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Mental disorder in Graeco-Roman antiquity

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Modern issues

Questions concerning the definition and ontology of diseases – and of psychological or mental diseases in particular – are live ones in the modern world. It will be helpful to offer a brief summary of these issues as they exist in the modern philosophy of medicine and in contemporary thought about psychiatry. This is not done in the belief that the terms of the modern debate can always be mapped straightforwardly or usefully onto those of the ancient ones – nor will any such operation be attempted systematically in what follows. There is, however, a fundamental sense in which the same questions are being addressed; and, more specifically, there are points of relevance and connection – some more direct than others – between the terms of the conceptual discussions, and approaches to the problems, then and now. Especially in the context of a comparative volume such as this, it seems worthwhile to consider these contemporary questions as a background, or first point of orientation, to which reference and comparison will be made from time to time in the detailed historical analysis which follows.

A first and central opposition in the modern debate is between naturalist and normative (or constructivist) accounts, the former insisting on a specific, and therefore objectively assessable, biological dysfunction as the criterion of disease, the latter pointing to the culturally conditioned nature of disease concepts, involving as they do notions of correct or appropriate performance of functions and interaction with society.[1] A further possible criterion is that of the individual's own experience of illness; and some would suggest a combination of the three elements (biological, social and subjective) as constitutive of disease.[2] Such an approach raises the question whether all, one or some combination of the three must be present; and this in turn touches on two related questions in the definition of disease: that of gradualism and the question whether diseases admit of definition in terms of a single, clear and necessary criterion (or a distinct number of criteria), or are better regarded as 'cluster concepts'.[3] The phenomena of health and pathology seem to exist in a continuum: what does one do, definitionally, about borderline or intermediate cases? And can disease concepts reliant on a range (even on a numerical score) of symptoms, no single one of which alone has to be present, be taken as adequate and appropriate within an evidence-based medicine which seeks its ultimate foundation in discernible biological phenomena?

In a sense underlying (or perhaps better, running in parallel to) all the above questions is the fundamental one, whether or to what extent diseases can be regarded as natural kinds – a question which itself unavoidably recalls the ancient discourse, the Platonic–Hippocratic notion of 'carving nature at the joints'[4] being frequently invoked in such discussions.[5] There is, further, the question of whether the 'kinds' in question are distinguished in terms of their symptomatology and pathogenesis (a conception which would correspond very approximately to the domain of prognosis in the ancient medical discourse), or whether rather *aetiology* is the ultimate defining notion. (Would two patients with identical symptoms, and even identical future pathology, be regarded as having different diseases, if a different causal account is identified in the two cases?)

All the above arguments have been summarised as relevant to disease (and health) in general, rather than in relation specifically to the mental domain. In fact, most of them arise and are pursued far more actively within the philosophy of psychiatry – and indeed within debates relating to psychiatric practice itself – than in the more general area of philosophy of medicine (although in principle most of the theoretical concerns are common to both); and most of the literature just cited addresses the psychiatric or mental area specifically. The focus on mental, as opposed to general medical, diseases and their diagnosis is at once a complicating factor and one which throws these questions into sharper relief. The former, because it involves one in the further question of the definition of the 'mental' itself (and, in our specific case, in the further complexity of the relationship of *our* conception of the mental to ancient ones), and of the relationship of mental to physical phenomena or symptoms; the latter, because the question of 'culture-specific' versus 'natural' arises much more obviously and acutely in this area. So, for example we have the well-known issues of the historical medicalisation of homosexuality; of the problematic nature, in terms of empirical or objective basis (let alone relationship to 'natural kinds') of a number of contemporary diagnoses, especially those involving a spectrum, a problematic threshold and qualitative and arguably subjective criteria of assessment (e.g. autism; certain personality disorders); and, more generally, the question of the over-medicalisation, or increasing medicalisation, of states of mind or responses that could well be argued to be rational or normal, e.g. that of grief.

Although this extremely brief overview can do little more than point towards the complexity of the problems and living nature of the debate, it is hoped that it will provide a relevant background through consideration of which our analysis and appreciation of the ancient debate will be sharpened.

Ethical or medical?

A further point of contact – again, possibly oblique – between ancient and modern discussions relates to the possible understanding of mental aberrations in either medical or ethical terms: what is crudely summarised as the 'mad or bad' question, in relation to aberrant or pathological behaviour. To move to ancient Greek terminology: the term *psychē* (*loosely* translated as 'soul' or 'mind') is, as we

shall see, used both in medical discussions of cognitive or mental impairment and in ethical ones on the cure of the 'affections of the soul'. The terms of this debate are not directly similar to our 'mad or bad' debate;[6] and indeed the fact that the same term is used, in two different kinds of pathological context, is not, in general, problematised. But a question arises as to whether some mental aberrations are the province of the doctor and some of the philosopher – and, if so, what is the relationship between the two kinds of affliction and their treatment. In fact, a parallelism between the health of the soul and the health of the body – in which the former is an essentially philosophical or ethical and the latter a medical concern – is a recurrent trope in Plato, who uses it to establish the importance of the philosopher's expertise as both similar in its beneficial function and superior to the doctor's.[7] That Platonic distinction, as we shall see, will have far-reaching consequences for the pragmatically dualistic conceptions in play in later authors and, arguably even more significantly, for the establishment of a philosophical 'therapy of the soul' existing alongside medical practice.

Ancient definitions of health and disease

We proceed to consider ancient definitional approaches to health and disease and to their relationship, with a main focus on Galen, but also a consideration of how his approach may mark him off from predecessors as well as from rivals.[8] We begin with the theorisation of health (and of its relation to disease), in which area it is easier to place Galen's views in a broader socio-intellectual context than it is with his definitional approach to disease itself. It is fundamental for Galen that health is understood in terms of balance; but it is also vital to be more precise. In his major work on prescriptions for health he clarifies: (1) that health consists in a balance, specifically, of the uniform or homogeneous parts (flesh, blood, bone, etc.); (2) that the health of the (higher-level) organic parts consists in the correct shaping, number, composition, etc., of these; and (3) that a central criterion of health is that one's 'activities are functioning according to nature'.[9] Both the two-level account of health – in terms of the 'mixture' of the lower-level bodily parts and in terms of the organs – and the focus on performance of natural functions are central to Galen's view.

Another distinctive feature – and one which is interesting in relation to the 'gradualist' debate mentioned earlier – is that health must not be understood as a single, ideal state, but as involving a *latitude* (*platos*).[10] In stating this view, Galen mentions unnamed others who hold to the doctrine of *aeipatheia* – perpetual pathology. Galen finds such a view absurd, insisting that the only sensible way to conceptualise health is as containing different gradations; it is, further, important to use the individual's normal constitution, rather than an abstract standard, as the criterion of his or her health: there are thus also different individual types or versions of health. In this context (significantly in relation to the discussion of subjective versus objective criteria of disease), Galen focuses on the patient's own perception, or experience of distress, as forming the criterion of the presence of disease.[11]

The tripartite division of states – healthy, unhealthy and 'neither' (or neutral) – attributed to Herophilus and entertained in places by Galen himself[12] is also relevant here. This could be seen as offering another kind of answer to the modern 'gradualist' problem. The existence of an active debate in this area is attested also by both Celsus and Caelius Aurelianus. The former offers a distinction, *within* the category of the healthy, between those in a strong or robust state of health and those in a weaker or more precarious one.[13] The latter mentions authorities both for the view that health is single and indivisible (Asclepiades, Erasistratus) and for the opposite view whereby the concept admits of levels or degrees (Herophilus, the Methodists).[14]

An interesting distinction emerges, in Graeco-Roman society, between a domain of 'matters of health' (or 'hygienic'), that is, the preservative/dietetic branch of healthcare, and one of clinical or therapeutic medicine, each with its own distinct procedures. Galen's massive treatise, *Matters of Health* (or *Hygiene*; *De sanitate tuenda*), is devoted precisely to the former discourse, that of the relevant prescriptions for health preservation and restoration of minor faults (which consist largely in diet, exercise, baths, etc., rather than in pharmaceutical or surgical interventions); it also spends some time focusing on the identification of the boundary line between the two discourses. But the distinction is attested in other sources as well as Galen;[15] and the notion that there is an important and rich domain of medical expertise which is relevant *within* healthy states, as opposed to medicine being a science or practice addressed only to the pathological, is perhaps one of the most distinctive and interesting findings of Graeco-Roman medical thought, in the contrast and challenge it presents to modern conceptions.

We turn to the definition of disease itself. Here again Galen gives us a fuller fundamental definitional and conceptual account (or accounts) than any other surviving source. It is, in fact, impossible to do justice in a summary to the complexity and variety of Galen's definitional and classificatory approaches (on the latter, more in sections 5.2–5 that follow), their fundamental principles and the nature of their interrelations.[16] Three features, however, should be emphasised as ones that inform his approach and run through the texts: (1) the fact that the account of diseases is inextricably linked to an aetiological account within Galen's physical and physiological system; (2) the two-level approach, considering disease of uniform parts (understood in terms of mixture) on the one hand and that of the organic on the other; (3) the understanding of disease in terms of impairment of natural capacity or function. (Points 2 and 3 have already been observed in relation to the definitional account of health.)

Disease (*nosos*) is (1) the opposite of health; and (2) a condition leading to impairment of activity.[17] Galen also states here that it is unimportant whether one defines health and disease in terms of *state* or of *function*, the former being causative of the latter. What is important is that impairment of function provides the fundamental criterion of disease.[18] Central, too, is the focus on the causal account. At the level of the uniform parts, then, disease is also equated, in line with Galen's fundamental low-level elemental model of explanation, with a 'bad-mixture'

(*dyskrasia*): bad-mixtures turn out to offer a hugely powerful explanatory model for the inception of diseases in the body.[19] Galen offers further elaboration of the fundamental categories (with much terminological subtlety), in a way which again highlights the relationship between states and their underlying or preceding causes.[20] As we shall see in more detail in what follows, Galen elaborates this basic concept of impairment of function (in particular, distinguishing between loss of function and disorder of function, and between impairment of 'psychic' and 'physical' activities)[21] to characterise different *kinds* of diseases; we shall consider too the relationship of *disease entities* to these fundamental explanatory categories.

Graeco-Roman disease classification: some interpretive approaches

We turn now to the principles of individual disease classification. As a preliminary methodological consideration before moving to the historical detail, I suggest the following four interpretive accounts or approaches to the question: what is the fundamental motive or underlying principle of ancient Graeco-Roman theory and practice in this area?

1 distinction of diseases or symptoms according to an aetiological account, based on each medical author's individual theory (this would correspond roughly to the modern 'naturalism' approach identified earlier)
2 identification of pathologies, and their related treatments, by clusters of symptoms or by single definitional feature
3 employment of traditional and/or patient categories used in description of disease
4 deployment of a rhetoric of knowledge, of modes of exposition aimed at success in a specific competitive intellectual environment or at specific paedagogic goals

It should be emphasised immediately that these are not suggested as mutually exclusive. There may, for example, tend to be a considerable overlap in the policies implied by (1) and (2), the focus on aetiology or on distinct sets of symptoms, while either of those two, but especially the latter, may also be somewhat co-extensive with (3), that is to say that traditional categories, or those understood by patients, may underlie the medically understood conceptions or clusters or symptoms. Interpretation (4), meanwhile, should also be seen as potentially coexisting with the others: the fact that a medical author is seriously concerned with matters of disease definition and aetiology, or indeed that he is engaging with or developing traditional or patient categories, does not mean that he is not also involved actively in a highly competitive socio-intellectual milieu, within which success – in gaining students or followers as well as patients – is measured partly through highly public rhetorical and intellectual displays and the deployment of persuasive paedagogic distinctions and categorisations.

Graeco-Roman accounts of 'mental' disorder

The causal accounts: an overview

As is well known, the Hippocratic text *The Sacred Disease* attacks one particular aetiological account of a psychological disturbance – the notion that the so-called 'sacred disease' is caused by divine intervention. Consideration of this type of causal view takes us beyond the medical literature to other sources. In Greek tragedy, especially, madness (usually defined explicitly as *mania*, although other terms are used) is typically presented as a temporary or episodic visitation inflicted by a god, usually as punishment for a transgression.[22] Although the notion of divine or external agency is not a significant one in the Graeco-Roman scientific writing on physical pathologies, a couple of provisos should be made to that statement. One is that there is acknowledgement of a possible astral influence on character and even explicitly on the 'affections of the soul' – which, as we shall see, are in some sense mental aberrations – both by Galen and by Ptolemy.[23] The other is that, towards the end of the period under consideration, the Christian notion of daimonic possession becomes a possible, albeit disputed, explanation of two mental disturbances in particular, *epilēpsia* and *ephialtēs*.[24] Moreover, we should guard against the temptation to assume that the distinction between divine and physical causation is always, in ancient medical thought, a straightforward, 'either–or' decision – a caution that applies to the argument of *The Sacred Disease* itself and is relevant to the medical texts and authors of the later period, too.[25]

Hippocratic causal accounts of human pathology generally focus on the nature and action of certain, usually fluid, substances in body. (It should also be borne in mind – a point of significance in relation to our history of aetiological accounts and their status – that some Hippocratic texts, such as *Epidemics*, rely on no theoretical physical model, or at least no clear and explicit one.) Some form of humoral theory underlies most medical writings on pathology in the Roman imperial period, including those of Celsus and Aretaeus (but see further later on on Empirics and Methodists).[26] The related account in Galen focuses rather on elements or qualities, and their mixture, as the fundamental level of explanation, although these are also (at least at certain points in Galen's writing) intricately related to humours or fluids. As we have seen, elements and their mixture (including *dyskrasia*, 'bad-mixture') have enormous explanatory weight in this system. But one should also bear in mind that in Galen the account is much more heavily theorised, both in terms of *levels* of composition within the body and – in line with the very significant developments in anatomy that had taken place between the Hippocratic period and his, especially in the third and second centuries BCE – in terms of anatomical structures. As we have already seen, a crucial distinction for Galen is between imbalances of (low-level) uniform parts and various disorders at the organic level; but it is also the case that the specific location of a disease, or of its origin, is crucial (a point developed at length in *Affected Places*). (We touch here on a topic of considerable potential importance in the analysis of Graeco-Roman medicine: the

question of 'holism', and the senses in which ancient medical theories and practices were or were not holistic.)[27]

In the specific context of mental disorders, as we shall see further later on, two Galenic developments are especially noteworthy. First, he makes a fundamental distinction between 'physical' and 'psychic' activities, and their impairments, with a further subdivision of the 'psychic' into sensory, motor and 'hegemonic'; this last category covers reason, memory and the formation of sensory impressions, and is thus the one most clearly relevant to 'mental disorder'. Secondly, he suggests a correspondence between specific functions, and therefore their impairment, and different parts or aspects of the brain (locations, solid bodies or fluids contained).[28]

The Galenic account was not, of course, the only contender. Galen's insistence on complex and precise knowledge of internal structures, their capacities and pathologies, was in direct conflict with, in particular, the views of the Empirics and Methodists (to which school one of our other major sources, Caelius Aurelianus, theoretically belongs), against whom he polemicises on those grounds.[29] It is, indeed, possible to argue – adopting here an element of approach (4) above – that his insistence on this anatomical and physiological knowledge is motivated precisely by the competitive intellectual requirement to dominate over these other groups; or, conversely, that their theoretically minimalist views were developed as a more accessible 'lay' account, in conscious opposition to the complexities and excessive theoretical pretensions of the Galenic approach. Thus, we have, in Empiricist medicine, a deliberate refusal to commit oneself to theoretical propositions on the functioning of the body and causes of disease; and in Methodist medicine, a physiological theory, certainly, but one which is so reductionist and simple as to appear almost anti-theoretical. While the Empirics offer an essentially pragmatist view, whereby repeated observation of the similar will lead to therapeutically valid results, without the need to develop a theory about the internal causes, the Methodists function with an anatomically unsophisticated theory of some kind of channels (*poroi*) running throughout the body, the dilatation or constriction of which accounts for all pathological states.

Perhaps the most interesting result, however, to arise from this theoretical battlefield is that the same practical approaches, the same cures – and even, to a considerable extent, as we shall see, the same conceptual disease entities – seem to have been shared by a wide range of practitioners with, in principle, utterly opposed epistemological and/or physiological models. (Galen indeed highlights this point, criticising predecessors who agree with him on therapeutic practice while subscribing to a fundamentally different theory – a clear sign, to Galen, of their inconsistency.)[30] Most strikingly of all, there seems little fundamental difference in the repertory of remedies, and overall therapeutic approach, or even in the distinction of disease entities, between the other authors, whose pathology is one of humoral fluids, and Caelius Aurelianus, whose theoretical model attributes all diseases to constriction and relaxation. Even allowing for a degree of eclecticism, or for the notion that Caelius (or his archetype, Soranus) may have been a less than doctrinaire Methodist, we seem inescapably drawn towards the conclusion

that diagnostic and clinical practice – including disease classification – operated in a very real sense in parallel with and separately from fundamental physical theory, rather than being closely dependent on it.

Disease entity or not: phrenitis, mania, melancholia

By the Roman imperial period, the terms *phrenitis*, *mania* and *melancholia* have become well established as the major terms corresponding to what we would call mental or psychological disorder (*epilēpsia* and *lēthargos* are also particularly relevant). All these have now become definite disease entities: they are conceptually distinct, and real, medical events involving distinct clusters of symptoms, aetiologies, treatments and sets of possible or expected outcome.

The terms have a long previous history, going back to the Hippocratic period; but it seems clear that this distinct conceptualisation is a more recent phenomenon. As Chiara Thumiger has shown, within the Hippocratic Corpus *phrenitis* is the only 'mental' disorder to reach the status of something recognisable as a disease entity.[31] It seems significant, too, that the entity in question is a temporary, acute disturbance, its central features being fever and some kind of loss of cognitive faculty, including hallucination. It might rather be regarded as a kind of fever which is accompanied by psychological symptoms than a category of psychological disturbance, let alone 'mental illness' in any stronger sense. Thumiger also persuasively argues for the significance of the predominance of *verbs* over *nouns* in the Hippocratic accounts related to the three main 'mental illnesses'.[32] The case of *phrenitis*, where the noun is frequent, is distinguished from those of *mania* and especially of *melancholia* (or rather of their cognates), where verbal formulations predominate (the noun *melancholia* appears only three times in the corpus). Thus, *melancholia* 'fluctuates . . . between affect, behavioural traits and episode', while *mainesthai* (the verb form cognate with *mania*) is 'an activity that can characterise different ailments'. Thumiger makes a parallel with the notion of a recipe, which, she suggests, 'in the case of *phrenitis* appears to be already reasonably fixed and clear, while in the case of *melancholia* competing versions are present'.[33]

The situation is different in Roman imperial times, although the difference is not entirely straightforward: the position in Galen (our overwhelmingly largest medical source for the period) seems to be somewhat different from that in our other major medical sources for mental disturbance, Celsus, Aretaeus and Caelius Aurelianus.

The latter three authors all organise their account by disease type: disease entities are to the fore, first of all as a function of the very structure and organisation of the text. There are considerable differences of detail: Celsus prefaces his nosological account with substantial methodological discussion, covering first theories of disease (book 1, preface) and then the overall characteristics of diseases, in terms of causes, signs and treatments (book 2), and thus pays considerably more attention to aetiology and physical explanation than do the other two. Aretaeus and Caelius, meanwhile, operate with an established basic division of diseases into acute and chronic. In the former, each item appears twice, first in a detailed account of symptomatology and disease progress and then in an account

of appropriate treatments; in the latter, treatments follow on from the accounts of symptoms, and there is also more theoretical material and engagement with the views of rivals. (In Aretaeus, however, some aetiological discussion is present, too, and in particular there is a clear humoral model underlying his account; and in Caelius, as already observed, the underlying model is the Methodist one, though this is often unobtrusive.) Celsus, while acknowledging the acute–chronic distinction, divides diseases rather into those which affect the body as a whole (book 3, containing a typological account of fevers, as well the account of *insania*) and those with a specific location (4). But a key feature of all these accounts is the focus on nosology, that is, on a classification into a number of named diseases, understood as clearly identifiable and distinct entities, with specific symptomatology, disease course and treatment. These disease types include a number which involve a strong psychological element, as we shall consider in more detail later.

Galen, by contrast, wrote no such work organised according to named diseases and their characteristics. His nosological views must rather be gathered from a range of works offering analyses of physiology, of the fundamental principles of disease classification, of the theory and practice of clinical medicine. In line with our previous observation, what is central is an understanding of the internal workings of the body, the nature of its natural functions and the physical events or circumstances which lead to their impairment. This does not mean that named or in some sense 'reified' disease entities wholly recede in importance or are not discussed in his work; on the contrary, the traditional range, including *phrenitis*, *mania*, *lēthargos*, *elephantiasis*, is prominently present. But they do not provide the principle of organisation of his medical works, and the focus is usually on the disease as understood in relation to Galen's fundamental explanatory schemes, namely that of the operation of natural functions and, underlying all, that of the mixture of fundamental elements (hot, cold, wet and dry); and, in some cases, that of specific location in the body.

In some ways, this seems a fundamental difference between Galen and our other main medical sources. In others, we see considerable congruence, and may even question how much difference the different theoretical models make in practice.

Two considerations in particular may provoke such a doubt. One is the very considerable overlap – already mentioned – in physical remedies offered.[34] The other is that – in spite of the methodological approach outlined – there are points at which Galen does in fact seem to adopt a large amount of the 'disease entity' discourse, in particular contexts. One such is the discussion of *melancholia*.

Galen's fullest account of *melancholia* comes in his major clinical work, *Affected Places*. This seems to be heavily indebted to earlier typologies of melancholy, especially that of Rufus of Ephesus (ca. first to second century CE). (It also includes *in extenso* quotations from the fourth-century BCE medical authority Diocles of Carystus.)[35] Both facts are significant. On the one hand, Galen is operating with a model focused strongly on specific bodily location. This is the organising principle of the whole treatise; and in the specific area of cognitive or brain impairments, he attempts a detailed account based on differential pathology of the brain, including different locations and different substances within it. Within this

model, he also distinguishes types and ramifications of *melancholia* according to the place in the body where the melancholic fluid is contained (e.g. throughout the whole body or just within the brain; see also n. 28). But it is perhaps also significant that when considering in detail the features of *melancholia* as a disease concept, his analysis seems to be largely one taken from the earlier tradition.

More on melancholia

It will be useful to say a little more about the history of *melancholia*, in spite of the fact that this is not an easy history to write.[36] But consideration of what we can tell of the post-Hippocratic developments will help concentrate our attention on the phenomenon already mentioned, whereby terms used in the corpus become (at some point in the long gap between that and our next major texts) crystallised into distinct disease entities.

As we have seen, *melancholia* itself has an unclear role in the Hippocratic Corpus; but it seems clear that it has not acquired the features and outline of a distinct disease concept. We have inadequate evidence for the concept, from a period either contemporary with or earlier than the Hippocratic Corpus, or from the five-century hiatus already mentioned. But two texts of particular significance do survive from this 'gap', the pseudo-Aristotelian *Problems*, book 30, and the pseudo-Hippocratic epistolary narrative of *Epistles* 10–17.[37]

Neither is properly speaking a medical text; but both provide evidence of an educated, philosophical/scientific discourse on *melancholia* in (probably) the second to first century BCE. It is the *Problems* that gives us our first glimpse of *melancholia* as the complex and multivalent concept which we know from later authors. Here we have *melancholia* both as temporary, physically based affliction and as complex character type; *melancholia* involving both depression and over-excitement or laughter; *melancholia* as associated with intellectual brilliance and with the achievements of outstanding or great men from history or mythology. The pseudo-Hippocratic *Epistles*, meanwhile, reflect some similar concepts and also bear witness to the possibility of an intense philosophical debate which might arise in relation to such complex psychological 'pathologies'. Should Democritus' apparently anti-social behaviour and mad laughter attract a straightforward medical diagnosis (that of *melancholia*) or be understood rather as a sane reaction to the social pathology all round him – a sign of his nature as a true philosopher?[38]

One cannot, of course, know to what extent these texts reflect a widespread understanding of *melancholia* as a complex psycho-social (dis)order. Consideration of the term's history and of its usage in non-medical texts arguably point in different directions. On the one hand, the word's etymology (from 'black bile') or literal meaning suggest traditional associations with darkness, night and fear;[39] on the other, it is clear that by the fourth century BCE the verb may be used in the fairly general sense of 'to be mad', 'to be out of one's mind'.[40] Meanwhile, as already clear from Galen's use of earlier medical authority including Diocles, the concept was developed in considerable detail, with distinctions of different types

and physical aetiologies of *melancholia*, in technical medical literature in a period probably not long after that of the Hippocratic Corpus.

Do we see here an interaction between traditional or popular disease concepts and the schematisations of doctors – or perhaps rather the traces of a traditional or popular concept which is developed in different ways in different technical (and semi-technical) authors? It is perhaps tempting, albeit with insufficient evidence, to think so. What is clear is that by the time of the first/second century CE, *melancholia* has acquired some kind of distinct status, and is associated with a somewhat complex and sometimes contradictory set of symptoms. Clear, too, that both medical and other authors, while having recourse to the single, overarching concept of *melancholia*, at the same time employ that concept in complex and differentiated ways, identifying types or varieties within it, in an attempt to explain a challenging range of patient experiences and symptoms.

In both Aretaeus and Galen, for example, there is a certain complexity of psychological manifestations. As Aretaeus says, 'they do not all suffer *melancholia* (μελαγχολῶσι) in one form; rather, some are suspicious of medicine, some seek solitude through revulsion from humankind, some turn to superstition, some hate living'.[41] Galen records the dual experience of suicidal leanings combined with fear of death; he also mentions a number of anxieties or even paranoid delusions in the context of the condition.[42] But in each there is also an attempt (which in Galen's case we have already partially considered) to offer aetiologically based differentiae within the general disease category. Aretaeus' initial distinction is between cases where black bile 'appears from above' and others where it 'descends below' (3.5, 39,10–11 Hude), as well as further specifications on the basis of its travel to particular organs. He also makes an association with anger and with madness, offering, apparently as his own distinctive opinion, the view that '*melancholia* is a beginning and a part of *mania*'.[43] Caelius, too, presents *melancholia* as a condition involving both behavioural and physical symptoms (while rejecting the traditional aetiological account in terms of black bile), although it is somewhat striking how small a place *melancholia* occupies in his treatise as a whole.[44]

But the way in which this complex psychological disease entity is – and is not – incorporated in Galen's discourse is, perhaps, particularly interesting. On the one hand, we have seen some psychological complexity, and also the discussion in *Affected Places* with its differentiated account of types of *melancholia* (although, as already observed, his most differentiated account of it seems heavily dependent on earlier authors). On the other, it is striking how largely absent the *noun* is throughout most of his work – even in his dedicated work on 'black bile'. Chiara Thumiger's comment on linguistic features of *melancholia* in the Hippocratic Corpus may, indeed, be adapted for Galen, as follows: the term appears in Galen very predominantly as an *adjective* (*melancholikos*); and that adjective refers usually to substances in the body or to ailments related to black bile, but not to *melancholia* itself.[45] Perhaps it is significant that in one of the few cases where Galen *is* using the term to refer to a chronic or episodic depressive condition, rather than to a particular kind of substance or related physical ailment, the condition in question is one that seems to be *self*-diagnosed by the patient.[46]

Although the situation is not a straightforward one, we again see Galen's preference for accounts in terms of the mixture of fundamental elements, and their consequent effects in the body, as against accounts in terms of reified disease entities – let alone accounts which highlight the phenomenology of the disease – which seem, at least to some extent, to be items taken over from a different tradition.

Digression: fevers as disease entities

Again, however – and perhaps to emphasise once more the extent to which the Galenic position is not a straightforward one – it is important to bear in mind certain contexts in which Galen does, indeed, seem to work with defined disease entities. The most important one seems to be that of fevers. Fevers, in fact, represent another case where a medical concept which is present in some form in the Hippocratic Corpus[47] has developed by the first century CE into a defined and articulated set of discrete disease items which play a central role in diagnostic theory and clinical practice; the medical concept, indeed, will continue to have this status throughout later antiquity, mediaeval and early modern times. We already noted the prominent position of fevers in Celsus, who presents them first in his list of diseases which affect the whole body and divides them into the already well-defined typology of quotidian, tertian, quartan. Fever has now also become a widely accepted marker within psychological disturbance, demarcating the boundary between *phrenitis* (a form of derangement or delirium accompanied by fever) and *mania* (the same without fever).

The crucial role of fevers in Galen's diagnostic and clinical practice is shown in a number of ways. There is the substantial work explicitly devoted to 'distinct types of fever' (*De differentiis febrorum*), as well as the works on crises and on critical days (*De crisibus*, *De diebus decretoriis*) – medical concepts which themselves have an intimate relationship with fevers (it is typically fevers whose crisis or critical day the doctor is investigating). Then, there is the central importance of the pulse as a diagnostic and prognostic tool; this, too, bears a very close relationship with fever in Galenic theory: fevers are prominent among the items which can be identified and predicted by the pulse. Fever diagnosis and prognosis play an important part, too, in the narrative of the autobiographical work, *Prognosis* – a work which explicitly points to the previously-mentioned works on fever, crises, critical days as the main ones from which the reader will gain a theoretical understanding of Galen's prognostic procedure. Moreover, the single work of Galen's which seems closest to functioning as a practical handbook for the practising doctor – *The Therapeutic Method, to Glaucon* – is very substantially dominated by an account of the different types of fever.

What is most interesting from our point of view, however, is not just the importance of fevers as a diagnostic category, but the very explicit sense in which Galen presents them as distinct, clearly defined and real items. Although the aetiological analysis mentioned earlier applies here, too – indeed, Galen very explicitly explains all fevers directly in low-level physical terms, as resulting from heat,[48]

and throughout his analysis continues to make distinctions on the basis of the different aetiologies of fever – it is also true that fevers, once they have arisen, are to be classified and treated as nosologically distinct items.[49]

Is there a distinct category of mental disorder?

Having discussed the question of disease definition and the status of disease entities from a broader perspective, we turn to the question of whether there is a distinct category of the mental or psychological in the medical pathologies under discussion. The question may be considered under two heads: principles of classification and nature of treatment.

The absence of a separate category of the psychological in the Hippocratic Corpus has been commented on before.[50] Very few, and unrepresentative, texts use the term *psychē*, or have a theory of it; and the pattern throughout most of the relevant writings is that psychological symptoms are mentioned alongside other symptoms, as part of a collection or syndrome, with no distinct focus on the 'mental' aspect.

The two texts already considered for the post-Hippocratic history of *melancholia*, meanwhile, clearly do involve a more specific focus on anomalous mental events, character types or ethical behaviour, and their relationship to the medical discourse. The pseudo-Hippocratic *Epistles*, in particular, invoke a potential debate or conflict between philosophical and medical accounts in relation to madness – a point to which we will return further below.

In Celsus, Aretaeus and Caelius, the situation is somewhat complex. Psychological, or 'belonging to the *psychē*', is not a category explicitly invoked or used as a principle of classification.[51] On the other hand, the distinctive nature, and importance, of the ailments which we term psychological may be said to emerge in these authors, in different ways. One point which is worth mentioning is the very prominence of psychological disorders – or at least disorders with a psychological element – in each of these authors. In Celsus, as we have seen, *insania* features early on in the account of those illnesses which affect the whole body; and the elaborate distinction of three types of *insania* again highlights Celsus' focus on and interest in this particular category.

Aretaeus, interestingly, does invoke the notion of a pathology of the soul as distinct from that of the body; but by this remark he is pointing to the fact that there are 'soul' and 'body' symptoms *within* a particular disease item, not characterising a separate category of disease.[52] His work in general fits the pattern of including mental or experiential symptoms alongside general or physical symptoms, although certainly most of the symptoms of *melancholia* and *mania* (3.5–6) are alterations of mood or forms of cognitive or sensory impairment. Aretaeus' principle of organisation of his different diseases – beyond that of acute and chronic – is not entirely clear. Still, there seems a clear thematic sense in the grouping of *mania*, *melancholia* and *epilēpsia* together, in close proximity. The connection is not, explicitly, that they are affections of the head; in fact, he states that *mania* is an affection of the internal organs, causing cognitive impairment, while *phrenitis*

is an affection which does involve injury to the head (and leads to hallucination).[53] But they are related by a specific aetiology: they represent three different possible outcomes following from another affection, *skotōma* (= 'darkening' or dizziness), the difference depending on whether yellow bile, black bile or phlegm predominates.[54] It is also an interesting aspect of Aretaeus' account of *epilēpsia* that he focuses so strongly on shame as a part of the subjective experience associated with this disorder. Certainly, it is not a defining diagnostic feature; however, this unique and distressing experience, arising from the dramatic departure from one's normal self, may be seen as placing *epilēpsia* in a rather distinct category, in Aretaeus' attitude to it.[55]

Let us turn to what these three authors say about treatment and consider in what sense it may be seen as distinctive. It is noteworthy that both Aretaeus and Caelius suggest a range of environmental, cognitive and interactive interventions to address these ailments; and that in doing so they present us with an insight into an aspect of ancient healthcare which is largely absent from Galen. Thus, Aretaeus recommends peace and quiet, a minimalist decor, sometimes darkness, and calming activities for the over-excited condition of *phrenitis*, with appropriately opposite prescriptions for the depressed one of *lēthargos*.[56] Caelius' treatment for phrenitics includes the use of gentle and soothing language,[57] while that for *furor* (= Greek *mania*) involves appropriate verbal interactions. One should challenge the patient without, on the other hand, disagreeing to the point of aggravating the *passio*;[58] in a recuperative phase of the sickness, one should encourage stimulation through reading aloud, including texts which contain deliberate errors, and attendance at stage performances, as well as vocal exercise and engagement with intellectual questions; the therapeutic value of philosophical discourse is suggested here, too.[59] Some of these environmental and interactive procedures are also recommended by Celsus in his account of *insania* (though there is a focus here on constraint and even on flogging, which is apparently recommended for the most serious form of *insania*, that in which there is delusion due to the patient's *consilium*, or capacity for judgement).[60]

It remains the case that the previously-mentioned interventions are rather the exception, and are included alongside a much longer list of physical interventions which belong to the standard repertory of Graeco-Roman medicine: diet, topical applications, drugs, including emetics; in more severe cases, blood-letting. (An unfortunate gap in our evidence should also be mentioned, in the case of Aretaeus: the extant text lacks ch. 7.6, which covered the treatment of *mania*.)

We turn to Galen's position, in relation to both the classification and the treatment of psychological disorders. Galen, as we have seen, gives an analysis of disease in terms of impairment of function (and sometimes focuses also on location of an affection). On the basis of a series of subdivisions of this fundamental category of impairment of function, he is able to identify a specific category of impairment of *psychic* function, with further sub-classifications within that (see the references in n. 16); this, then, looks very much like a definition, with further specification, of a category of mental disorder.

This allows us to give psychological disorders a theoretical place in Galen's conceptual terms. But a question arises as to how the conceptual, or tabular,

analysis relates to clinical experience or practice – or indeed to classifications used elsewhere.[61] The abstract classificatory scheme suggests a range of different ailments which would belong in different parts of the 'table'. But in terms of description of particular clinical manifestations, let alone case histories, the focus is on a few distinct patterns. The distinction between *phrenitis* and *mania* emerges as central in the classification of mental aberration. So, too, does the distinction between two different forms of derangement, one involving hallucination but with reasoning intact, the other with cognitive ability damaged but unimpaired visual images; but these are both contained within the single category of *paraphrosynē*. Galen recounts two vivid case histories (in *Symp. Diff.* 3), one of a person with his cognitive faculties otherwise unaffected, but suffering from the hallucination of pipe-players present in his house, the other of a person who sees everything correctly but acts irrationally, throwing objects (and people) from his window. It is noteworthy that Aretaeus offers a similar distinction between hallucinating and not hallucinating as a defining one between *phrenitis* and *mania*; and indeed Galen himself elsewhere offers partially the same cases as indicative of different types *within* the category of *phrenitis*.[62] It seems that there is some fluidity as to how fundamental conceptual distinctions map onto the distinctions between named diseases.

On the other hand, one may argue, especially in the case of Galen, that nosological distinctions are to an important extent motivated by physiological–anatomical theory: in *Affected Places*, the distinction between hallucination with rationality intact and the converse condition finds a justification in terms of which specific capacity of the *hēgemonikon*, or 'leading-part', of the soul is suffering impairment.[63] There is, further, some attempt, though this seems somewhat unclear and less than fully developed, to map the specific types of impairment onto specific locations or substances within the brain.[64] This leads us on to an important related point: that location in the brain may itself constitute a classificatory criterion of 'mental' illness. Galen's insistence on the brain as the centre of cognitive, perceptive and motor function, controversial in his own time, came finally to dominate the medical discourse. In a group of later authors, usually known as compilers or encyclopaedists, we find a grouping together of psychological disorders, but without any clear or explicit statement of the rationale behind that grouping. It seems overwhelmingly likely that the grouping is, in fact, based on this albeit unstated Galenic understanding of the role of the brain,[65] and that in this limited sense therefore there may be said to be a distinct category of mental impairment in late antique medicine. In the later period, too, we see the further elaboration of the phenomenon mentioned previously as appearing in Galen in undeveloped form, namely the assignation of different kinds of cognitive impairment to different *parts* of the brain.[66]

We should, finally, consider the distinctness or otherwise of psychological disorders in Galen's treatment of them. Here, we may say that on the whole the picture described for the other medical authorities holds for Galen, too. His therapeutic approach to such disturbances relies largely on dietetics, topical applications, drugs and blood-letting – the same kinds of intervention, in short, that are used for any disease arising from humoral imbalance.

There are, however, some interesting traces of other, non-biological approaches. These appear in a few, anecdotal-style accounts of the doctor's approach to patients suffering from certain damaging delusions. Here, the paucity of the material, its rather casual or oblique introduction into the text and the fact that it seems in at least some cases to be directly borrowed from previous authors seem to cast doubt on how real or important a part this was of his clinical experience.[67] Both some of the more striking 'case histories' mentioned – such as that of the man who fears that Atlas will tire of holding up the heavens – and some of the more striking medical interventions – in particular, those where the doctor pretends to believe in the reality of the patient's delusion, as part of a strategy that will then remove that delusion – seem to have been adopted from the existing medical tradition (in the latter case, explicitly). It should be said, however, that in a number of prominent cases which Galen does present as his own, in *Prognosis*, an understanding of the patient's own mental state, rather than mere attention to physical manifestations, is essential to diagnosis.[68] (But it must also be pointed out, too, that the text says nothing about 'cure' in such cases.)

With these limited exceptions, then, it seems reasonable to say that Galen's approach to the cure of mental disturbances, in the medical sphere, is largely incorporated in his general model of clinical medicine. The contrast here with Celsus, Aretaeus and Caelius is at best a partial one; while these authors do pay more attention to relational or cognitive approaches, such approaches, as observed, are absorbed in a discourse with a much more prominent focus on physical interventions.

Ethics and medicine: two accounts of the pathology of the soul

But that qualification – 'in the medical sphere' – is an important one. For Galen's texts give evidence also of a completely different approach to, and categorisation of, the pathology of the soul, namely that which derives from the philosophical tradition and from ethical literary genres, rather than from medicine.[69]

Galen is, to be sure, not alone in this. His work on the pathology of the soul, understood in ethical terms, can be situated within the rich discourse on the 'passions', and their philosophical therapy – and written by philosophers rather than doctors – that has arisen especially in the first and second centuries CE. Major authors within this discourse are, for example, Plutarch, Seneca and Epictetus.[70] What is distinctive about Galen is that he addresses what we may call 'disorders of the soul' – and indeed classifies them and discusses their treatment in detail – within *both* a medical *and* an ethical discourse. This naturally leads us to pose the question of the relationship between the two discourses, or between the affections or disorders considered within them. The question is complex and cannot be analysed in detail here.[71] We may state, however, that the two ways of classifying and addressing what are in some sense mental disorders are presented quite separately, with no clear account of the relationship between them (even though there is at points some overlap in terminology). We have, on the one hand, an ethical discourse, addressed towards such disturbances as desire, anger and distress, and on the other a medical one, addressed towards the pathological categories which

we have already considered earlier. In the former, the modes of treatment involve personal discipline and training (both intellectual and physical), practices of contemplation and self-assessment, and interaction with a mentor; in the latter, as seen, they involve largely physical interventions.

The question of the relationship between a philosophical, or largely cognitive, 'therapy of the word' and the medical approach to mental pathology is a complex one. (It is also, for example, relevant to mention a distinction which is explicitly made in some texts between 'madness' as understood in the philosophical, especially Stoic, tradition – that is, an ethical shortcoming to which practically all of us are subject – and madness in the straightforwardly medical sense, which will attract treatment of the balance of humours in the body.)[72] But certainly we may say that philosophical texts of popular or practical ethics in this period present us with a distinct, and apparently powerful, approach to certain ailments which might be considered under the heading of mental disorder, and one which seems to function in parallel to and separately from the medical one. It is also clear that there was an active debate, evidenced by Soranus, Athenaeus and Galen, and among philosophers by Plutarch, as to whether doctors should also concern themselves with philosophy and the soul and whether, conversely, philosophers should be interested in medicine.[73]

Having characterised an 'ethical' discourse which is separate from the medical one, however, we should also consider, finally, some senses in which ethical considerations may become part of a medical pathology. The ethical considerations in play here are rather those which derive from societal norms, and which arguably function as some form of societal control, than those which belong to the literary, philosophical tradition. It is notable, for example, that forms of homosexual behaviour become medicalised in some writings of the Roman imperial period.[74] Some, indeed, would detect in this period a tendency to pathologise or medicalise desire – a focus on the culpable, or voluntary, nature of certain kinds of desire (involving both food and sex), which come to be conceptualised as distinct medical disease entities.[75]

Divide and rule: Galenic and post-Galenic tabulae and dihaireseis

We have already seen some contexts in which Graeco-Roman medicine relies on complex schemes of subdivision as a major component of its intellectual, paedagogical and rhetorical approach. One could say much more in this area, especially in relation to Galen: the remarks so far on the role of classificatory and subdivisional schemes in his medical work have given little more than a glimpse of this at times apparently almost pathological tendency, and the profusion of complexity which it generates.[76] Fever, disease, capacity and activity, sign, fatigue, massage and pulse – and indeed medicine itself – are all among the terms which invite this classificatory style of analysis and thus this complexity.

It has also been suggested that there is often a mismatch between the theoretical complexity and those factors which turn out to be of actual practical significance in clinical and practical approaches described. But there is a broader historical significance to this tendency, too, which is worth considering as we draw towards the

end of our historical survey. Galen's sub-divisional drive may, as already hinted, be interpreted partly in paedagogical terms: the logically branching, tabular-style organisation of material is something that may have been useful, or impressive, in presenting knowledge to students, and may have functioned to some extent as a mnemonic tool.

Whatever the case in Galen, however, this paedagogic role is certainly essential in the classificatory schemata which we see in later antiquity. Both in the *Tabulae Vindobonenses* and in the Alexandrian summaries, *dihaireseis* take a central role in packaging and making accessible Galenic medical knowledge. These *dihaireseis* often have an actual graphic counterpart: tables and 'trees' were essential educational tools in the dissemination of such knowledge, and appear in the actual manuscripts of these late antique texts.[77] Whether one sees such a classificatory drive as a largely sterile intellectual tool – or even an attempt to blind with science – or rather as a serious attempt to make sense of the complex data of medical experience, it plays a vital role in both Galenic and late antique medical thought and education. It may be thought, too, that its distant descendant is still at work today, in our perceived need to classify, categorise, tabulate and control the variety of complex and evasive experiences which we know, or try to understand, under the broad heading of mental disorder.

Conclusion

A complex picture has emerged in relation to the status of disease entities, and their position in the explanatory and classificatory frameworks of medical authors of the imperial period; there are complexities, too, in relation to the separate status of a category of the mental or psychological. The question is answered differently for different authors and in different periods. Certainly we may identify a tendency to greater reification of disease entities between the Hippocratic period and the Roman imperial one, and also a very broad agreement (albeit with disagreements in detail), both in the nature of the symptoms clustered together within such categories as *phrenitis*, *mania*, *melancholia* and in the approaches to their treatment. We must, at the same time, consider two major qualifications to that notion of congruence. First, there are the conflicts over explanatory model and underlying physical explanation, and – especially in the case of Galen – a tendency, not only to focus on aetiology and fundamental causation (including anatomical location) as against disease entity, but also to proliferate conceptual categories in a way which complicates analysis. Secondly, there are certain striking differences as to whether, or to what extent, mental disorders invite a different kind of treatment from other ones – and as to whether any such distinct treatment takes place *within* the medical domain (as we see in different ways in Aretaeus, Celsus, Caelius and, to an extent, Galen) or in a separate, ethical discourse (as we see in both Galen and other authors of 'popular ethics'). Both the identification of mental disorder – as bodily pathology, as located in specific bodily parts, or human functions, as amphibious between the domain of body and soul, or of medicine and philosophy (or indeed religion) – and the project of its classification remained challenging,

complex and contested. As, indeed, they continue to, albeit on the basis of very different scientific and cultural assumptions, 2000 years on.

Notes

1 A useful summary of positions in the recent debate is given by Broome (2007); see also more generally Busfield (2011). There are further ramifications to and nuances of these basic positions. Against Wakefield (1992; cf. also 2006), insisting on an objective, internal criterion of disease associated with his 'harmful dysfunction' analysis, Horwitz (2002) argues that even the notion of biological dysfunction will contain culture-specific elements; see also Cooper (2005) in a similar vein. For useful discussion of the issue in relation to psychiatry, see also Fulford (1994); Papineau (1994).

2 For a summary of this position see Keil and Stoecker (2017). (Some have proposed a differential terminology – disease, sickness, illness – corresponding to the three elements, although this has not gained widespread acceptance.) The subjective or 'phenomenological' criterion is asserted especially by Parnas and Zahavi (2002).

3 The 'cluster concept' is argued for strongly by Keil and Stoecker (2017), who also discuss the gradualism problem (on the latter issue see also Hucklenbroich 2017).

4 The *locus classicus* for this concept is Plato, *Phaedrus* 244a–c (with 265a–c).

5 There is again a range of nuanced positions; see in particular Haslam (2002) on 'kinds of kinds'.

6 Although there is, for example, an 'insanity plea', and a concept of exemption from or loss of responsibility, in Graeco-Roman legal contexts. See Konstan (2013) and cf. next note.

7 See especially Plato's *Gorgias*, which has a strong focus not only on this soul–body parallelism, but also on the specific nature of medical expertise – and is a text exploited in detail by Galen in his work on the expertise relevant to health, *Thrasyboulos*. Interestingly, in another context (*Timaeus* 86d–e), Plato also argues that the influence of the body and its pathology on the soul constitutes a diminution or removal of the agent's responsibility for morally bad action; and this text is used by Galen (*QAM*, especially 6 and 10–11) as support for his very strong statement of the physically determined nature of ethical states and actions, with challenging consequences for the notion of personal responsibility.

8 Galen was a Greek-speaking physician and intellectual of enormous intellectual scope and influence, active at Rome in the second half of the second century CE. His research and extant works range from anatomy, through biological and physiological theory, disease classification, clinical diagnosis, therapeutics and pharmacology, to ethics and logic. A central feature of his work is the way in which it provides a synthesis, both of previous medical theory and practice, and (especially in the area of the *psychē*) of philosophical with medical approaches.

9 Cf. *San. Tu.* 1.4; *Ars Med.* 1.1. He here also criticises some predecessors for defining health as a balance in some more absolute or fundamental sense; nonetheless, he also at times adopts a harmonising strategy, suggesting (1) that theoretical differences at the lower level will be irrelevant when we come to the higher, organic level (*Morb. Diff.* 2–4); (2), more fundamentally, that all major authorities – even his arch-opponents, the atomists and particle theorists – agree on the basic notion of balance, even if they may not agree what the balance is of (*San. Tu.* 1.5). The historical veracity of the claim that 'balance' was a universally shared concept in ancient health theory (especially among Asclepiadeans and Methodists) seems dubious: on this point see further Grimaudo (2008: 39–45); Singer (2014: 976–8).

10 See especially *San. Tu.* 1.4–5. On the gradualist concept in ancient medical thought see Lewis, Thumiger and van der Eijk (2017) (as well as the items cited in the previous note).

11 On different kinds of lifestyle and their different prescriptions, see *San. Tu.* 1.12 and 2.1, with Singer (2014: 984–6); on health defined in relation to the individual, and his or her perception of distress, see again *San. Tu.* 1.5.
12 E.g. at *San. Tu.* 4.1.
13 He distinguishes the regime appropriate for 'sanus homo, qui . . . bene valet', who will not need to consult a doctor, from those for the 'imbecillis' (a category, incidentally, which includes 'nearly all those devoted to literary studies'), whose daily regime requires much closer attention (*Med*. 1.1–2).
14 *Med. resp*., 184 Rose.
15 Celsus mentions a traditional tripartite division of medicine into dietetic, pharmaceutical and surgical (*Med.* 1, pr.), and indeed devotes the first book of his work to 'hygienics' or health-preservation; moreover, Galen's polemical insistence, in *Thras*., that hygienics is the domain of the doctor bears witness to a lively competition for authority in this area, in particular with gymnastic trainers, who obviously represented a major rival to medical expertise.
16 The main texts in this area are *Morb. Diff*., *Caus. Morb*., *Symp. Diff*., *Caus. Symp*., with much relevant material also in *Loc. Aff*., *Glauc*. and *MM*. But it is far from easy, in some cases, to follow the details of Galen's sub-divisional procedures, let alone to be clear how the differently nuanced analyses in different texts may be mapped onto each other.
17 *Morb. Diff*. 1–2.
18 Given the strong Aristotelian background to the notion of *energeia*, one might wish to say that this notion of impairment of function conflates, in modern terms, the 'naturalist' and 'normative' accounts, because performance of animal and in particular human function is understood in terms of a teleological notion of *correct* function, or function that fulfils an organism's purpose; one might, alternatively, say that the conflict between the two is not felt. Still, so long as we are talking about *energeia* at the level of uniform or homogeneous parts, functions referred to are fairly basic biological ones; so, at this level, at least, perhaps the larger 'normative' question does not yet arise.
19 *Morb. Diff*. 2: 'If health consists in a good-mixture of hot, cold, dry and wet, disease (τὸ νοσεῖν) necessarily consists in a bad-mixture of these'. On the fundamental role of the bad-mixtures in Galen's conception of human bodies and their health see also *Temp*., with the discussion of Singer and van der Eijk (2018, esp. 8–10).
20 In *Symp. Diff.* 1, Galen distinguishes between *pathos*, *nosos* and *symptōma.* Properly speaking, the term *pathos* refers to an ongoing alteration, or passive motion, within the body, due to some active cause, while *nosos* refers to 'an abnormal state which is the primary cause of damage to an activity'; *symptōma*, meanwhile, is a term of much broader application, referring to any unnatural or abnormal event befalling the body, irrespectively of whether that event is conceived as a cause or indeed as a consequence or sign. (Cf. the similar analysis at *MM* 2.3.6–7.)
21 *Symp. Diff*. 3–4.
22 See Padel (1995); Most (2013); Singer (2018b).
23 The astrological discussion in Galen is brief, and not developed in a way which makes it a significant part of his system (even though the work in question was to become a foundational text for astrological medicine); see *Di. Dec.* 3.6 (911–13 K.). In the case of Ptolemy, while some of his remarks on the influence of heavenly bodies can be understood in purely physical terms, there is also extended discussion of a definitely astrological influence; see e.g. *Tetrabiblos* 3.10–14, where especially relevant to our discussion are chapter 12, on bodily injuries and diseases and chapter 14, on diseases (*pathē*) of the soul.
24 See Metzger (2018) on the debates between Christian theologians and late antique doctors (Christian and pagan), and on the different accounts in those medical sources (e.g. Oribasius, Posidonius, Paul of Aegina, Paulus Nicaeus) themselves. *Ephialtēs* was a night-time attack involving the experience of physical oppression and suffocation.
25 *Morb. Sac.* 1 states that the disease known by that name is 'no more sacred than any other', rather than that it is *not* sacred; but it is also important, as Smith (1965) argues in a classic article, to separate clearly the notion of interventions of gods or *daimones*

which may be seen, in the pre-Christian period, as part of the broader repertory of physical explanations of disease, and the distinct Christian concept of *possession*. (On the later period see now Metzger (2018) for a strong statement of the need to resist 'either–or' causal interpretations in the (pagan and Christian) medical context.) Note also Aretaeus apparently subscribing to the (Platonic) view that *some* kinds of *mania* involve divine inspiration: this leads to 'untaught knowledge of the heavenly bodies, spontaneous philosophy, poetic composition due to the Muses' (3.6, 42 Hude); cf. also ibid., 43–4 Hude on another type of 'divine' madness. He also seems to entertain – without clearly endorsing but certainly also without rejecting it – the notion that *epilēpsia* is an affliction visited on those who have transgressed against the Moon (3.4, 38 Hude).

26 There is, of course, a wide range of texts, espousing or presupposing different theoretical models; but one may consider e.g. *Nat. Hom*., *Aff*., *Morb*., *Morb. Sac*., *Vict*. as prominent examples of works which offer some such fluid- or element-based account (for summaries of the doctrine of all the classical-period Hippocratic texts see Craik 2015). But it is at least arguably the case that *Epidemics* betokens a greater openness on the part of Hippocratic doctors to the variety of patient symptoms and patient experience, and a lesser tendency to impose their own explanatory model, as compared with, in particular, Galen. On this point see Lloyd (2009); also Thumiger (2015, 2018b).

27 While the following paragraphs contain a number of considerations relevant to this question, there is no space to address it directly here. Briefly, however, it may be said that there is arguably a tension, within Galen's own thought, between the holistic approach which sees disease as an overall bodily state and the insistence, just mentioned, on precise anatomical location; and that there is a quite explicit tension between Galen and certain other theorists, especially the Methodists, who argued strongly *against* the relevance of specific bodily locations in the treatment of disease. See further Singer (2020), as well as the other chapters in Thumiger (2020).

28 The former distinction is at *Symp. Diff.* 3 (cf. also *Loc. Aff.* 3.6); the latter is developed especially in *Loc. Aff*., especially 3.6–7.

29 The best summary in this context – both of Galen's own views and his polemic and of the outline views of the Empirics and Methodists – is provided by Galen, *SI*; along similar lines see also the preface to Celsus, *Med*.

30 It seems clear, for example, that certain kinds of topical application to the head, as well as emetics and in some cases blood-letting, constituted a standard repertory of ancient medical interventions for a range of mental disturbances. On these points, especially as relevant to Galen and Archigenes, see Lewis (2018).

31 Thumiger (2013); on Hippocratic 'mental' concepts and pathologies more broadly, see also Thumiger (2017). Further perspectives on the problems of ancient psychiatric disease classification, relevant also to the later periods which we shall consider, are given by Jouanna (2013), and, from a modern clinical perspective, by Hughes (2013).

32 Thumiger (2013: 65–70), also citing the theoretical work in this area of Halliday (2004).

33 Thumiger (2013: 70).

34 See now the chapters of Coughlin, Devinant, Singer and especially Lewis in Thumiger and Singer (2018).

35 See Galen, *Loc. Aff.* 3.10, with Pormann (2008, esp. 170–8, 265 and 266–87). Further on Diocles, known only through fragments and testimonies in later authors, see van der Eijk (2000).

36 Still essential is Flashar (1966) and, for both the ancient and the later history of the concept, Klibansky et al. (1964); cf. Rütten (1992).

37 Both are of uncertain date, although the former is usually placed in the century or so after Aristotle (i.e. some time in the second century BCE), and the latter in the first century either BCE or CE. On the pseudo-Hippocratic text see Rütten (1992) and now Kazantzidis (2018).

38 In ps.-Aristotle, *Problems* 30.1, the complex and outstanding characteristics of certain great men (e.g. Heracles, Ajax, Plato, Empedocles) are attributed to their melancholic

nature. The narrative of ps.-Hippocrates, *Epistles* 10–17 presents the anomalous behaviour of Democritus, the 'laughing philosopher', with arguments as to whether this behaviour should be medicalised (as melancholy) or not.

39 Such traditional associations of darkness are explored by Padel (1992, 1995; cf. Klibansky et al. 1964: 15–16), and are arguably still present in Galen's account of melancholy in terms of darkness in the brain at *Loc. Aff.* 3.10 (191 Kühn).

40 See e.g. Demosthenes, *Or.* 48.56, speaking of a person as 'not only unjust, but actually giving the appearance of being mad (μελαγχολᾶν δοκῶν)'; Plato, *Phaedrus* 268e, referring to a colloquial way of saying 'you're insane' (μελαγχολᾷς). Plato also uses the adjective (μελαγχολικός), again in a purely negative sense, with reference to the character flaws associated with a tyrant (*Republic* 573c). We find a similarly colloquial, non-technical sense in Aristophanes (*Birds* 14; *Wealth* 12, 366, 903).

41 3.5, 40,1–3 Hude.

42 *Caus. Symp*. 2.7; *Loc. Aff.* 3.10.

43 Aretaeus 3.5, 39,27–28.

44 *Chron.* 1.6.180–84.

45 See *At. Bil.* especially 3–4 and 6, focusing on black bile as a substance, its physical location and related bodily illnesses (e.g. *elephantiasis*) and cures; a range of other Galenic texts in the same way speak of melancholic substances or ailments, rather than of *melancholia* itself; and a similar point could be made for *mania*. For further discussion and citations see Singer (2018a: 403–5); and further on Galen's approach(es) to black bile, see Stewart (2019).

46 Galen, *Hipp. Aph.* 6.67 (78–79 Kühn). A similar point may be made about another famous ancient disease category, *hysteria*, where again the discussion seems distanced and to some extent based on a classification used by others (here, midwives or nurses); see *Loc. Aff.* 6.5 (413ff. Kühn) and again Singer (2018a: 406–7).

47 At *Epidemics* 1.24–26, indeed, there is already a detailed typology of fevers, according to their different characteristics and in particular periodicities; still, the complexity of the analysis is much elaborated in later times, especially by Galen.

48 *Caus. Morb.* 1.1: 'fever is an unbalanced heat of the living being as a whole' (as opposed to more localised heat, which will not constitute fever).

49 The main account is in *Diff. Feb.*; note 1.1, where fevers are again characterised in terms of a particular kind (*genos*) of abnormal heat, and where the Aristotelian 'essentialist' language (this is the *ousia* of a fever) is perhaps significant.

50 See Singer (1992); Gundert (2000); Thumiger (2013).

51 But Caelius does use the term *mens* (= mind, intelligence) in relation to the pathology of *phrenitis* (*Acut.* 1.pr.4), and Aretaeus similarly refers sometimes to *psychē* (see next paragraph); Caelius also distinguishes the category of health 'of the soul' (*animae*) in the context of a broad discussion of health (*Med. resp*., 184 Rose).

52 Aretaeus 3.1 (36 Hude), in the introductory discussion of chronic diseases: some not only consume the body, but also distort the senses and even make mad the soul, through the poor mixture of the body; *mania* and *melancholia* are known to be of this sort.

53 Aretaeus 3.6 (41–43 Hude).

54 3.3 (38 Hude).

55 3.4 (38 Hude) and even more strongly 7.4 (152 Hude): 'If they could see what they undergo during an attack, they would not be able to endure life any more'.

56 Aretaeus 5.1 (especially 91–92 Hude) and 5.2 (especially 98 Hude).

57 *Acut.* 1.11.98–99; cf. also 1.11.80–82 (use of people known to the patient; need to persuade, or sometimes deceive or threaten).

58 *Chron.* 1.5.156–57. (Caelius also attests, without subscribing, to the use of certain kinds of music, as well as flogging, and the employment of love as a remedy, all of which were recommended by certain other doctors: ibid. 175–79.)

59 *Chron.* 1.5.162–67.

60 Celsus, *Med.* 3.18.

61 It is noticeable that the central concepts of *mania* and *phrenitis* do not appear in this schematisation at *Symp. Diff.* 3, although they are discussed in a further classification at *Caus. Symp.* 2.7; for further discussion of Galen's schematisations see Singer (2018a).
62 At *Loc. Aff.* 4.2.
63 That is to say: hallucination is an affection of the perceptive (*aisthētikos*) faculty, impairment of rationality is an affection of the reasoning (*dianoētikos*) faculty, which are both distinct items within the overall 'psychic' category; and either may be affected independently of the other. There are, similarly, impairments of memory (*mnēmē*), discussed at *Loc. Aff.* 3.6 (cf. *Mot. Musc.* 2.6, discussing also the role of the capacity for image formation (*phantasioumenon*)), on which see now Julião (2018). Cf. also Jouanna (2009); Devinant (2018); Singer (2018a).
64 See *Loc. Aff.* 3.6; 3.10.
65 See now Gäbel (2018), discussing this issue in relation to Oribasius of Pergamon (fourth century), Alexander of Tralles (sixth century), Aëtius of Amida (sixth century) and Paul of Aegina (seventh century). The position is not equally clear in each of these cases, and in the case of such texts it may also be questionable to what extent a definite or worked-out physiological theory is in fact in play; but it seems clear at least that the Galenic brain-centred view has had a dominant influence.
66 On the embryonic existence of this differentiation in Galen, and on its later development, see Julião (2018) and Gäbel (2018).
67 This point, as well as the nature of Galen's range of therapeutic approaches to mental disorder more generally, is further discussed by both Devinant (2018) and Singer (2018a) (who also consider the 'case histories' mentioned here in more detail).
68 Famously, Galen diagnoses the lovesickness of a Roman lady, using a combination of pulse diagnosis and knowledge of circumstantial details; knowledge or conjecture about a mental state is relevant to other remarkable 'diagnoses' in this text too. See *Praen.* 6.
69 Galen's main works in this vein are *Avoidance of Distress* and *Affections and Errors*; for translation and commentary see Singer (2013).
70 On this genre, and on Galen's relationship to it, see especially Gill (2010), as well as Singer (2013, chapter 3, introduction).
71 See Singer (2013, 2017, 2018a; also for further bibliography on Galen on the soul).
72 On the subject in general see Ahonen (2014), and specifically on this distinction, Ahonen (2018); cf. also Kazantzidis (2013).
73 For relevant texts see now Coughlin (2018).
74 See Caelius, *Chron.* 4.9, on *molles* or *malthakoi*, i.e. passive or effeminate men; Ptolemy also identifies such a pathological character type.
75 See Thumiger (2018a).
76 For an analysis of not just medical, but other ancient scientific writing in these terms see Barton (1994).
77 See especially Gundert (1998); Ieraci Bio (2003).

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Loc. Aff. = *Affected Places*, K. vol. 8.
MM = The Therapeutic Method, K. vol. 10, trans. of books 1 and 2 in Hankinson 1991.
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