to have once felt exactly the same pain and despair as his patients, and he used his intimate experience of the long road to good health as evidence that they could obtain relief by following the same strict dietary regime. In other words, the medical expertise that Cheyne articulated when communicating with his patients depended in large measure on the suggestion that he had once felt the very same symptoms under which they suffered.¹⁴ We need to ask, therefore, how Cheyne could make this assertion of embodied intersubjectivity – of having felt the same sensations as his patients. The notion is perhaps plausible in the case of Richardson, who shared Cheyne's sex, corpulent body type and middle-class social situation, and wasn't much younger. Even here, however, the evidence suggests that Richardson was frequently unconvinced by Cheyne's assertions. And what about Hastings? As we have already seen,

11 Anita Guerrini, 'Case history as spiritual autobiography: George Cheyne's case of the author', *Eighteenth-Century Life* (1995) 19(2), pp. 18–27.

12 Cheyne, op. cit. (7), p. 344. I will discuss Cheyne's erysipelas below.

13 Steven Shapin, 'Trusting George Cheyne: scientific expertise, common sense, and moral authority in early eighteenth-century dietetic medicine', *Bulletin of the History of the Medicine* (2003) 77, pp. 263–97, 290–2

14 Shapin, op. cit. (13), pp. 287–9; Wayne Wild, *Medicine-by-Post: The Changing Voice of Illness in Eighteenth-Century British Consultation Letters and Literature*, Leiden: Brill, 2006, pp. 116, 128–9.

Hastings was an aristocrat, a young woman and pregnant for much of the time that she corresponded with Cheyne. How could Cheyne persuade her that he had once felt her suffering? And would it ever have been possible for her to accept her doctor's unlikely suggestion?

The obstacles confronting Cheyne were considerable. For one thing, he had to somehow bridge the gap between his own experiences and those of his patients. For another, he had to find ways of communicating about a condition that was notoriously resistant to verbal expression, both because of its multiform symptoms, and because sufferers seemed to experience it in an irreducibly subjective fashion. Consider how the poet Anne Finch (1661–1720) presented hypochondria in her Pindaric ode on 'The Spleen', first published in 1701:

What art thou Spleen, which every thing doest ape?
 thou Proteus, to abus'd mankind,
 who never yett, thy real cause cou'd find,
 Or fix thee, to remain in one continu'd shape,

These opening lines allowed Finch to display her poetic skill by going on to vividly depict a malady that conventional wisdom saw as impossible to represent.¹⁵ But physicians of the early eighteenth century bought into the suggestion that hypochondria could not be adequately described using conventional medical language. The physician and antiquary William Stukeley (1687–1765) thus included Finch's poem in his *Of the Spleen, Its Description and History, Uses and Diseases* (1711), stating that he had done so in order to 'to help out [his] own description of the disease'.¹⁶ Meanwhile, Sabine Arnaud has shown that the French physician Pierre Hunauld (1664–1728) made similar claims in his *Dissertation sur les vapeurs*, published posthumously in 1756. There, Hunauld used a fictive dialogue between a physician and two aristocratic women to proffer a diffuse portrait of hypochondria, both in the hope of reaching a non-specialist audience, and because he felt there was no other way to capture the condition's irreducibly subjective and otherwise incommunicable symptoms. Like Stukeley, he sometimes deferred to poetic authority, for instance invoking a description by the ancient Greek poet Sappho (c.630–c.570 BCE) in his attempts to depict the condition.¹⁷

As well as specializing in a condition thought difficult to describe, Cheyne often treated young women – people whose bodily experiences may have differed considerably from his own.¹⁸ Making this point, I do not mean to suggest that the differences between the sexes were or are fixed, or that embodied intersubjectivity between men and women was or is impossible. On the contrary, scholars including Thomas Laqueur and Barbara Duden have shown that the broadly humoral understanding of the body still prevalent in the first half of the eighteenth century made some fluidity between the sexes possible.¹⁹ It is widely

15 Anne Finch, *The Cambridge Edition of the Works of Anne Finch, Countess of Winchelsea* (ed. Jennifer Keith and Claudia Thomas Kairoff), 2 vols. Cambridge: Cambridge University Press, 2019, vol. 1, p. 93. On the date of publication, see vol. 1, p. lxxvii.

16 William Stukeley, *Of the Spleen, Its Description and History, Uses and Diseases* (1711). The poem can be found at sig. a2[r]–b1[v]. Stukeley discusses his inclusion of the poem at sig. a1[v].

17 Sabine Arnaud, "'L'art de vaporizer à propos" et une marquise vaporeuse,' *Dix-huitième siècle* (2007) 39(1), pp. 505–19, 505, 511–12.

18 On Cheyne and women patients see Anne Charlton, 'Catherine Walpole (1703–22), an 18th-century teen-aged patient: a case study from the letters of the physician George Cheyne (1671 or 73–1743)', *Journal of Medical Biography* (2010) 18(2), pp. 108–14; and Anita Guerrini, 'The hungry soul: George Cheyne and the construction of femininity', *Eighteenth-Century Studies* (1999) 32(3), pp. 279–91.

19 Barbara Duden, *The Woman beneath the Skin: A Doctor's Patients in Eighteenth-Century German*, Cambridge, MA: Harvard University Press, 1991, pp. 115–19; Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud*, Cambridge, MA: Harvard University Press, 1990.

known, moreover, that physicians and their patients saw hypochondria as a condition that arose in bodies with feminine characteristics – even when those bodies belonged to men.²⁰ Stukeley argued that women were more likely than men to suffer from hypochondria because the solid parts of their bodies – the passages through which the juices flowed – were rendered weaker by a tendency to engage in less physical exertion than men. And in the same text, he suggested that wealthy men were developing similarly lax solids because of their growing tendency to enjoy sedentary forms of life. Stukeley asserted, moreover, that the physical similarity between hypochondriac men and women ran very deep, pointing out that some men endowed with lax constitutions menstruated on a regular basis, whether through the anus or through another orifice.²¹

It would be mistaken, however, to suggest that such theories of sexual fluidity enabled early modern people to entirely overlook differences in the bodily experiences of men and women. Wendy Churchill has shown that physicians were nevertheless sensitive to the physical differences between the sexes, often using different treatments to take into account pregnancy and other states of body that seemed unique to women. In addition, some medics and their patients saw hypochondria as a different condition when it occurred in women, being more likely to identify a malfunctioning womb as the cause of the problem.²² While Cheyne could therefore call on some theoretical resources to close the gap between his body and that of Hastings, it was by no means obvious that he could speak authoritatively about what she had felt and experienced.

Perhaps the most direct evidence of the challenge confronting Cheyne is to be found, however, in a series of three letters written to Hastings in the first part of 1738 by the aristocrat and political organizer Susan Keck.²³ I happened upon these letters at the Huntington Library in California, and although they have been catalogued I do not believe that they have ever come to the notice of historians. Keck was then in her early thirties, and she wrote to Hastings for advice about the treatment she was then receiving from Cheyne for a severe bout of hypochondria. Each of the three letters is between eight hundred and a thousand words long, and, apart from the briefest of pleasantries, they consist of nothing but medical matters, whether lengthy descriptions of symptoms or appeals for advice. Importantly, the letters also reveal that Cheyne's efforts to enter into Keck's feelings were not very successful. She told Hastings about symptoms that she was too ashamed to reveal to Cheyne, and she called his sympathy into question. Perhaps more importantly, she identified Hastings as an alternative source of medical expertise, asserting that Hastings's experiences were so similar to her own that only she could dispense reliable advice.

It would be tempting, therefore, to argue that Cheyne had failed, and that Keck simply sought out someone whose body and experiences were more like her own. But a closer inspection suggests something different. We shall see that Keck was not as confident in the similarity between herself and Hastings as she suggested. In fact, she used some of the very same rhetorical gambits as Cheyne in her efforts to convince Hastings that they had truly undergone the same forms of suffering. Comparing the exchanges between Cheyne and Hastings with those between Keck and Hastings may therefore reveal more similarities than might be expected. There were some important differences in the

20 Arnaud, *op. cit.* (4), pp. 21–2; Mullan, *op. cit.* (1), pp. 146–8.

21 Stukeley, *op. cit.* (16), pp. 52–3, 73. On male menstruation see Duden, *op. cit.* (19), pp. 115–17.

22 Wendy D. Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment*, Farnham: Ashgate, 2012. On treatment during pregnancy see pp. 133–4 and on hysteria pp. 156–65. For Churchill's criticism of Laqueur's 'one-sex' model of gender in premodern Europe see p. 146.

23 These letters are found in the Hastings MSS, Huntington Library, San Marino, CA. The three letters were sent between March and June 1738 and the catalogue numbers are HA8013, HA 8014 and HA8015. Keck's life will be discussed below.

strategies Cheyne and Keck used to convince Hastings that they could enter into her suffering. But they also seem to have been thinking in broadly similar terms, assuming that only a person who had felt the same symptoms could offer reliable advice about how to end the pains of hypochondria.

Cheyne and Hastings: the experience of erysipelas

George Cheyne's association with the Hastings family started in the 1720s, when he began to treat Lady Elizabeth Hastings (1682–1739) and several other female members of the family. Known to her friends as Betty, Elizabeth served as head of the Hastings family during the minority of her brother Theophilus, 9th Earl of Huntingdon. It was she who negotiated the marriage between Theophilus and Selina in 1728. Cheyne's place in the family's affections depended not only on his medical advice, but also on their shared interest in a form of Christian mysticism – based in part on the writings of French female ascetics such as Antoinette Bourignon (1616–1680) – that would go on to play an important role in the foundation of Methodism. Although Cheyne never joined the movement himself, his ideas about the links between diet and spiritual health met with the approval of leading Methodist personalities such as George Whitefield (1714–1770) and John Wesley (1703–1791). Indeed, it is fairly well known that the medico-religious advice on diet and regimen proffered by Wesley in his *Primitive Physick* (1747) owed much to Cheyne's earlier prescriptions for an abstemious way of life that would enable those who stuck with it to become healthy in both body and spirit.²⁴ In 1739, Selina Hastings and her husband underwent a conversion of their own, and their turn to spiritual religion brought them into a deeper relationship with Cheyne, especially following a visit they both paid him in 1741.²⁵ After the deaths of both Cheyne and her husband in the 1740s, Hastings went on to become an important figure in the Methodist movement, in 1783 founding a group of churches known as the Countess of Huntingdon's Connexion, which still exists to this day.²⁶

In June 1732, however, when the surviving sequence of letters from Cheyne to Hastings began, the doctor had yet to win her confidence.²⁷ Around or just before this time, Hastings conceived a son who would be born around February 1733. She must have let Cheyne know about the pregnancy pretty quickly, since he alluded to it in a letter of 19 July 1732. In these early letters, Cheyne had two main medical objectives. First of all, he proposed a plain diet along with remedies such as spa water, purges and vomits to address Hastings's hypochondria and the underlying digestive difficulties that seemed to arise from that condition. Second, he prescribed various pain-relieving remedies for the unspecified but very painful rash that affected her anus or vagina. Pursuing both

24 Guerrini, op. cit. (1), pp. 73, 115; Guerrini, op. cit. (18), pp. 281–3; David E. Shuttleton, 'Methodism and Dr George Cheyne's "More Enlightening Principles"', in Roy Porter (ed.) *Medicine in the Enlightenment*, Leiden, Brill, 1995, pp. 316–35, 320–8; Simon Schaffer, 'The consuming flame: electrical showmen and Tory mystics in the world of goods', in Roy Porter and John Brewer (eds.), *Consumption and the World of Goods*, London: Routledge, 1993, pp. 489–526, 505.

25 Guerrini, op. cit. (18), pp. 287–8; Shuttleton, op. cit. (24), p. 325.

26 Boyd Stanley Schlenther, 'Hastings [née Shirley], Selina, countess of Huntingdon (1707–1791), founder of the Countess of Huntingdon's Connexion', *Oxford Dictionary of National Biography* (23 September 2004), at www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-12582 (accessed 26 May 2021).

27 Charles F. Mullett (ed.), *The Letters of Dr. George Cheyne to the Countess of Huntingdon*, San Marino, CA: Huntington Library, 1940. I will subsequently refer to the individual letters in this volume using the formulation 'Cheyne to Hastings', followed by the date of the letter. The first letter was sent sometime in 1730, but the sequence of correspondence does not get under way until the letter of 3 June 1732. See pp. 2–4.

these objectives, Cheyne made changes to take Hastings's pregnancy into account. He warned Hastings off reducing her diet to the level he would normally prescribe to a hypochondriac patient, writing that 'now you have two to feed'. At the same time, he held back from prescribing the more powerful medicines that he would otherwise use to bring about a permanent cure for her rash, hinting that the risks to her and her child were too great to make the attempt worthwhile.²⁸ Cheyne's therapeutic approach thus bears out Churchill's argument that physicians took pregnancy into account in the treatments they recommended for their patients, distinguishing between the bodies of pregnant women and those of other people.

During the pregnancy, Cheyne made no effort to suggest that Hastings's symptoms were similar to his own, or to those experienced by anybody else. For the first nine months of the correspondence, he sought only to make Hastings believe that he was truly and ardently determined to help bring about her cure. Indeed, he frequently told Hastings that he took great pleasure from hearing about her symptoms, writing, 'I shall take a great deal of pleasure as well as receive a great deal of honour in corresponding with you, and if there be truth or love of virtue among men I can assure you of my fidelity, zeal, and sincerity.'²⁹ But after Hastings gave birth in February 1733, Cheyne began to change both his medical approach and his affective posture. On hearing of the birth, he immediately sent Hastings a prescription to pass on to her local doctor, detailing a preparation of mercurial medicines to deal with her rash. Soon, he also began telling Hastings about patients who had suffered from similar symptoms and conquered them by courageously sticking to his controversial regimen. In a letter of September 1733, he thus reported on a patient – without identifying either their age or sex – who had laboured 'under much the same, or rather much worse, circumstances, but longer under the same method and medicines, and is almost perfectly recovered'.³⁰ In the next letter, of November 1733, he informed Hastings that she had three neighbours – all of them men – who had suffered from similar complaints and resolved them by sticking to the same diet of milk, seeds and the occasional bit of poultry.³¹ We can only guess why Cheyne started encouraging Hastings to learn from the experiences of others at this moment. It may be that he felt Hastings's spirits were flagging, and that she needed encouragement. But we might also speculate that the end of her pregnancy made it possible, at least in Cheyne's mind, to compare her experiences to those of other sufferers, including men.

But Hastings apparently continued to express doubts about the diet she had been prescribed, and Cheyne's next move was to introduce his own experiences. In a letter of February 1734, he reported to Hastings that he had experienced the very same rash that continued to trouble her in her anus or vagina. His words are worth reporting in full:

As to that complaint which was the source of all your others, I took it always to be erisipelatous [*sic*] by the heat and blisters, and, though painful sometimes and often troublesome, yet every one knows there is no danger in it. I have had more of that distemper than anyone I ever heard, I believe above 40 times, and it was the principal reason why I entered upon a milk and vegetable diet, and if [I] indulge too freely in butter, sugar, cider, onions, even baked vegetable or rich vegetable [sauces], I am still subject to it; and just now, by indulging too freely in high, rich vegetables, growing

28 For Cheyne's advice on Hastings's diet see Cheyne to Hastings, 28 August 1732, pp. 9–12, 10. On the rash see Cheyne to Hastings, 12 August 1732, pp. 7–9, 7; Cheyne to Hastings, 18 November 1732, pp. 13–14, 14. Cheyne offered the mercurial medication to Hastings as soon as she had given birth. See Cheyne to Hastings, 3 March 1733, pp. 17–18, 17. For the prescription, see Cheyne to Dr. Harding, 3 March 1733, pp. 18–20.

29 Cheyne to Hastings, second half of 1732, pp. 15–17, 16–17.

30 Cheyne to Hastings, 4 September 1733, pp. 22–6, 23.

31 Cheyne to Hastings, 19 November 1733, pp. 26–30, 27.

too fat, using too little exercise, and being confined this winter by a bruise on my leg, I have suffered under the most universal erisipelas [sic] ever was known, but by degrees I shall under God get free from it and I hope be more careful for the future.³²

Here, Cheyne did three things. First, he defined Hastings's rash as an erysipelas, a skin condition otherwise known as St Anthony's fire, and today understood to be caused by a bacterial infection. Cheyne regarded erysipelas as a symptom of hypochondria, and in his *English Malady*, as we have already seen, he identified it as one of the things from which he had suffered.³³ In other words, Cheyne linked Hastings's rash to her hypochondria, while at the same time turning it into a symptom that he had many times felt in his own body. Second, he used his own experience to make Hastings accept that she could only get rid of the pain by sticking rigidly to her diet, pointing out that he had suffered a relapse by allowing himself a few too many rich vegetables. Third, he used this own relapse to build up fellow feeling with his patient, reminding Hastings that he knew well how hard it was to stick to the strict diet upon which her cure depended.

Cheyne had to depart from any conventional account of erysipelas to make it fit with the symptoms that Hastings was actually experiencing. Put simply, erysipelas was (and remains) a skin condition, and you wouldn't expect to find it in the moist flesh of the anus or vagina.³⁴ As we have already seen, Cheyne had written about a year earlier to Hastings's local physician with a prescription intended to clear up the rash. In that communication, he admitted that it would be strange to find an erysipelas in the vagina or anus, and as a result he expressed far less certainty about his diagnosis. Again, we need to examine Cheyne's words in full:

I have had my Lady Huntington's [sic] commands to offer to you my opinion about effecting a solid and lasting cure of that particular complaint she has been subject to almost all the time of her breeding and which was so exquisitely painful, hot, and inflamed that it seems to me to be almost of the erysipelatous kind in every thing but the situation.³⁵

Recall that Cheyne adopted a tone of total certainty when he diagnosed the rash for Hastings, explaining that he 'took it always to be erisipelatous'. Communicating with a fellow physician, by contrast, he was far more circumspect. He acknowledged that the rash was in the wrong place, and therefore qualified it as 'almost of the erysipelatous kind'.

Writing to Hastings, Cheyne thus concealed what was in fact an uncertain diagnosis. It is striking, moreover, that he referred to the condition by its technical name, derived from Greek. Writing to patients, Cheyne very rarely deployed the jargon of his profession, adopting instead an informal tone consistent with his sympathetic and solicitous persona.³⁶ In a letter of 1741, for instance, he tried to persuade Samuel Richardson that the two of them had also suffered from the same symptoms. But here he felt no need for the erysipelas label, instead settling on the more familiar 'Saint Anthony's Fire' to

32 Cheyne to Hastings, 18 February 1733, pp. 37–8, 38.

33 See Cheyne, op. cit. (7), p. 344; George Cheyne to Samuel Richardson, 23 December 1741, in Samuel Richardson, *Correspondence with George Cheyne and Thomas Edwards* (ed. David E. Shuttleton and John A. Dussinger), Cambridge: Cambridge University Press, 2013, pp. 92–5, 93. Henceforth I will refer to the letters from Cheyne to Richardson by letter, using the formulation 'Cheyne to Richardson' followed by the date.

34 See John Harris, *Lexicon Technicum: Or, An Universal English Dictionary of Arts and Science*, London, 1704. Entry for erysipelas – 'ERYSIPELAS, is a Swelling of a bright yellowish Colour, inclining to Red ... possessing the Skin, and going no deeper, attended with a pricking Pain ... it hath a Symptomack Fever accompanying it usually'.

35 Cheyne to Dr Harding, in Mullett, op. cit. (27), 3 March 1733, pp. 18–20, 18.

36 Shapin, op. cit. (13), pp. 290–2; Wild, op. cit. (14), pp. 155–60.

account for the skin rashes he had once regularly suffered.³⁷ Cheyne therefore worked hard to dispel any doubts Hastings may have had, using a confident tone and a little bit of medical jargon to assert his mastery over the matter at hand. For a moment, you might say, he marshalled the signs of his propositional knowledge to force acquiescence from his patient. But the purpose of this move was not simply to make Hastings acknowledge the diagnosis as true. Rather, it was to bridge the differences between their bodies, and in turn to make her accept that she was suffering from the same symptoms he had once endured, and into which he occasionally relapsed. Cheyne mobilized his epistemic authority in the service of fellow feeling, ultimately suggesting that his expertise depended on having felt Hastings's torments for himself.

To borrow a phrase coined by Steven Shapin in his influential discussion of the science of wine tasting during the second half of the twentieth century, Cheyne's letters functioned as an 'intersubjectivity engine'.³⁸ Their purpose was to produce consensus about constantly changing feelings or experiences that cannot be separated from the operations of perception. It is perhaps this condition that explains why Cheyne felt the need to mobilize medical jargon in his efforts to persuade Hastings that he knew her suffering. On this point, I would suggest that Cheyne had something in common with others who have addressed the difficulties of obtaining consensus about supposedly subjective experiences, whether in the domain of art criticism or in the many practices associated with the tastes of food and drink. Consider, for instance, Ardeta Gjikola's recent study of the debate that took place in Britain about the aesthetic value of the Parthenon marbles following their acquisition by Thomas Bruce, 7th Earl of Elgin (1766–1841). There, she points out that advocates for the marbles managed to convince the public that they were beautiful through the dissemination and repetition of terms used to describe them by supposedly authoritative judges of art. Among artists and connoisseurs, those terms had highly specific meanings referring to both the content of artworks and the experience of beholding them. But when circulated in the wider public, those terms became clichés that had little referential content. She thus reports on the value that the journalist H.E. Lloyd attached to the sculptor Antonio Canova's (1757–1822) declaration that the marbles contained nothing but 'truth, true, true truth'. Once they had become clichés, the value of such words was not what they communicated about the aesthetic experience provoked by the sculptures. Rather, their value came from showing that people thought to be authoritative judges of art identified them as beautiful. In turn, the dissemination of those clichés in books and periodicals authorized members of the public to share this experience.³⁹

The diagnosis of erysipelas functioned in a similar manner. It served to persuade Hastings that Cheyne was an authoritative judge of the sensations she had felt in her own body, and therefore that Cheyne was competent to claim that he had felt the same thing. That does not mean, however, that Cheyne actually succeeded. In later letters, he felt the need to remind Hastings that he had intimate experience of her suffering. In September 1735, for instance, he repeated the series of moves he had made in the previous year. In that letter, he once more deployed medical language to explain Hastings's continued symptoms, ascribing them to 'sharp scorbutic humor' working its way out of her body. But this explanation once again served to authorize Cheyne's intersubjective expertise – he immediately followed it with the assertion, 'All you describe I have felt and gone through, even almost to distraction'.⁴⁰ Meanwhile, Cheyne packed his letters

37 Cheyne to Richardson, 23 December 1741, pp. 92–5, 93.

38 Shapin, *op. cit.* (3), p. 450.

39 Ardeta Gjikola, "'The finest things on Earth': The Elgin Marbles and the sciences of taste", unpublished PhD dissertation, Harvard University, 2017, pp. 314–19.

40 Cheyne to Hastings, 6 September 1735, pp. 49–52, 49–50.

to Richardson with similar assertions that he had felt everything the sensitive novelist was going through. He thus wrote in January 1742 that he knew Richardson's condition from intimate personal experience; in May 1742 that he had 'felt the Grief, Anguish, and Anxiety such a Distemper must have on a Mind of any Degree of Sensibility, and of so fine and lively an Imagination as yours'; and in July 1742 that he had 'suffered in my own Bacon to a higher Degree than I ever read or heard of in any other Person.'⁴¹ In short, he felt the need to frequently remind Hastings and Richardson that his expertise came from an intimate experience of their suffering. The tone of those letters suggests, moreover, that he wrote in part to assuage their doubts about his advice, encouraging them to stick to their prescriptions despite a lack of improvement in their symptoms.

Hastings and Keck: finding another expert

For Hastings and Richardson, we only have access to Cheyne's side of the correspondence, meaning that we have to infer their doubts from his replies. The letters of 1738 from Susan Keck to Hastings, by contrast, are unusual in containing direct testimony from a patient who found Cheyne's advice dubious, and sought a second opinion. Today, Keck is remembered as a political organizer, and historians have written nothing about her health problems. She played a significant role in the Oxfordshire election campaign of 1754, earning the appellation 'my Lord Sue' from opponents who sought to depict her political activity as a transgression of gender norms.⁴² As far as I can tell, the letters she wrote to Hastings in 1738 are the only evidence that Keck sought out Cheyne's help for hypochondria. However, she had a reputation for being excessively solicitous about her health. In letters written during the first half of the 1740s, both Frances Seymour, Duchess of Somerset (1699–1754) and Horace Walpole (1717–97) commented unkindly on Keck's tendency to spend time in conversation with physicians, and trying out new treatments.⁴³

Keck wrote the letters because she knew Hastings was also one of Cheyne's patients. Since Cheyne frequently put his patients in touch with each other, it is possible that he engineered the exchange.⁴⁴ From the first of Keck's letters, moreover, we can tell that Hastings encouraged Keck to have faith in Cheyne and his methods: 'I am Perfectly convinced, and still more Thoroughly confirm'd by Y^r Ladyships opinion, that Doctor Cheyne both from his Judgment Practice, and Probity, is the only person folks in my Distemper can expect the smallest relief from.'⁴⁵ But these words of self-reassurance are undermined by the many occasions on which Keck expressed doubt about Cheyne's understanding of her condition, his capacity for sympathy and his methods. In the same letter, for instance, she expressed surprise that her symptoms were just as bad under her prescribed diet as they had been when she ate whatever she wanted. And in June 1738 she began to speak of Cheyne and his regimen – a low diet accompanied by camomile tea and much self-induced vomiting – with resentment:

41 Cheyne to Richardson, 10 January 1742, pp. 98–102, 101; Cheyne to Richardson, 2 May 1742, pp. 122–5, 122–3; Cheyne to Richardson, 14 July 1742, pp. 135–8, 136.

42 Elaine Chalus, "'My Lord Sue': Lady Susan Keck and the Great Oxfordshire Election of 1754', *Parliamentary History* (2013) 32(3), pp. 443–59, 444.

43 Frances, Countess of Hartford, to Louisa, Countess of Pomfret, 23 October 1740, in Frances, Countess of Hartford, and Henrietta Louisa, Countess of Pomfret, *Correspondence between Frances, Countess of Hartford, and Henrietta Louisa, Countess of Pomfret, between the Years 1738 and 1741*, 2nd edn, 3 vols., London, 1806, vol. 2, pp. 106–10, 108; Horace Walpole to C.H. Williams, 7 July 1744, in *The Yale Edition of Horace Walpole's Correspondence*, 48 vols., New Haven, CT: Yale University Press, 1937–83, vol. 30, pp. 52, 54.

44 Wild, op. cit. (14), pp. 126–7.

45 Keck to Hastings, 12 March 1738, HA 8013, f2r.

Cheyne has desired me to drink camomile tea every morning, to vomit four or five times; and I have complyd with this prescription for this fortnight past; yet never find y^e phlegm in y^e least lessen'd, notwithstanding I eate so little that I am astonish'd where it comes from; he orders me a scots pill, with some assafoetida, now and then, and a regulare vomit, prity often, notwithstanding that infernale [*sic*] Camomile, that he makes me drudge every morning with; so that in short, I am harassed without any benifit, every moment of my life; and that constant habit of vomit-ing, I dread most extremely⁴⁶

As well as coming to resent Cheyne's treatments, Keck also began to suspect that Cheyne was insufficiently sympathetic to the suffering she endured on his advice. She thus finished the same letter by writing that Cheyne 'suspects any body to be gluttous; and never beleves they starve too much, as at least I do'. As the months wore on, therefore, Keck began to question whether Cheyne understood how to treat her condition, and began to suspect him of bullying her into following a regimen that did not produce results.⁴⁷

Perhaps the strongest indication, however, that Cheyne did not succeed in building up fellow feeling with Keck comes from her admission that she could not share every detail of her symptoms with him. Cheyne had the same difficulty with Hastings, and it boiled down to the codes of modesty that governed communication between women and men. On several occasions, he gently chastised Hastings for telling him so little about the rash in her anus or vagina that he did not know it was still troubling her.⁴⁸ In April 1738, Keck told Hastings that she was too ashamed to tell Cheyne about some things she was experiencing:

y^e scots pills I have observed have gone through me undesolved; and then I was dubeous whether it was realy them, or something else that might be the cause of my miserys; but all this is privat confessions w^{ch} I dare not own, least Cheyne sh^d dispise me.

Keck felt able to tell Hastings that she sometimes found undissolved Scots pills – a proprietary medicine made up mainly of aloes – in her faeces, but she could not tell Cheyne. Although she did not explicitly state that the issue here was the performance of gender roles, Keck's intimation that she feared Cheyne's contempt strongly suggests that this was the case. She worried that she could not share something so intimate and potentially disgusting with a man – but she did not have the same difficulty when communicating with a woman. The expectation that women should be modest in their conversation with men therefore made it hard for Keck to enter into the community of feeling that Cheyne worked so hard to engender.⁴⁹

Although Keck had her doubts about Cheyne, she did not reject the intersubjective model of expertise that he articulated in his books and letters. Instead, she used the very same model to identify another expert, better equipped to understand her symptoms. That expert was Hastings. In each of the surviving letters, Keck told Hastings

46 Keck to Hastings, 20 June 1738, HA 8015, f2r–f2v.

47 Keck to Hastings, 20 June 1738, HA 8015, f4v.

48 Cheyne to Hastings, 7 January 1734, pp. 32–4, 32; Cheyne to Hastings, 18 February 1734, pp. 35–7, 35.

49 On Scots pills see P.S. Brown, 'Medicines advertised in eighteenth-century Bath newspapers', *Medical History* (1976) 20(2), pp. 152–68, 154; Cheyne gently criticized Hastings for her excessive modesty when writing to him about her intimate health problems. See Cheyne to Hastings, 7 January 1734, pp. 32–4, 32, 'I ... am sorry your modesty and reservedness has kept you from explaining yourself so fully and freely as you ought to have done'.

that she valued her advice beyond that of any other person because the two of them had suffered in exactly the same manner. In each case, moreover, she linked the need for intersubjective expertise to the impossibility of turning the felt experience of hypochondria into a verbal description. Consider what she told Hastings in April 1738, echoing very similar remarks in the preceding letter of March:

I am slow in Harkening to what is recommended by any body who' hath not suffer'd as I have done, for none that has not experienced it, can have y^e least Idea of what we go through since 'tis a Complaint not to be describ'd, and neither to be bore nor conquer'd.⁵⁰

In June, Keck made the same point by likening Hastings to a fellow Freemason – somebody who had gained membership of a select group by going through a series of secret trials that would only ever be known to those who had endured them.⁵¹ She thus bought into the then-widespread belief that it was very hard to give verbal expression to the symptoms of hypochondria, almost calling medicine by correspondence into question entirely. In consequence, she also bought into Cheyne's assertion that intersubjectivity was the crucial condition for possessing expertise in the diagnosis and treatment of the condition. It was precisely because she shared Cheyne's belief that expertise in her condition could only be obtained through an intimate experience of the same thing that she made Hastings into her doctor – an idea to which she gestured explicitly in the same letter.⁵²

Keck therefore grasped and accepted the intersubjective model of expertise that Cheyne used to win over his patients. In addition, she was keenly aware that the difficulty of communicating about the highly subjective and changeable feelings caused by hypochondria made this expertise extremely precarious. Keck knew that it would be difficult to identify with verbal descriptions of her symptoms, and – as she explained – she therefore wrote about them at great length, hoping to make it more likely that Hastings would encounter something that she recognized. In her constant reminders to Hastings that the two of them had experienced identical suffering, moreover, there are shades of the same insecurity so readily apparent in Cheyne's letters to his patients. Why did Keck feel the need to remind Hastings of their shared suffering in each of the letters she wrote? Did she worry that Hastings might not feel the same way? We cannot know the answers to these questions for sure. But we can say that her assertions of similarity echo the ones made by Cheyne in his correspondence with Hastings and Richardson. Unable to put intersubjective experience into words, Cheyne and Keck could only assert that their feelings were like those of other people. Moreover, they had to repeat those assertions over and over again, applying constant emotional pressure in the hope of winning, and then renewing, the precarious acquiescence of their correspondents.

Both Cheyne and Keck seem to have understood, therefore, that the experience of hypochondria was resistant to objectification – that it could not be rendered as a stable series of signs referring to stable object separate from the person perceiving it. Perhaps surprisingly, a comparison to the world of wine tasting may once again help us to understand the model of expertise that Cheyne and Keck premised on the unstable alignment of their experiences. In an article of 2012, Geneviève Teil has explored the debate in France about whether *terroir* really exists. As Teil points out, *terroir* is a flavour

⁵⁰ Keck to Hastings, 28 April 1738, HA 8014, f4r; cf. Keck to Hastings, 12 March 1738, HA8013, f1r, 'since by your account of what suffering's you have gone through, they bear a strong Resemblance to those I now Labour under, which are only to be comprehended by those who have felt them'.

⁵¹ Keck to Hastings, 20 June 1738, HA 8015, f1r.

⁵² Keck to Hastings, 20 June 1738, HA 8015, f1r.

identifiable in some wines, supposedly indicative of the soil and wine-making practices typical of a given region. Oenological scientists tend to consider that *terroir* is nothing more than a discursive construct since the gustatory and olfactory qualities used to identify it do not correspond to a stable property to be found either in the wine or in the soil. But Teil rejects this analysis, arguing that it is mistaken to dismiss *terroir* simply because it cannot be said to exist independently of the collective experiences and judgements through which it is brought into being. Based on the constant evaluation and re-evaluation of wines that themselves differ from year to year, *terroir* exists not as an object in itself but rather as the constantly emerging, and constantly renewed, product of collective sensory experiences.⁵³

There is a lesson here, I think, for interpreting the intersubjective form of expertise that Cheyne modelled in his letters to patients, and with which Keck in some sense agreed. It might be tempting to dismiss Cheyne as a quack or a charlatan if we base our evaluation of his expertise on the extent to which it depended on knowledge of stable objects that exist when they are not being experienced – whether propositional knowledge about hypochondria or knowledge about how to treat that condition. But such an analysis misses the mark. Cheyne and Keck identified expertise with the experience of symptoms that simply cannot be separated from the perceiving subject. As a result, they both struggled with the difficulty of rendering those changeable symptoms in the static form of written words. Their endless and at times implausible invocations of similarity, sometimes lacking in referential content, reflect the constantly changing and therefore precarious task of aligning one person's feelings with those of another.

Taste and intersubjective expertise

At one level, the story of Cheyne, Hastings and Keck is one about hypochondria in the eighteenth century, a topic of perennial interest for historians of literature and medicine. As we have seen, Sabine Arnaud shows that numerous physicians of the eighteenth century used intersubjective modes of writing, including autobiography and dialogue, to gain the trust of their patients when confronted by the peculiarly subjective feelings provoked by the condition. She and others have also demonstrated that this model of medical expertise was closely related to the literary culture of sensibility – the middle-class and aristocratic discourse that dwelt on the role of embodied feelings in shaping the relationships between people, especially men and women.⁵⁴ That connection is, of course, eloquently expressed in the friendship between Cheyne and Richardson. Richardson was, after all, perhaps the single most influential figure in the literary canon of sensibility in Britain.⁵⁵ Cheyne was thus by no means unique in trying to build fellow feeling with his patients – intersubjective forms of expertise were widely deployed by physicians of the eighteenth century. However, the fact that Keck felt able to apply the same model of expertise to somebody with neither formal medical qualifications nor technical expertise may help us to understand why that intersubjective model of expertise went into decline during the eighteenth century. As Wayne Wild has noted, physicians working later in the century, such as William Cullen (1710–1790), did not make any such effort to establish intersubjective community with their patients. By modelling fellow feeling as the source of his expertise, Cheyne ran the risk of abolishing his authority, enabling

⁵³ Geneviève Teil, 'No such thing as *terroir*? Objectivities and the regimes of existence of objects', *Science, Technology, & Human Values* (2012) 37(5), pp. 478–505, 493.

⁵⁴ Arnaud, op. cit. (4), esp. pp. 77–135; Mullan, op. cit. (1).

⁵⁵ David Shuttleton, "Pamela's Library": Samuel Richardson and Dr. Cheyne's "Universal Cure", *Eighteenth-Century Life* (1999) 23(1), pp. 59–79, 58–9, 60, 62–3.

his patients to replace him with anybody else to whom they felt a closer or more obvious intersubjective connection.⁵⁶

Moreover, Cheyne's intersubjective model of expertise may hold insights relevant not only for historians of eighteenth-century culture and medicine, but also for those with broader interests in the history and sociology of knowledge. For one thing, the decline of embodied intersubjectivity as a form of medical expertise was emphatically not matched by a similar decline in other domains of eighteenth-century thought. As the century wore on, philosophers grew preoccupied by the possibility that finding a consensus of feeling might be the only way to guarantee social harmony. The most famous instances of this preoccupation are Jean-Jacques Rousseau's (1712–78) suggestion that individuals feel an instinctive *pitié* for those who suffer, and David Hume's suggestion that many of our moral judgements arise from sympathy – from the feelings of pleasure and pain elicited by the reproduction of another person's affective state in our own minds. In his *Treatise of Human Nature* (1739–4), Hume thus proposed that the irrational form of consensus arising from mutual sympathy was the force giving rise to the moral distinctions that made society between humans possible – not some rational process by which those distinctions might be figured out and delivered as propositional statements.⁵⁷

In addition, the intersubjective model of expertise has parallels with the aesthetic theory and art criticism of the eighteenth century. There, thinkers ranging from Francis Hutcheson (1694–1746) to Immanuel Kant (1724–1804) tried to explain how and why consensus about the feelings arising from certain forms of experience was possible. Like Cheyne and his patients, they tried to figure out how individuals might sometimes agree about the kinds of experience that seem to resist assimilation to the kinds of rational calculation from which we derive scientific certainty. Of course, these aesthetic theories sought in some sense to make claims about objects that exist independently of our experiences of them – in the sense that they sometimes sought to define some objects as beautiful and others as un-beautiful. But they worked towards this goal by attempting to work out the conditions under which individuals could obtain consensus about their affective states – about states that simply cannot be separated from our apparently subjective experiences of objects.⁵⁸ Elsewhere, I have tentatively suggested that at least some of the theorists of art and aesthetics at work in the first half of the eighteenth century derived ideas about the experience of art from precisely the kinds of medical ideas and practices discussed here. Thus the art theorist and portrait painter Jonathan Richardson (1667–1745), to take just one example, clearly modelled his approach to the judgement of aesthetic value on the dietetic medicine then prescribed for sufferers of hypochondria.⁵⁹

More important for our purposes, however, is the task of defining the kind of expertise that has formed the subject of our discussion – and here I think the discourses and practices concerned with taste hold valuable clues. The resemblance to the intersubjective formation of consensus about taste judgements is what has led me to avoid applying the

⁵⁶ Wild, op. cit. (14), pp. 185, 204.

⁵⁷ See, for instance, Michael L. Frazer, *The Enlightenment of Sympathy: Justice and the Moral Sentiments in the Eighteenth Century and Today*, Oxford: Oxford University Press, 2010, pp. 40–9. On Hume see Ryan Patrick Hanley, 'David Hume and the "Politics of Humanity"', *Political Theory* (2011) 39(2), pp. 205–33, 210–14.

⁵⁸ It was for this reason that, at around the time Cheyne was rising to prominence, Hutcheson came to define beauty as a sense – a feeling arbitrarily but consistently annexed to certain kinds of object by the human sensorium. See Peter Kivy, *The Seventh Sense: Francis Hutcheson and Eighteenth-Century British Aesthetics*, 2nd edn, Oxford: Oxford University Press, 2003.

⁵⁹ Alexander Wragge-Morley, 'Pathologies du désir: le corps et l'expérience esthétique dans les Two discours sur la science du connaisseur de Jonathan Richardson', in Justine de Reyniès and Bénédicte Peralez Peslier (eds.), *L'amateur à l'époque des Lumières*, Liverpool: Liverpool University Press, 2019, pp. 109–26.

overused term ‘knowledge’ to the form of expertise that Cheyne purported to have, and that Keck identified in Hastings. The term ‘knowledge’ usually refers either to statements about objects that can be said to exist beyond the operations of perception, or to possessing the ability to perform some kind of task.⁶⁰ It is true, of course, that Cheyne used knowledge in both these senses to position himself as an expert, especially in printed books. In his letters, however, Cheyne used his knowledge of hypochondria to advance claims about how he and other people experienced the condition. He modelled a form of expertise concerned not with knowledge of hypochondria or how to treat it, but rather with the feelings provoked in him by the condition, and the possibility of aligning those feelings with the ones felt by others. In this form of expertise, Cheyne and his correspondents did not insist on the possibility of thinking about hypochondria as an object that might exist beyond their perceptions of it. Instead, they sought a kind of consensus about hypochondria understood as an experiential event, inseparable from the mechanisms of sensation and perception.⁶¹

We have found, moreover, that Cheyne used language in a manner comparable to other people who, at other times and places, have claimed to be experts in matters of taste. Terms such as *chiaroscuro* and ‘ideal beauty’ have specific and important meanings for artists and art critics, while terms such as ‘tannins’ and *terroir* have similar functions in the world of wine. When more widely diffused, however, such language often loses its referential content, serving to boost the authority of the person using it rather than as an effective medium for communicating about the experiences for which it stands.⁶² Cheyne used the jargon of his discipline in this fashion. Diagnosing Hastings with erysipelas, he didn’t just want to persuade her that he understood the cause of her suffering, and could therefore give her the right treatment. Rather, he wanted to convince her that the two of them had felt the same way – despite the obvious differences between their bodies, and despite the fact that he didn’t say much about what that experience was like.⁶³ Keck’s case was different in the sense that she did not suggest that Hastings had either access to special knowledge of hypochondria, or expertise in its treatment. In the final evaluation, however, she depended on Cheyne’s logic when turning Hastings into her doctor. Like Cheyne, she wanted to persuade Hastings that the two of them had felt the same way.

⁶⁰ The distinction between ‘knowing that’ and ‘knowing how’ is fundamental to the theory of knowledge in the analytic tradition. The crucial point I want to insist on here is that both senses of the term imply that there is an object beyond us that can be known – that the object of knowledge is somehow separable from the knowing being. For an accessible introduction see Noah Lemos, *An Introduction to the Theory of Knowledge*, 2nd edn, Cambridge: Cambridge University Press, 2020, pp. 2–5. The same distinction motivates much work on the theory of expertise, although scholars are increasingly interested in discussing intersubjective expertise along the lines modelled by Cheyne and his correspondents. See Christian Quast, ‘Towards a balanced account of expertise’, *Social Epistemology* (2018) 32(6), pp. 397–419.

⁶¹ As Geneviève Teil has recently noted, phenomenologists such as Maurice Merleau-Ponty sought to break down the notion that we can separate the perceiving subject from the objects of perception. Instead, they framed perception as an event without supposing that event to be a stable sign for something other than itself. See Geneviève Teil, ‘Learning to smell: on the shifting modalities of experience’, *Senses and Society* (2019) 14(3), pp. 330–45, 332. Such accounts of perception and the modes of intersubjective experience to which they may lead are reinforced by scientific research on the way human animals learn to process and respond to the affective states of the people around them. See Colwyn Trevarthen, ‘Embodied human intersubjectivity: imaginative agency, to share meaning’, *Cognitive Semiotics* (2012) 4(1), pp. 6–56, 17, 30–3.

⁶² Gjikola, *op. cit.* (39), pp. 315–19; Shapin, *op. cit.* (3), pp. 451–2.

⁶³ For a fascinating and suggestive account of the potency of apparently meaningless medical jargon see Julie Orlemanski, ‘Jargon and the matter of medicine in Middle English’, *Journal of Medieval and Early Modern Studies* (2012) 42(2), pp. 395–420.

The model of medical expertise shared by Cheyne, Hastings and Keck does not conform, therefore, to our expectations of a form of expertise based on knowledge – at least knowledge as it is conventionally understood. It was not the knowledge of hysteria understood as an object of inquiry, and neither was it the knowledge of how to treat the condition. Instead, it was the constantly emerging and precarious product of their efforts to communicate about intimate experiences of pain and suffering.

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