

Chapter 2

Medical and Cultural Background

As it is obvious, from the reading of the philosophical texts themselves, that the philosophers mostly relied on current medical theories for their explanations of mental illness, I begin by sketching the ancient medical notion of these illnesses. Apart from Galen, an avid reader and commentator on numerous medical authors, from Hippocrates to his own contemporary theorists and practitioners, it is often impossible to be sure which medical authors the philosophers I discuss in my study read and whose theories they drew on, directly or indirectly. However, I start with a medical text that almost certainly dates further back in time than any of the philosophical texts discussed in the subsequent chapters, the famous Hippocratic *On the Sacred Disease*. This treatise is mainly concerned with a condition we can identify as epilepsy, but it also offers an explanation for madness and distortions of thought and perception and, as we will see in the subsequent chapters, echoes of this explanation can be found in both Plato and Aristotle. After Hippocrates, there is something of a gap in the ancient medical writing, as the works of most medical authors of the pre-Christian centuries are either completely lost or preserved only in scanty fragments. As my study is on the philosophers and not on medicine in itself, I content myself in this introductory chapter with briefly sketching the ideas of those ancient medical writers who offer substantial material on the subject of mental illness, such as Celsus, Aretaeus of Cappadocia, and Caelius Aurelianus. These are late authors, and my intention is not, of course, to suggest that the theories of Caelius Aurelianus (possibly a fifth century AD writer), for example, should be considered a “background” against which to assess Plato’s or Aristotle’s notions of mental illness. My purpose is simply to introduce the subject by drawing on the most accessible and unambiguous ancient material available. Besides, the later accounts of mental illness integrate a great deal of material from earlier authors and earlier centuries, implicitly or explicitly.

After the medical sketch, I discuss briefly the ancient popular notion of mental illness, and offer some comments on the rich Greek vocabulary of madness.

2.1 The Medical Notion of Mental Disorders

As mentioned in the Introduction, the ancient medical authors did not usually explicitly or implicitly recognise any distinct category of “mental illness”. For them, all medical conditions were of bodily origin, and they classified them, for example, into “chronic” and “acute”, or according to the bodily part(s) affected. However, among the conditions described in the ancient medical literature there are a number of disorders characterised primarily by the presence of mental symptoms, such as delusional beliefs, hallucinations, irrational and immoderate emotional states and responses, etc. It is these disorders that are called “mental illnesses” in this study, regardless of whether or not the ancient medical authors themselves applied any such designation. For the sake of convenience, the medical notion of these disorders is discussed below under the rubrics “mania” and “melancholy”, while the last section covers disorders that are of minor importance for my study such as phrenitis. However, the reader should bear in mind that the tripartition of “madness” disorders into mania, melancholy and phrenitis appears to be a rather late development in ancient medical thought, even though the origins of all these disorders can be traced back to the Hippocratic corpus, and these later classifications of mental illnesses must not be projected onto the theories of earlier thinkers. But let us start with Hippocrates in order to clarify the way in which mental symptoms were accounted for in ancient medical thought.

2.1.1 *The Hippocratic On the Sacred Disease*

The idea that severe disorders of thought and perception stemmed from bodily disturbances and were treatable by physical measures was present in Greek medicine from the very beginning. An early example of this is the famous Hippocratic tractate *On the Sacred Disease*, dating probably from the latter half of the fifth century BC.¹ The “sacred disease” discussed in the treatise corresponds roughly to our notion of epilepsy, a condition characterised primarily by sudden, transient seizures during which the patient falls to the ground, experiences involuntary muscle contractions, and loses (some of) his or her cognitive functions. On the other hand, the range of its symptoms also includes “nocturnal fears and terrors and derangements (*paranoiai*) and jumping out of the bed and running outdoors” (1, 11 Jouanna). Thus it is akin to madness (*mainesthai*),² and the author asserts that both epilepsy and madness

¹ See Jouanna (2003, lxx–lxxiv). The scholarly opinions on the date and author of the treatise have varied to some extent, but the treatise’s close affinity to the *On Airs, Waters, and Places* is usually acknowledged.

² Cf. also Herodotus, *Historiae* 3, 33, where Herodotus notes that Cambyses’ madness was perhaps due to his being affected from the birth by the “sacred disease”, which had impaired his mind (*phrenes*). It may be also noted that epilepsy was still officially regarded as a mental disease in the classification used in the USA at the end of the nineteenth century; see Kutchins and Stuart (1999, 38–39). Today, the distinction between neurological and psychiatric conditions remains somewhat

have a similar cause, as both are due to an unbalanced state of the most important of human organs, the brain.

According to the author, the brain regulates all voluntary movement by regulating the distribution of air (*aēr*) in the body. Air is the medium through which the commands of the brain are conveyed to the parts. At the same time, the brain is the medium through which the intelligence-endowing air is able to work in the body. The brain is the first organ to receive the air as it enters the system through the nostrils, and there are two large veins to distribute it further into the body, one extending from the right side of the brain to the liver, and another extending from the left side of the brain to the spleen (3, 3–5). As we know today, no such veins exist in humans (or in any other mammals, for that matter),³ but it is possible that the author's idea of the two large veins was loosely based on observations of the aorta and the vena cava. According to the author, epilepsy is a severe disorder of this air-distributing system. Despite the designation “sacred disease”, it is not caused by a supernatural agency, as many of his contemporaries believed, but by an excess of phlegm in the body, due to congenital irregularities in the humoral balance. When phlegm is secreted from the diseased brain, it blocks the veins, thus severing the vital connection between the brain and the parts, and an epileptic seizure ensues. The patient collapses onto the ground, and the air trapped in the limbs, finding no exit, causes them to convulse (Chap. 7).

In addition to the task of moving the body, the treatise also assigns all cognitive action to the brain. The reason why epileptic seizures bereave the patient of cognitive functions, the author explains, is that the excess phlegm hinders the air from entering the brain, air's presence there being a necessary condition for all acts of thought and perception. The author's explanation for madness and distortions of thought and perception appears in the section expounding the multifarious functions of the brain:

Through the brain, in particular, we think, consider, see, hear, and distinguish the ugly from the beautiful, the bad from the good, the pleasant from the unpleasant ... It is the same thing which makes us mad or delirious, inspires us with dread and fear, whether by night or by day, brings dreams, inopportune mistakes, aimless anxieties, absent-mindedness, and acts that are contrary to habit. These things that we suffer all come from the brain, when it is not healthy, but becomes abnormally hot, cold, moist, or dry ... Madness comes from its moistness. When the brain is abnormally moist, of necessity it moves, and when it moves neither sight nor hearing are still, but we see or hear now one thing and now another, and the tongue speaks in accordance with the things seen and heard on any occasion (14, 2–5).⁴

unclear and will probably continue to be so, given the ever-increasing knowledge of the physical aspects of mental disorders.

³ It must be borne in mind that Greek anatomists and physiologists studied mostly non-human animals (such as pigs and monkeys), as interfering with dead human bodies was heavily tabooed in the culture. A striking exception was Hellenistic Alexandria where, for a short period of time, dissection and even vivisection was conducted on humans.

⁴ Translation W.H.S. Jones (in LCL), with some modifications. Καὶ τοῦτω φρονέομεν μάλιστα καὶ νοέομεν καὶ βλέπομεν καὶ ἀκούομεν καὶ διαγινώσκομεν τὰ τε αἰσχρὰ καὶ τὰ καλὰ καὶ τὰ κακὰ καὶ τὰγαθὰ καὶ ἡδέα καὶ ἀηδέα ... Τῷ δ' αὐτῷ τοῦτω καὶ μαινόμεθα καὶ παραφρονέομεν καὶ δειμῆματα καὶ φόβοι παρίστανται ἡμῖν τὰ μὲν νύκτωρ, τὰ δὲ καὶ μεθ' ἡμέρη, καὶ ἐνύπνια καὶ

It is noteworthy here how madness is associated with excess movement: adequate perception and intelligence require stillness of the cognitive instrument, and movement of the brain distorts these actions. One could, perhaps, think of images reflected onto the surface of water: when the water is ruffled by the wind, the images become distorted. The author goes on to distinguish between two types of madness, one caused by phlegm and one caused by bile (*kholē*). Phlegm renders the patient abnormally calm (dulled or depressed), whereas bile renders him or her restless, noisy, and liable to all kinds of recklessness—a distinction evoking the later distinction between mania and melancholy.

The tractate never mentions the soul (*psykhē*), but the functions assigned to the brain (cognition, memory, emotional regulation, voluntary movement) are, from the viewpoint of ancient philosophy, unmistakably “psychic”. The author’s notion of the brain as the “interpreter” (*hermēneus*) of the understanding (*synthesis*) derived from the surrounding air (Chap. 16) may appear somewhat baffling, as it evidently suggests that the air and not the brain does the thinking. However, the author’s account of mental illness is mostly intelligible enough. The brain is the instrument or medium of thought and perception, and thinking and other cognitive processes are possible only when the brain is healthy and in its normal and natural state, possessing the correct elemental balance in terms of moisture and warmth. When the instrument is damaged by excess of bile or phlegm, these functions are bound to suffer, and a condition we can describe as “mental illness” arises. The tractate does not describe the treatment of either epilepsy or madness in any detail, but does imply that the treatment, naturally enough, consists of correcting the imbalanced state of the body and the brain.

On what grounds does the author of the *On the Sacred Disease* assign cognition to the brain? No explicit answer is given in the treatise. The author apparently regards his theory of the air entering the body via the brain as an argument for the brain’s central role in controlling the body, but the modern reader is likely to surmise that the author’s somewhat forced anatomical and physiological theory was moulded to suit the brain-centred model rather than the other way round. On the other hand, it is probable that the fact that such vitally important functions as seeing, hearing, smelling and tasting, as well as breathing, take place in the head indeed paved the way for the brain-centred theories.⁵ The more traditional alternative was, of course, the heart-centred model, and the author of the *On the Sacred Disease* takes the proponents of this theory to task (Chap. 17). He notes that the heart and

πλάνοι ἄκαιροι καὶ φροντίδες οὐχ ἰκνεύμεναι, καὶ ἀγνωσίαι τῶν καθεστεώτων καὶ ἀηθία. Καὶ ταῦτα πάσχομεν ἀπὸ τοῦ ἐγκεφάλου πάντα, ὅταν οὗτος μὴ ὑγיאίνη, ἀλλ’ ἢ θερμότερος τῆς φύσιος γένηται ἢ ψυχρότερος ἢ ὑγρότερος ἢ ξηρότερος ... Καὶ μαινόμεθα μὲν ὑπὸ ὑγρότητος· ὅταν γὰρ ὑγρότερος τῆς φύσιος ᾖ, ἀνάγκη κινεῖσθαι, κινουμένου δὲ μήτε τὴν ὄψιν ἀτρεμίζειν μήτε τὴν ἀκοὴν, ἀλλὰ ἄλλοτε ἄλλα ὁρᾶν καὶ ἀκοῦειν, τὴν τε γλώσσαν τοιαῦτα διαλέγεσθαι οἷα ἂν βλέπῃ τε καὶ ἀκούῃ ἐκάστοτε. (Ed. Jouanna)

⁵ The notion of the brain as the centre of cognition is first attributed to the Pythagorean Alcmaeon, flourishing at the beginning of the fifth century BC, who is credited with discovering the connection between the eye and the brain via the optic nerve. On the early debate on the location of mental powers, see van der Eijk (2005b).

the diaphragm (carrying the notoriously ambiguous designation *phrenes*) are exceptionally sensitive organs because of their delicate nature and the numerous veins extending to the heart from other parts of the body. This is why many people are misled into attributing cognition to these parts, emotions being literally felt there. The author asserts, however, that the heart and the diaphragm are merely reactive organs and play no active role in cognition.

In many significant respects, the notion of mental illness remained remarkably homogenous from Hippocrates onwards, despite the diversity of ancient medical theories and medical schools. Most doctors believed the centre of cognition abided in some part of the body, whether that was the brain or the heart or some other part, and, quite naturally, assumed this part was affected, directly or indirectly, when the symptoms of an illness were predominantly mental.⁶ The aetiology of mental illness could involve psychological factors such as intense emotional upheavals or mental overexertion, but it was only through their damaging effect on the body that the mental symptoms of the actual illness were believed to arise. Accordingly, the suggested treatment was mostly physical in nature, often consisting of dietetic measures and attempts to purge the body of the harmful, corrupt, and/or misplaced substances.

I move on to sketch the ancient notions of mania and melancholy that, unlike epilepsy, can be regarded as proper mental illnesses.

2.1.2 *The Concept of Mania*

The Greek word *mania*, along with related words of the same root,⁷ was probably the most common word used of severe mental disturbances in antiquity. In Latin, it was often translated by the words *furor* and *insania*. Mania was sometimes designated as a “distortion” (*ekstasis/alienatio*) of the mind,⁸ and it was further defined as a chronic ailment, occurring without fever. Mania could manifest itself as a drastic change in the behaviour and mental state of the patient, so that he became beside himself, deviating both from the accepted norms of rationality and from his usual disposition. On the other hand, the chronic course of the illness meant that the symptoms could last long, often periodically varying in intensity, and even become part of the patient’s personality.

Although appropriated for medical use, the word *mania* never lost the indefiniteness acquired through its use as an every-day term with various connotations.

⁶ Cf., e.g., Caelius Aurelianus, *On Acute Diseases* 1, 53–57, in which various theories concerning phrenitis are discussed. According to Aurelianus, all these theories claim that the part affected in the illness must be the abode of the “ruling part” (Greek *hēgemonikon*) of the soul. Aurelianus himself, however, considers phrenitis an illness of the whole body.

⁷ Cf. below p. 31.

⁸ *Alienatio mentis*, mental alienation, is a common formula in Latin, whereas the Greek phrase *ekstasis dianoias* occurs only a couple of times in the medical texts; simple *ekstasis* is used more often.

In the Hippocratic writings, *mania* and related words refer to states of mental derangement of varying duration, naming a symptom rather than a disease.⁹ This condition manifests itself through hallucinations, delusions, bizarre fears and other inappropriate moods. The physical aetiologies proposed for symptoms of mania in the texts vary, as the authors of the corpus operate with different psycho-physiological models. As I have shown above, the *On the Sacred Disease* attributes madness (*mainesthai*) to moistness in the brain, due to either excess phlegm or bile. In the *On Regimen*, on the other hand, madness (*maniē*) is attributed to the prevalence of fire over water in the body, since while excessive moistness of the body renders the soul (*psykhē*) dull and slow, excessive heat makes it too quick and thus liable to madness.¹⁰ The location of the soul is not given in the *On Regimen*, and there is no reference to the brain. It is noteworthy, however, that both texts associate madness with movement. In other texts, we find mind and madness located in the heart, or in the blood.¹¹ Despite taking great interest in describing various mental symptoms, the Hippocratic authors seldom attribute these symptoms to a specific disease, and the distinction between a symptom and a disease remains unclear throughout the corpus. Later medical authors, on the other hand, operating with an articulated nosological system, regarded mania as an individualised disease with a distinct profile comprising aetiology, symptoms, prognosis and suggested treatment. However, the only common denominator for its numerous, widely-varying symptoms seemed to be, indeed, that the mental state of the patient was “distorted” in comparison with his former condition and the commonly accepted norms of appropriateness and rationality.

The most famous ancient account of mania is probably that of Caelius Aurelianus (perhaps fifth century AD).¹² Despite its lateness, it is well worth discussing in some detail. Aurelianus’ two great medical works, entitled *On Acute Diseases* and *On Chronic Diseases*, were based on corresponding writings by Soranus (first–second century AD), now lost. The exact relation between the texts cannot be determined with certainty: Aurelianus’ works were not direct translations of the originals, but most of the medical information and theorisation as well as the ethical sentiment being conveyed through them probably go back to Soranus. Still, referring to Aurelianus’ text as that of “Soranus” is, I think, going too far.¹³ What makes Aurelianus’ account of mania remarkable, in addition to its extensiveness, is the author’s recommendation of certain quite sensible psychotherapeutic procedures, discussed below. Aurelianus asserts that mania is typically a disease of young and middle-aged men. As its antecedent causes, he lists both physical and psychological factors, such as excessive heat and cold, the excessive use of alcohol or drugs, immoderate venery,

⁹ On mania in the Hippocratic corpus, see Pigeaud (1981, 101–103), and Pigeaud (1987, 29–40).

¹⁰ *On Regimen* 1, 35. Even the slow and watery soul is said to suffer from a type of mania (line 58) involving depression and strange fears, but it is the “quick” type of madness that seems to be regarded as mania proper, as people liable to this illness are called “hypomanics” (lines 92–93).

¹¹ Cf. Hippocrates, *De virginum morbis*, a 500-word treatise in which madness (*paranoia*) is attributed to the erratic menstrual blood’s detrimental effect on the heart, and below, note 23.

¹² Caelius Aurelianus, *On Chronic Diseases* 1, 144–179.

¹³ This is done, e.g., by Drabkin (1955), Roccatagliata (1986), and Jackson (1986).

insomnia and mental stress, along with intense emotions such as anger, grief or fear. Sometimes no cause can be identified. Intense but inappropriate emotions are also among the most typical symptoms of the illness: patients may be excessively joyful, gloomy or angry, or obsessively afraid of some harmless object. Mania can also manifest itself as memory disorders, dysfunctions of the senses (i.e., hallucinations?), and all kinds of delusional ideas. Aurelianus enumerates cases of quite fanciful delusions concerning the patient's identity: one patient believed himself to be a sparrow, another a god, another an actor, another an ear of corn, and another a baby, acting according to his delusion and demanding to be held. Some of Aurelianus' examples derive from mythology.

Aurelianus, a committed Methodist, considers mania an affliction of the head and the whole nervous system (*nervositas*) involving a state of stricture (*constrictio*).¹⁴ This stricture is evidently brought about by the above-mentioned antecedent causes, which exert stress on the nervous system responsible for reason and perception. Despite the obviously mental nature of the symptoms, mania is a physical illness that affects the mind only via the body. As a proof of its physical nature, Aurelianus remarks, rather interestingly, that philosophers are unable to treat it successfully with their arguments. Furthermore, mania is usually accompanied by some minor bodily symptoms, such as bloodshot eyes or headache, which point to its physical origin. The exact mechanism by which the illness affects the mental functions is not specified, and Aurelianus never mentions the brain: excessive theorisation on such questions was against the principles of the practically-oriented methodists. Nevertheless, he evidently believed the head played a major role in the workings of the cognition and the senses; correspondingly, the head was invariably affected in all conditions involving mental derangement, though not necessarily primarily.¹⁵

Of all ancient authors, Caelius Aurelianus offers the most detailed account of the treatment of mania. The patient should be kept in bed (tied up, if necessary for safety reasons), in a warm and peaceful room (with no murals, and only carefully selected visitors allowed). He is massaged, fomented, phlebotomized, cupped and medicated (helleborized, if need be);¹⁶ he is prescribed fasting, then light food, physical exercise (passive and active) and, later on, a change of climate. Treatment is adjusted according to the course of the illness, since mania should decline steadily after the initial attack. Sometimes it becomes chronic, however, or recurs periodically, being relieved by periods of remission. The physical treatments are meant to release the cephalic stricture and thus indirectly relieve the mental symptoms by addressing their physical cause. In addition, Aurelianus recommends numerous measures of a psychotherapeutic nature, which directly address the patient's mental aberrations. First of all, the servants (i.e., slaves) attending to the patient must seek to counteract his condition, correcting his inappropriate beliefs and manipulating his errant

¹⁴ The Methodists attributed all medical conditions to states of stricture or looseness in the invisible pores of the body; see Nutton (2004, 187–201), Edelstein (1967a), and Drabkin (1950, xvi–xviii). Methodism can be viewed as a “third way”, which fused together elements of the “dogmatic” and “empiricist” approaches in ancient medicine.

¹⁵ Cf. *On Acute Diseases* 3, 115; and for a more cautious position, *On Acute Diseases* 1, 56.

¹⁶ On hellebore as a cure for madness, see note 59 below.

moods, but with lenience—his delusions must not be encouraged, but neither must he be vexed by opposing him too vehemently. If the patient's condition allows, he is made to exercise his mind by listening to texts purposely marred by errors he is supposed to correct. Afterwards, he is given easier reading, so that his mind can relax. Watching dramatic performances is also a suitable treatment, but the piece has to be selected with care: hilarious mime will cheer up a depressed patient, whereas solemn tragedy will subdue an excessively cheerful one. Mental and physical therapy merge together in Aurelianus' advice to have the patient deliver speeches to his family and friends. The audience must eagerly praise the performance in order to lift the patient's spirits. Such prescriptions were, of course, for patients of the educated upper classes, but Aurelianus also offers advice to the less refined (*qui litteras nesciat*), who can ponder over problems related to their occupation, or play checkers. Although philosophers cannot cure mania because of its physical nature, Aurelianus acknowledges that they can be of use in its treatment, since their words "alleviate fear, sorrow, and anger", which also benefits the body.

Aurelianus also criticises certain forms of treatment recommended by rival medical schools and authors. In particular, he condemns music therapy, keeping the patient in darkness, without food or permanently tied up, drugging him with alcohol, flogging him, and making him fall in love. The aim of the last-mentioned measure was to purge the patient's mind by replacing one passion (*passio/pathos*, having the double meaning of "passion" and "disorder") with another, whereas the more violent measures were meant to "tame" the madman and destroy his delusions by force. Aurelianus finds these treatments objectionable for various reasons. Some of them have a negative effect on the cephalic stricture, some weaken the patient's general condition or excite him unnecessarily, while others have no effect whatsoever. Of love therapy, Aurelianus notes that it is impossible to make a madman fall in love because his impaired judgement (*iudicium*) prevents him from appreciating beauty, and in any case venery would be harmful to the distressed nervous system.

The second most extensive account of mania to survive from antiquity is that of Aretaeus of Cappadocia (probably the first or second century AD). Aretaeus describes mania as an illness that "maddens the soul because of a bad mixture of the body" (*tēn psykhēn ekmainei akrasiēi tou sōmatos*).¹⁷ Thus, Aretaeus makes use of both the Hippocratic (Ionic) dialect and the Hippocratic humoral pathology.¹⁸ More precisely, mania is due to a hot and dry imbalance, which in turn can be due to various congenital and/or environmental conditions or poor diet. Overeating, intoxication, violent emotions (especially anger) and excessive venery may also play a part in the aetiology. Young and passionate men, being hot and dry by nature, are especially liable to develop the illness, and Aretaeus emphasises that mania must be

¹⁷ Aretaeus, *De causis et signis diuturnorum morborum* 1, 1, 2, 6–7. The designation is intended to cover melancholy as well. The specific discussion on mania comes in section 1, 6.

¹⁸ Aretaeus writes in idiosyncratic, aphoristic Ionic, which often makes the text rather difficult to interpret, and some scholars have regarded him as a rhetorician or poet rather than a serious medical author; cf. Pigeaud (1987, 73). Despite the frequent references to the bodily humours and their elemental qualities, Aretaeus can hardly be assigned to any single medical sect.

distinguished from senile dementia, which is a cold and incurable condition. Mania is often characterised by intermissions and relapses, but even permanent recovery is possible. Despite its bodily origin, the symptoms are almost exclusively mental. Aretaeus refers to the innumerable varieties of the illness. Some patients are cheerful, wishing to have fun day and night and wearing garlands on their heads, whereas others are aggressive, paranoid, violent and dangerous, or suicidal. A particularly talented patient can, owing to this illness, produce astronomy, philosophy, or poetry. Whether Aretaeus meant to suggest that some notable scientific and artistic achievements had actually been fuelled by mental illness can only be guessed at. Mania engenders “abnormal impressions” (*allokotoi phantasiai*), an expression that appears to refer to delusional ideas. Aretaeus mentions a patient who believed he was a brick and refused to drink for fear of being dissolved. Another patient regularly went mad upon leaving his house, although as long as he remained inside, he was quite sane and a competent carpenter. Aretaeus claims that mania patients do not experience hallucinations (*paraisthanesthai*); they just “do not think as they should” of the objects they perceive. However, he refers to patients’ seeing red “phantoms” (*indalmata, phantasmata*) and hearing disturbing noises. The patients are often troubled by insomnia and uncontrollable desires for food and sex. At the height of the illness, they can wander long distances aimlessly or flee to deserted places, but when the attack of the illness subsides, they are depressed at realizing their condition.

As a peculiar sub-type of mania, Aretaeus mentions persons who in a state of frenzy cut off their “members” (*melea*) in order to honour their gods. This is evidently a reference to the practice of self-castration associated with the rites of Cybele, vividly described by Catullus in his poem narrating the tragic story of Attis (Poem 63). According to Aretaeus, these people are sane, but their beliefs (*hypolēpsis*) are abnormal. This kind of madness is triggered by music, intoxication, and the encouragement of others, and Aretaeus claims that it is divine (*entheos*). As the section on the treatment of mania is missing—Aretaeus’ work being only partly extant—we do not know whether he recommended some kind of psychotherapy for mania. However, as he associates mania with the head and the diaphragm (*hypokhondria*), it is probable that the suggested treatment involved attempts to correct the prevailing *dyskrasia* of these parts. Aretaeus does not discuss the role of the head or the brain in cognition. On the contrary, he suggests that the “viscera” (*splankhoi*) must be more affected than the head in mania, as no hallucinations occur. Phrenitis, on the other hand, is primarily a cephalic disorder, as hallucinations are its main feature.

I mention one more ancient account of mania, that of the Latin encyclopaedist Aulus Cornelius Celsus (first century AD), who discusses the condition briefly in the third book of his extensive *De medicina*. Unlike the works of Aurelianus and Aretaeus, the *De medicina* is a handbook not only of nosology but also of dietetics, pharmacology and surgery, including some noteworthy general discussion on medical theory and practice. Originally, it constituted a section of Celsus’ great encyclopaedic work, now otherwise lost. In the chapter dealing with *insania* (3, 18), Celsus distinguishes three types of madness: phrenitis (written *phrenēsis*, in the Greek alphabet), melancholy, and a third type of *insania* that obviously corresponds to the mania of Greek authors, although Celsus never uses the Greek name of the illness.

He further distinguishes, importantly, between two forms of this madness: some patients suffer from hallucinations (*imagines*), and some are mentally deranged (*animodesipere*). According to Celsus, the former are to be treated with hellebore (black hellebore if the patient is depressed, and white hellebore if he is exuberant), whereas the latter are subjected to “tortures” (*tormenta*), i.e., given physical punishments to cure them of their delusions. A thorough frightening can also benefit a madman, as any intense experience can affect the hoped-for change in his mental state. In addition, Celsus recommends strenuous physical exercise, massage and dietary measures, plus a change of environment and travelling, even after the illness has subsided. Despite their physical nature, even these measures evidently aim at “taming” the madman rather than bringing about any physical change. Thus, it seems that Celsus regarded “delusional” mania as a psychological condition, curable by rather cruel-sounding re-education, whereas the “hallucinatory” type was dependent on some (unspecified) physical condition amenable to the use of purgatives.

More sensible psychotherapy, similar to that described by Aurelianus, is also recommended by Celsus, but not for the treatment of mania. Instead, these measures are recommended to treat the phrenitis patient: he is to be treated with leniency and understanding, unless he is dangerous to himself or to others; his fears are alleviated, and he is allowed to exercise his mind in safe surroundings and then to go to sleep in a swinging hammock, listening to the soothing sound of falling water. The general impression Celsus gives in his discussion on madness is that he had no coherent theory. He may well not have been a practising physician, merely a curious and industrious layman,¹⁹ and his remarks on *insania* indeed appear to be patched together from various sources.²⁰

As the above discussion on the three major accounts of mania shows, there was no unified theory of the illness in ancient medicine, nor can the differences be explained by chronological considerations only. Generally speaking, the notion of the brain as the centre of cognition and the idea of mental illnesses as brain disorders gained popularity towards the end of antiquity but, as we have seen, even an author as late as Caelius Aurelianus could still remain somewhat sceptical on the issue. Nor can the differences of opinion as regards the typical symptoms and the correct treatment of mania be put down to any linear development in ancient medical thought, since the division of medicine into different schools with different theoretical and practical approaches was not a transient phase but an integral feature of ancient medicine. On the other hand, the relative lack of interest in mania manifest in late antiquity medical compilations seems to echo Galenic influences, since Galen shows little interest in mania and has much more to say of melancholy as we will see in the Chap. 6.

¹⁹ However, as there was no generally approved formal education for physicians in antiquity, the difference between a doctor and a knowledgeable layman remained somewhat vague. On Celsus, see Nutton (2004, 166–167).

²⁰ Celsus names some of his sources, and Asclepiades (cf. below, Chap. 7, note 71) in particular appears to have influenced the more humane suggestions for treatment. For an attempt to clarify Celsus’ account of *insania*, see Pigeaud (1994).

Mental Disorders in Ancient Philosophy

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