2013-09-24

The Conceptualization and Treatments for Phrenitis, Mania and Melancholia in Aretaeus of Cappadocia and Caelius Aurelianus.

Murphy, Kate Elizabeth Anastacia

UNIVERSITY OF CALGARY

The Conceptualization and Treatments for Phrenitis, Mania and Melancholia in Aretaeus of Cappadocia and Caelius Aurelianus.

by

Kate Elizabeth Anastacia Murphy

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE

DEGREE OF MASTER OF ARTS

DEPARTMENT OF GREEK AND ROMAN STUDIES

CALGARY, ALBERTA

AUGUST, 2013

Abstract

Ancient medical writers, depending upon their medical schools, had different views about the conceptualization and treatments for physical and mental disorders. This thesis compares the conceptualizations and treatments for three main types of madness described in antiquity – phrenitis, *mania*, and *melancholia* – provided by two authors – Aretaeus of Cappadocia and Caelius Aurelianus. Phrenitis is an ancient disorder that has no clear modern equivalent, *mania* and *melancholia* may have been the two halves of modern bipolar disorder, and *melancholia* has links to schizophrenia. Although these authors subscribed to different medical theories, and although Aretaeus placed more value on experience and Caelius referred more to theory, their treatments for the three disorders were similar. Ancient doctors treated physical symptoms, just as modern doctors do today. Disorders with predominant physical symptoms were better defined and had more definite treatments. Adherence to specific medical dogmas did not interfere with the day-to-day treatment of the mentally ill.

Acknowledgements

I wish to thank first, and most of all, Dr. Peter Toohey for his invaluable guidance and assistance throughout this project. I would then like to thank the members of my examining committee, Dr. Hanne Sigismund Nielsen and Dr. Andrew Bulloch, for their extremely constructive feedback. I also acknowledge the financial support given to me by the government of Canada in the form of a Social Sciences and Humanities Research Council scholarship, the University of Calgary, the Faculty of Arts and especially the Greek and Roman Studies Department. I am grateful to my colleagues and friends, Amber Porter and Lesley Bolton, who have always been eager to lend me a helping hand, and who had already gathered together for their own research many of the resources I needed. I should also thank Matt Naglak, Jeff Opekar and Danielle Baillargeon for demystifying Microsoft Word for me. Last, but most certainly not least, I would like to thank my parents and friends for their love and support. Their kind words of encouragement provided me with the motivation I needed, especially to finish the painful editing process. They also provided much needed distraction in the form of shopping trips, pub trivia nights and hours upon hours on Skype.

Table of Contents

List of Tables

Chapter One: Introduction

Controversy has always surrounded how mental illness has been understood, categorized and treated. This was true even in the Greco-Roman world, where proponents of rivaling medical schools had different theories about the origins, manifestations and potential treatments for mental as well as physical diseases. Today, in the field of psychology, this controversy has flared up with the May 18-22, 2013 release of the new edition of the *Diagnostic and Statistical Manual of Mental Disorders*, the *DSM-5*. It is this contemporary debate that was the inspiration for my analysis of the treatments of madness in the ancient world.[1] A number of the problems relating to conceptualization of mental illness in the ancient world are mirrored in the debate. To set the scene, therefore, let me briefly enumerate some of the relevant details of this contemporary controversy.

The *DSM* is the authoritative guide to mental disorders throughout most of the world and is created by the American Psychological Association (APA).[2] It contains descriptions of mental disorders and their symptoms.[3] The goal of the *DSM* is to create a common vocabulary for clinicians and researchers in the field of psychology, so that they can easily communicate with one another and, of course, accurately diagnose and communicate with their patients.[4] Some might describe the *DSM* as a psychotherapist's and psychiatrist's Bible.[5] Even insurance companies

---

[1] The term "madness" is the closest English equivalent to the two most used terms in Latin and Greek, *furor* and *μανία*, therefore the term will be used throughout my thesis to denote mental illness.
[2] American Psychiatric Association, "DSM-5 Development," last modified 2012, accessed June 17, 2013, http://www.dsm5.org/about/Pages/DSMVOverview.aspx.
[3] "DSM-5 Development."
[4] Ibid.
[5] Thomas Insel, "Transforming Diagnosis," *Director's Blog* (blog), April 29, 2013, accessed June 18, 2013, http://www.nimh.nih.gov/about/director/2013/transforming-diagnosis.shtml.

base their support of customers on diagnoses according to the *DSM*, taking the Manual's word as gospel for the treatment of mental disorders.[6] However, many argue that this reliance on the manual is a roadblock to future developments in the field. Dr. Thomas Insel says that the *DSM*, rather than being a diagnostic tool, should instead be thought of as a dictionary, simply creating labels and defining disorders.[7] As Dr. Joel Paris puts it, "Psychiatric diagnosis is primarily a way of communicating. That function is essential but pragmatic—categories of illness can be useful without necessarily being 'true.'… The system was never intended to guide treatment."[8]

Many disputes have arisen over the past few years about the current revision of the *DSM*. Many experts are questioning the *DSM-5*'s inclusion or exclusion of certain disorders. The *DSM-5* now includes a host of disorders that were once thought to be run-of-the-mill habits or inconveniences. "Binge-eating disorder" has come into existence for those who eat when they are not feeling hungry.[9] "Caffeine withdrawal" is a disorder for those who, after stopping or dramatically reducing their coffee intake, feel certain symptoms, such as a fatigue, headache or a depressed mood.[10] Children who have temper tantrums may now be diagnosed with

---

[6] Anne Kingston, "Normal Behaviour, or Mental Illness?," *Maclean's*, March 19, 2013, accessed June 01, 2013, http://www2.macleans.ca/2013/03/19/is-she-a-brat-or-is-she-sick/.
[7] Insel, "Transforming Diagnosis."
[8] Joel Paris, "DSM-5: Handle With Care," *The Neuropsychotherapist*, April 25, 2013, accessed June 10, 2013, http://www.neuropsychotherapist.com/dsm-5-handle-with-care/.
[9] Carol Tavris, "How Psychiatry Went Crazy," *The Wall Street Journal*, U.S. Edition edition, sec. Life and Culture, May 17, 2013, accessed June 16, 2013, http://online.wsj.com/article/SB10001424127887323716304578481222760113886.html; and Kingston, "Normal Behaviour, or Mental Illness?"
[10] Wynne Parry, "Normal or Not? How coffee drinking may brew a mental disorder," *LiveScience*, May 28, 2013, accessed June 21, 2013, http://www.livescience.com/34765-coffee-drinking-is-mental-disorder-dsm.html.

"disruptive mood dysregulation disorder."[11] "Anti-depressant discontinuation syndrome" is now an official disorder of those taken off antidepressants, which can be treated by yet another round of drugs.[12] The list of new inclusions goes on. Most deem these inclusions unnecessary since, as in for example "caffeine withdrawal" disorder, the symptoms are transitory and clear up on their own.[13] Notable exclusions include "bereavement exemption,"[14] Asperger's disorder (now included in the "autism spectrum disorder")[15] and paranoid, schizoid, histrionic, and dependent personality disorders.[16] The *DSM-5* also lowers the diagnostic thresholds for several major psychological disorders such as generalized anxiety disorder, somatic symptom disorder, bulimia nervosa, and alcohol use disorder.[17]

These changes can make a great impact on psychiatric treatment. First, the inclusions of these disorders that border on normality and the lower thresholds for major disorders will lead to significant false-positive rates and the treatment of

---

[11] Allen Frances, "The New Crisis in Confidence in Psychiatric Diagnosis," *Annals of Internal Medicine: Online First*, accessed June 18, 2013, http://annals.org/ on 06/18/2013; and Kingston, "Normal Behaviour, or Mental Illness?"

[12] Tavris, "How Psychiatry Went Crazy."

[13] Stroumboulopoulos, George. "Caffeine withdrawal is now officially a 'mental disorder,'" *Strombo* (blog), June 6, 2013, accessed June 23, 2013, http://www.cbc.ca/strombo/health/caffeine-withdrawal-is-now-officially-a-mental-disorder.html. According to Dr. Frances, symptoms of mental disorders are obvious, severe and do not go away on their own (Tavris, "How Psychiatry Went Crazy").

[14] Tavris, "How Psychiatry Went Crazy"; and Kingston, "Normal Behaviour, or Mental Illness?" "Bereavement exemption" is the period in which one may feel sadness after the passing of a loved one without this feeling being diagnosed as major depression and the "patient" becoming medicated.

[15] Jamie Doward, "Psychiatrists Under Fire in Mental Health Field," *The Observer*, UK edition, sec. News: Society: Mental Health, May 12, 2013, accessed May 30, 2013, http://www.guardian.co.uk/society/2013/may/12/psychiatrists-under-fire-mental-health.

[16] Charles B. Pull, "Too Few or Too Many? Reactions to removing versus retaining specific personality disorders in DSM-5," *Current Opinions in Psychiatry*. no. 1 (2013): 73-78, accessed June 17, 2013, http://www.medscape.com/viewarticle/776854_print.

[17] International DSM-5 Response Committee, "Is the DSM-5 Safe?," accessed June 14, 2013, http://dsm5response.com/statement-of-concern/.

those who are not in need of treatment.[18] Second, the inclusion-caused reallocation of resources to those who are actually fine will lead to a lack of treatment and attention for those who are truly in need, including those affected by now-excluded disorders.[19]

The *DSM-5* was released despite concerns presented by professionals in the field, even by members of the APA.[20] Results of field trials to test the reliability of the new classifications had been found to be very poor and the number of participants for these trials was much lower than hoped.[21] A second round of tests that were supposed to be used as quality control were ultimately canceled.[22] A petition to the APA called for an independent review of the diagnostic criteria. The appeal was ignored.[23]

Some have suggested that the APA published the *DSM-5*, despite concerns and poor test results, for money.[24] The final cost of developing *DSM-5* was

---

[18] Frances, "The New Crisis"; Kingston, "Normal Behaviour, or Mental Illness?"; and Peter Aldhous, and Andy Coghlan, "A revolution in mental health," *New Scientist*, 218, no. 22916 (2013): 8-9. A review released by the Australian Psychological Society explains that lowered thresholds for some major disorder categories causes the threat of over-diagnosis, and that this threat is especially keen for young children, teenagers and the elderly ("Diagnostic Dilemmas: DSM-5 Review and Development," *InPsych*, (2012), accessed June 15, 2013, http://www.psychology.org.au/Content.aspx?ID=4152).

[19] Frances, "The New Crisis."

[20] "Diagnostic Dilemmas"; and Kingston, "Normal Behaviour, or Mental Illness?" However, according to Dr. David Kupfer, the *DSM-5* task-force chair, the response to this version of the *DSM* has been mostly supportive (Kingston, "Normal Behaviour, or Mental Illness?").

[21] Tavris, "How Psychiatry Went Crazy"; and Allen Frances, "Newsflash from APA meeting: DSM-5 has flunked its reliability tests," *Psychology Today*, May 6, 2012, accessed June 18, 2013, http://www.psychologytoday.com/blog/dsm5-in-distress/201205/newsflash-apa-meeting-dsm-5-has-flunked-its-reliability-tests. These trials also failed to include primary care doctors though they treat and provide psychiatric medications to the majority of mental health patients ("Is the DSM-5 Safe?").

[22] "Is the DSM-5 Safe?"

[23] Frances, "The New Crisis"; "Is the DSM-5 Safe?"; and Kingston, "Normal Behaviour, or Mental Illness?"

[24] Tavris, "How Psychiatry Went Crazy"; Kingston, "Normal Behaviour, or Mental Illness?"; and Frances, "The New Crisis."

estimated by the APA to be $20-$25 million.[25] Increasing the number of documented disorders allows doctors to treat more people and, in doing so, to prescribe more drugs. It is argued that this appeals to drug companies as they can then manufacture more drugs and make more money.[26] It is also alleged that many members in the work groups that developed the current edition of the *DSM* have links to drug companies.[27]

While some are quick to grasp at this accusation of the potential conflict of interest, Dr. Allen Frances, the chair of the *DSM-IV*, thinks that these ties would not have made any impact on the work groups or the current form of the *DSM*. Instead, he believes it is an "intellectual conflict of interest" that is causing the problem of over-diagnosis, developers of the *DSM-5* wanting to emphasize disorders in their own areas of research.[28] The *DSM-5*'s inclusions, and expansions of the thresholds of disorders might be used simply out of fear of missing someone or some disorder that should be diagnosed – essentially a case of being over-cautious.[29] In any case, the concerns of those in the field still loom over the release of the manual. Dr. Frances advises physicians to be cautious with their use of the *DSM-5*, that is, if they decide to use it at all.[30]

Certain psychological associations have expressed a similar desire to rely less on the *DSM*, if not to divorce themselves completely from it. The British Psychological Society (BPS) has taken issue with the "'medical' model approach' to

---

[25] "DSM-5 Development."
[26] Tavris, "How Psychiatry Went Crazy"; and Kingston, "Normal Behaviour, or Mental Illness?"
[27] Kingston, "Normal Behaviour, or Mental Illness?"
[28] Ibid.
[29] Paris, "Handle with Care."
[30] Frances, "The New Crisis."

mental disorder, pointing out the importance of psychosocial factors, such as a person's environment, in mental illness.[31] They are also concerned with the increase in drug prescriptions for treating certain disorders, such as Autism Spectrum Disorders.[32] Although the DSM-5 tried to support their diagnoses with neuroscientific data, there are, as yet, no laboratory tests for mental disorders.[33] The *DSM-5* does not provide the evidence to prove that mental disorders are caused by problems in brain circuitry.[34]

The National Institute of Mental Health (NIMH),[35] on the other hand, has decided to no longer follow the *DSM*, and instead to begin to develop its own diagnostic system, projected for completion in 2020.[36] Originally, the NIMH had supported the APA in their development of the 5th edition of the *DSM*, both organizations believing that there was a need to elaborate the scientific basis for the *DSM* classification system.[37] However, in the view of the NIMH, the *DSM-5* makes no allowances for the findings of genetics and brain circuitry.[38] Instead *DSM* diagnoses are predominantly based on signs and symptoms.[39] Dr. Thomas Insel, the director of the NIMH, says that symptom-based diagnoses have been replaced in other areas

---

[31] "Diagnostic Dilemmas."
[32] Ibid.; and Doward, "Psychiatrists Under Fire."
[33] Tavris, "How Psychiatry Went Crazy."
[34] Paris, "Handle with Care." According to Dr. Allen Frances, attempted explanations of mental disorders in terms of genes, neurotransmitters, or chemical circuitry have "turned out to be naïve and illusory" (cited in Tavris, "How Psychiatry Went Crazy."). Julian C. Hughes explains that much of psychiatry is based on value judgments, not simply on scientific facts ("If Only the Ancients Had Had DSM, All Would Have Been Crystal Clear: Reflections on Diagnosis," in *Mental Disorders in the Classical World*, ed. W. V. Harris, vol. 38 of *Columbia Studies in the Classical Tradition*, ed. William V. Harris (Boston: Brill, 2013), 52).
[35] NIMH is the world's biggest funding agency for research into mental illness (Aldhous and Coghlan, "A Revolution in Mental Health").
[36] Tavris, "How Psychiatry Went Crazy."
[37] "Diagnostic Dilemmas."
[38] Aldhous and Coghlan, "A Revolution in Mental Health."
[39] Paris, "Handle with Care."

of medicine, so patients with mental disorders "deserve better;" in other words, they should be given more biologically-based diagnoses.[40]

The NIMH's new project, the Research Domain Criteria (RDoC) project, is a framework to amass genetic, imaging, physiologic, and cognitive science data to develop a new diagnostic classification system.[41] To collect these various data from patients with all types of mental disorders, the old diagnoses based on the *DSM* must be ignored, allowing for a fresh start for classification.

While some professionals, even some who were part of *DSM-5* work groups, agree with the superiority of the RDoC project, many are reluctant to turn their backs fully on the *DSM*.[42] They point out that the development of the new classification system would be very difficult and would take years, and that, in the meantime, it would be best to rely on the *DSM-5* classifications for diagnosis.[43]

Debate continues over whether classifying mental illness should be done by symptoms and psychoanalysis or by bio-medical markers. These conflicts, intensifying due to the recent release of the *DSM-5*, are by no means new. The field of mental health has always been divided over how best to classify, diagnose and treat mental illness.[44] Given the current controversy over conceptualizations of

---

[40] Insel, "Transforming Diagnosis." There are others who agree that the diagnosis of mental illness should be brought up to the standard of the rest of healthcare (Aldhous and Coghlan, "A Revolution in Mental Health").
[41] Insel, "Transforming Diagnosis."
[42] Aldhous and Coghlan, "A Revolution in Mental Health."
[43] Ibid. There are also concerns that Dr. Insel's approach is too focused on biology, since, perhaps, mental disorders are psychological problems, not biological ones. Even Dr. Insel admits that the development of RDoC project will be lengthy and expensive, and he anticipated reluctance towards the development process, but he believes it is very much worth the effort (Insel, "Transforming Diagnosis").
[44] See chapter 1.C.II of Patricia Clark's thesis for an explanation of various approaches to the understanding of mental disorders ("The Balance of the Mind: The Experience and Perception of Mental Illness" (PhD diss., University of Washington, 1993) 9-17); and see Bennett Simon, "'Carving

mental disorders, I decided to examine how mental illness was conceptualized in the Greco-Roman world. I did this through a comparison of treatments used by adherents to different medical theories – these different medical theories, in a loose way, might be thought to reflect the differing opinions generated by the publication of the *DSM-5*.

In the early years of the Roman Imperial period, practicing physicians in the Roman Empire were aligned or associated with one of a number of medical schools or systems of beliefs regarding how and why disease arose and how it should be treated.[45] This naturally dictated their classification and conceptualization of mental illness. So, we would assume that the school one espoused dictated, to a large part, the type of treatment one would use in response to a particular disease or medical condition. According to Galen, there was a great deal of contention and rivalry among proponents of different schools of medical thought,[46] making a comparison between the treatments of different medical authors a matter of interest. I hoped to observe whether the medical theories of different schools had a noticeable effect on their proposed treatments for mental illness. Therefore, I have chosen to examine the works of two medical authors who are said to be from different medical schools, Aretaeus of Cappadocia and Caelius Aurelianus. These

---

Nature at the Joints':The Dream of a Perfect Classification of Mental Illness" in Harris, *Mental Disorders,* passim.

[45] The three principal medical sects in Rome were the Empiricists, the Dogmatists and the Methodists. The Empiricists believed that medicine should concern itself only with the obvious, evident symptoms of disease and rejected dissection and the investigation of internal anatomy and hidden causes. They relied on existing medical literature and believed that it provided everything needed for proper diagnosis (see Celsus (Cels.), *De Medicina* 1.Pr.38). Dogmatists, on the other hand, advocated the importance of studying anatomy and physiology in order to understand, and ultimately heal, illness. Methodists will be discussed in detail later in this chapter.

[46] Galenus Medicus (Gal.), *On the Sects for Beginners,* in *Three Treatises on the Nature of Science*, trans. Richard Walzer and Michael Frede (Indianapolis: Hackett Publishing Company, 1985), 8-10. Numeration follows the page numbers in Walzer and Frede's translation.

particular authors were chosen, not only because they came from different medical schools and so had different theories of disease, but also because each has left a significant body of work describing in a similar fashion a number of diseases and their treatments. The controversy engendered by the opposing theoretical influences of Aretaeus and Caelius Aurelianus in the Greco-Roman world is similar to the current controversy over the *DSM-5,* whether mental illness should be classified by cause or by symptoms. But, first, in order to explain the logics behind their treatments, it is necessary to examine the backgrounds of the two writers and the influences on their theories.

Aretaeus of Cappadocia was a Greek physician who most likely practiced medicine in the middle of the second century CE. His extant works include four texts divided into eight books; the first four books cover the definitions of diseases and the last four, the treatments.[47] Francis Adams, who translated his work, concludes, on the basis of the similarities in their opinions on various subjects and their similar professional views, that Aretaeus was a contemporary of Galen, who was born in 131 CE and died around the turn of the century. Adams notes that some scholars date Aretaeus about 100 years earlier, but he flatly rejects this idea. He argues that Galen, who referred by name to almost every medical writer from Hippocrates down to his own time, did not mention Aretaeus in any of his works, making it extremely unlikely that Aretaeus could have preceded him.[48] Although his

---

[47] Two books *De Causis et Signis Acutorum Morborum (SA)*, two *De Causis et Signis Diuturnorum Morborum (SD)*, two *De Curatione Acutorum Morborum (CA)*, and two *De Curatione* Diuturnorum *Morborum (CD).*

[48] Francis Adams, The Editor's Preface to *The Extant Works of Aretaeus, the Cappadocian,* trans. Francis Adams (Boston: Milford House, 1856), v.

epithet, the Cappadocian, indicates that he was born in the eastern part of the Roman Empire, it is most probable that he practiced medicine in Italy, if not in Rome itself. He prescribes to his patients the most approved Italian wines of the period and could hardly have done so if he had lived and worked in Cappadocia.

There is a great deal of contention in modern scholarship over the school of medicine to which Aretaeus belonged.[49] Adams and others believe that Aretaeus belonged to the Pneumatic school because he mentions *pneuma* in several of his works;[50] others disagree because he does not attribute all the diseases he describes to a disturbance of the *pneuma*.[51] Still others argue that he was an Eclectic, adhering strictly to no particular school of medicine and augmenting his Pneumatist views with practical remedies that had nothing to do with Pneumatist theory; others disagree.[52] The Eclectics were a group who borrowed the best or most useful

---

[49] Plinio Prioreschi, *Roman Medicine* (Omaha, NE: Horatius Press, 1998), 270.

[50] A fourth school of medical thought arose from a variation within the Dogmatics' teachings, the Pneumatists. They based their theories on the principles of the pneuma, the primordial matter from which all life came. Pneuma as a vital force was described by both Aristotle and Erasistratus, but it was not until the first century CE that Athenaeus of Attalia combined this concept with the teaching of Stoicism and founded the pneumatic school of medicine. For pneumatists, disease resulted when an imbalance in the humours caused a disturbance in the pneuma (John Scarborough, *Roman Medicine* (Ithaca: Cornell University Press, 1969), 43).

[51] See, for example, John Scarborough, "Roman Medicine to Galen," in *Rise and Decline of the Roman World, Part II, Principate* , Vol. 37.1, ed. W. Hause and H. Temporini (Berlin: Walter de Gruyter, 1993), 3-48; Steve M. Oberhelman, "On the Chronology and Pneumatism of Aretaios of Cappadocia," in Hause and Temporini, *Rise and Decline*, 959-966; and Vivian Nutton, "Roman Medicine, 250 BC to 200 AD," in *The Western Medical Tradition: 800 BC to AD 1800*, ed. Lawrence I. Conrad et al. (Cambridge: Cambridge University Press, 1995), 39-70. I do not agree that Aretaeus should be classified as a pneumatist. I found that there are 33 references to pneuma in all of Aretaeus' extant work, and the majority of these instances refer to airs or gases, even flatulence, not pneuma as a vital force. Prioreschi (*Roman Medicine*, 272) mentions this as well.

[52] Sir William Smith states that "It may be generally asserted that there are few of the ancient physicians, since the time of Hippocrates, who appear to be less biased by attachment to any particular set of opinions …" (Sir William Smith, ed., *A Dictionary of Greek and Roman Biography and Mythology* (Boston: Little Brown Company, 1859), s.v. Aretaeus). Scarborough (*Roman Medicine,* 150), Prioreschi (*Roman Medicine*, 275) and Oberhelman ("Chronology and Pneumatism of Aretaios," 961) state that Aretaeus does not show enough of an alignment with the Empiric or Methodist schools to be considered Eclectic. Nutton ("Roman Medicine," 44) agrees that Aretaeus rejects the principles of the Empiricists and Methodists.

principles or practices from a number of different sources and used them all.[53] This, according to Scarborough, was a typical example of Roman common sense overcoming the Greek preference for medical theory.[54] Many of the most influential medical practitioners in Rome exhibited an eclectic outlook; in the second century CE, it was Galen who best exemplified the fusion of medical thought, practice and theory.

Because Aretaeus himself does not say what medical sect he supports, it is impossible for us to make a definitive decision on this issue. All the known works of acknowledged Pneumatists are lost and the information we have about this sect and its views have come to us second-hand. What is obvious in Aretaeus' work, however, is the fact that the humoural theory of the Hippocratics is the basis of his medical views.[55] He classifies each illness he describes as hot or cold, and wet or dry, and treats them by attempting to restore the proper balance of these factors in the body. For example, he applies cold and wet treatments in hot and dry diseases. He also uses the Ionic dialect in his writing, perhaps in homage to his Hippocratic

---

[53] The name Eclectic comes for the Greek ἐκλεκτικός, "picking out or selective," in the sense of choosing the best (Liddell, H. G. and R. Scott, *Greek-English Lexicon,* 9th ed., new supplement (Oxford: Clarendon Press, 1996), s. v. ἐκλεκτικός).

[54] Scarborough, *Roman Medicine*, 45.

[55] The basis of the Hippocratic medical theory is the assumption that a balanced mixture of the bodily fluids or humours is the basis of health; disease results when the balance is disturbed and there is a deficit or excess of one or more of them (Hubert Cancik and Helmuth Schneider, eds., *Brill's New Pauly: Encyclopedia of the Ancient World*, Vol. 1 (Leiden: Brill, 2002), 360). The four humours in the body - blood, yellow bile, black bile and phlegm – had essential qualities of hot and cold, wet and dry. Each humour was characterized by two of these qualities: blood was hot and wet; yellow bile, hot and dry; black bile, cold and dry; and phlegm, cold and wet. The Hippocratics also used these qualities to classify a variety of other things, such as the seasons, the elements, geographic locations, foods, stages of a life, body parts, diseases and the sexes. (See, for example, Hippocrates Medicus (Hp.), *Airs, Waters, Places (Aër.)* passim*; Affections (Aff.)* passim*; Regimen in Health (Salubr.)* passim*;* and *Regimen II (Vict. II)* passim).

predecessors, or to lend weight to his writings.[56] He clearly wished to be firmly associated with the Hippocratics and their thinking. I would group Aretaeus with the Hippocratics, or, at the very least, categorize him as an Eclectic with very strong Hippocratic influences.

It is important to note that Greco-Roman medicine of early Imperial Rome was very much a meld of Hellenistic medical theory and Roman practical experience.[57] Since Aretaeus flourished at this point, or, more likely, about 100 years later, he might provide a mix of sources to his reader, both Greek theoretical knowledge, as well as Roman practical knowledge.[58] In fact, we can see in his writing that Aretaeus put a great deal of importance on practical experience. Not only does he mention that physicians are familiar with certain drugs or treatments by experience,[59] but he even goes as far as to explicitly mention the necessity of the doctor's personal experience. In his treatment of lethargics," Aretaeus explains, "Experience is a good teacher. It is necessary also for one to try; for caution is ignorance."[60] Also, at the end of his Treatment of Syncope, he criticizes some doctors who, due to their caution in wanting to avoid choking in their patients, cut

---

[56] Nutton, "Roman Medicine," 44.
[57] Scarborough, *Roman Medicine*, 37.
[58] Galen preserves much of the theory and practice of Greco-Roman medicine (Scarborough, *Roman Medicine*, 49). His views on the importance of dissection as an aid in understanding how the body works and how best to treat its illnesses and wounds shows his Dogmatist leanings; his commitment to the humeral theory and its emphasis on hot, cold, dry and moist speaks of familiarity with the Pneumatists' views, yet, like the Empiricists and Methodists, he also emphasizes the importance of direct observation and recording of symptoms. Galen represents a complex middle ground between the extremes of the positions espoused by the various schools and, thus, may be regarded as a true Eclectic (Ibid., 45).
[59] For example, Aretaeus Medicus (Aret.), *CA* 2.2.6.3-4, 2.2.15.6-7, 2.5.4.2-3, 2.6.4.7-8, 2.8.5.6; *CD* 1.5.11.3-5.
[60] ἀγαθὴ δὲ διδάσκαλος ἡ πείρη· χρὴ δὲ καὶ αὐτὸν πειῆν· εὐλαβείη γὰρ ἀπειρίη (Aret., *CA* 1.2.15.10-11). Aretaeus also believes that, even when curing a patient may be difficult, a doctor must make an attempt (*CA* 1.4.1.5-6).

their patients' windpipes. He says that these physicians did not prove this matter with experience, implying that a lack of experiment and experiential knowledge is a negative attribute for a doctor.[61] Aretaeus also makes reference to his own experience or lack thereof.[62]

Caelius Aurelianus was born in Numidia, a Roman province in Africa and flourished most probably around 410 CE. His only complete and extant works are two texts about the disorders and their treatments, *Celeres Passiones* (*On Acute Diseases*) and Tardae Passiones (*On Chronic Diseases*).[63] It is clear from his writings that he was a staunch Methodist. Methodists rejected the need to search for hidden causes of disease and the understanding of how the body worked, but they were equally critical of reliance on previous experience. The objective of the Methodist was to treat the individual by observing the actual symptoms exhibited by that individual. The Methodist belief was that the disease would indicate, to the trained observer, its own treatment.[64] Three types of disease existed, one constricted, the second loose and the third a mixture of the two;[65] after an observation of the patient, the physician needed to loosen a body that was constricted, constrict a body

---

[61] Aret., *CA* 1.7.8.1-2.
[62] Aret., *CA* 1.10.19.1-3; *CD* 1.4.7.7.
[63] *Celeres Passiones* is abbreviated *CP*, and *Tardae Passiones* is abbreviated *TP.*
[64] Cels. 1.57.
[65] The founders of Methodism, Asclepiades and Themison believed that health was a function of the free and balanced motion of the corpuscles (invisible particles of which the body was composed) through the pores of the body. When this balanced movement was impeded, disease resulted. When the corpuscles were unable to move freely through the pores, a disease of stricture developed. When the corpuscles moved too freely, a disease of looseness resulted (Vivian Nutton, *Ancient Medicine*. 2nd ed. (New York: Routledge, 2013), 168, 190-191).

that was loose and, in the case where symptoms were mixed, treat the more urgent symptoms first.[66]

Caelius concludes many of his definition and treatment sections by saying that these were Methodist definitions or treatments, and he classifies all diseases as diseases of stricture, of looseness or of a combination of the two. He also defends the Methodist treatments against critics and points out the follies or inaccuracies in the treatments espoused by physicians such as Diocles, Praxagoras, Asclepiades, Heracleides of Tarentum, Themison, and Thessalus. Works of these authors are, for the most part, lost and so, in criticizing them, Caelius provides invaluable information about their views, theories and treatments.[67]

Caelius' work *On Acute and Chronic Diseases* is a translation from Greek into Latin of the work of Soranus of Ephesus, a well-known Methodist who lived sometime towards the end of the first century CE. No copy of Soranus' original work remains, so it is impossible to say how much of *On Acute and Chronic Diseases* is derived directly from Soranus and how much (if any) originated from Caelius himself. This means that when comparing the work of Aretaeus with that of Caelius, we may be, in effect, comparing the approaches taken by Aretaeus and Soranus, two nearly contemporary medical writers rather than two writers who lived 200 years apart. However, many scholars believe that Caelius is a medical-writer in his own right, and not simply a translator.[68] Therefore, depending on the true nature of

[66] Cels. 1.55.
[67] Scarborough, *Roman Medicine*, 151.
[68] For example, Nutton, *Ancient Medicine,* 195.

Caelius' work, the medical theories and views expressed therein may be more or less chronologically analogous to Aretaeus' work.

Though all medical schools in the Greco-Roman world ultimately derived from the teachings of Hippocrates of Cos,[69] the Methodist sect rejected Hippocratic humoural pathology.[70] This makes it safe to say that Aretaeus and Caelius came from very different theoretical backgrounds. In Aretaeus' reliance on the categorization of illness as hot or cold, and wet or dry, we can see that he is describing the theoretical causes of disease, humoural imbalance. Caelius, on the other hand, was definitely a Methodist, someone who treated illness, not by searching for a hidden cause, but by observing symptoms in a specific patient. Therefore, we can see the current debate in the field of psychology, that between a causal or symptomatic classification of mental illness, in a comparison between the theoretical backgrounds of Aretaeus and Caelius Aurelianus. If the medical sects of these two authors were as different and polemical as Galen describes, then certainly there should have been a great deal of difference between how practitioners of the different medical schools treated the same illness.

To make an in-depth analysis of the similarities and differences in Aretaeus' and Caelius Aurelianus' treatments, a limited scope is necessary. I chose to deal only with mental disorders, since my interest in the topic derived from current controversy over the classifications presented in the *DSM-5*. I decided to focus on

---

[69] The body of written works produced by Hippocrates and his disciples, collectively known as the Hippocratic Corpus, was known to and debated by the great masters of Hellenistic medicine and influenced the medical theories they produced. Herophilus was supposed to have written a refutation of the *Prognostikon* and his disciple Bacchius of Tanagra a glossary of Hippocratic expressions (Cancik and Schneider, *Brill's New Pauly*, 361).

[70] I. E. Drabkin, introduction to *Caelius Aurelianus: On Acute Diseases and On Chronic Diseases*, trans. I. E. Drabkin (Chicago: The University of Chicago Press, 1950), xvii.

those mental disorders characterized by madness or delirium,[71] but I still could not deal with every type of madness mentioned by the authors. Therefore, I chose to focus my research on phrenitis, *mania* and *melancholia.*[72] I chose these because they are the three most identifiable mental disorders of the ancient world, and the three most important types of madness, as we will see in the following analysis.

Just as modern mental health practitioners have devised different categories for classifying mental illness, so too did the ancients. There were six types of madness in Greco-Roman writing, the first three of which were phrenitis, *mania* and *melancholia*.[73] The last three types are more varied, and harder to analyze. The fourth type was what I call the dementias – diseases or disorders that include delirium or some sort of mental disorder as one of their symptoms (such as pleurisy or epilepsy). The fifth type was madness induced by divine inspiration, for example the Bacchanalia and possession.[74] The sixth and last type was madness induced by drugs and poisons, as well as by magic.

---

[71] The definition for delirium in this thesis will follow that of the Oxford Latin Dictionary for the Latin *deliratio*, a derangement of the mental faculties, as opposed to any of the definitions for delirium debated in different versions of the *DSM*.

[72] Since there are different understandings of the words "mania" and "melancholy," I chose to italicize these words and to use the Latin term for melancholy, when referring to the ancient disorders as described by medical authors, or more specifically Aretaeus and Caelius. Since the use of phrenitis seems restricted to medical text, italicization was unnecessary.

[73] Many modern scholars agree that phrenitis, *mania* and *melancholy* are the main three types of disease that cause madness (Glenda McDonald, "Mapping Madness: Two Medical Responses to Insanity in Later Antiquity" in *Mania: Madness in the Greco-Roman World*, ed. Philip Bosman, Supplementum III of *Acta Classica,* ed. Louise Cilliers (Pretoria: Classical Association of South Africa, 2009), 106). Nutton (*Ancient Medicine*, 32) says that the largest group of conditions mentioned in medical text is those of fevers so it makes sense that phrenitis, a disease which is characterized by a fever should hold such a prominent place in the classification. We have no modern equivalent for phrenitis.

[74] Other attempts at classification have yielded slightly different categories. For example, an analysis written in 1909 by Tambornino included seven types of madness: madness from epilepsy; from feverish deliria; from the influence of Pan; from orgiastic religious celebrations such as the rites of Dionysus or the Great Mother; of prophets; of poets; of other individuals noticeably deviant in their behaviour (cited in Clark, "The Balancing of the Mind," 19).

I will demonstrate and elaborate these different types of madness using the works of Aretaeus. Examples were chosen from Aretaeus as opposed to Caelius since Greek medical vocabulary is more precise than the Latin.[75] Therefore, the differences in type of madness will be more obvious to the reader when they are explained using Aretaeus' work. To differentiate the deliria associated with the different types of madness, it is necessary to examine all the words used in Aretaeus' work to describe deliria. By doing so, we may determine whether there is a vocabulary specific to particular disorders and thus whether a clear categorization and conceptualization exists. A madness-specific vocabulary would indicate that certain disorders were viewed differently from other disorders that included delirium as a symptom. In other words, by finding a madness-specific vocabulary, we might classify different disorders into different categories of madness, categories that therefore must reflect the way the ancients conceptualized mental illness.

The first three types of madness in my classification system are phrenitis, *mania* and *melancholia*. The importance of these three types was noticed by many modern scholars and was noted by the ancients. For example, these were the first three disorders that involve a loss of reason mentioned by Caelius Aurelianus, and Celsus wrote that they were the three most important types of madness.[76] These three disorders were primarily mental and their chief symptom was insanity of some sort, so each can stand as a type of madness in its own right. There are, of course, other acute and chronic disorders that induce delirium. What truly sets

---

[75] Peter Toohey, "Madness in the 'Digest'," in Harris, *Mental Disorders*, 441-460; and Peter Toohey, pers. comm.
[76] Caelius Aurelianus Medicus (Cael. Aur.), *CP* 1.1.42; Cels. 3.2-24.

phrenitis, *mania* and *melancholia* apart is the frequency at which and specificity with which they are mentioned by different medical writers[77] as well as the fact that madness or mental delirium is a key characteristic of these disorders.

When one examines these disorders specifically in the work of Aretaeus, it is apparent that references of phrenitis, *mania* and *melancholia* are fairly rare in the descriptions and treatments of other disorders. Such references, when present, seem to occur for three reasons. First, they are used as a sort of baseline for comparison with another disorder with delirium as a symptom. Phrenitis, *mania* and *melancholia* seem to be better known and have better-known treatments, and so can be used effectively to compare with the symptoms and treatments of other disorders. For example, phrenitis is mentioned in Aretaeus' treatment of lethargy. Aretaeus' discussion of phrenitis directly precedes that of lethargy suggesting similarities between the conditions.[78] It seems as though, with this placement, Aretaeus is assigning importance to phrenitis and then, indeed, using it as a baseline against which to measure lethargy's symptoms and treatments.[79] This points to the possibility that phrenitis held a very important place in the medical thinking of the day.

Second, the references suggest the possibility that different disorders could eventually lead to or develop into phrenitis, *mania* or *melancholia*. For example, in the case of *mania* and *melancholia*, there are two references of the disorders in the

---

[77] Cilliers and Retief, "Mental Illness in the Greco-Roman Era," in Bosman, *Mania*, 133-137; and Chiara Thumiger, "The Early Greek Medical Vocabulary of Insanity," in Harris, *Mental Disorders*, 61-62.
[78] In fact, phrenitis is the very first disorder to be discussed in Aretaeus' works about acute diseases.
[79] Aret., *CA* 1.2.2.1, 1.2.2.3, 1.2.5.2, 1.2.6.7-8, 1.2.7.1.

chapter on vertigo (or *scotoma*),[80] both discussing how a serious case of vertigo (or *scotoma*) can become *mania* or *melancholia*. Third, the references occur in sections about affections of those particular body parts usually associated with one of the three main types madness. For example, *melancholia* is mentioned three times in the description of affections of the stomach, the area thought to be affected in *melancholia*.

There does seem to be a madness-specific vocabulary in Aretaeus' work. It seems as though the noun παραφορή is used principally for the delirium of phrenitis and the verb μαίνομαι is used principally for suffering from the delirium of *mania*. Aretaeus uses παραφορή exclusively in texts about phrenitis, *mania* and *melancholia*. It occurs mainly in his treatment of phrenitis, but it also has one occurrence in his description of *mania* and another in his treatment of *melancholia*. He uses παραφορή to refer to a delirium caused by phrenitis or *melancholia*, except in two cases, once in his on *mania* and once in his treatment of phrenitis. In his chapter about *mania*, Aretaeus calls a delirium induced by wine, a παραφορή. In his treatment of phrenitis, he states that wine ἄριστος δὲ μειλίξαι θυμὸν ἐν παραφορῇ (is best to soothe a mind in delirium). In this last example, Aretaeus seems to be talking not only about the delirium specifically associated with phrenitis, but also about deliria in general. It is possible that wine has the power to soothe just the deliria caused phrenitis, *mania* and *melancholia*, but this is not confirmed.

Aretaeus mainly uses the verb μαίνομαι to describe someone affected by *mania*. He also uses μαίνομαι in compound verbs with the prefixes ἐκ-, ἐξ- or

[80] In Aretaeus' work, *mania* and *melancholia* are often mentioned together because Aretaeus believes they exist on a continuum. This will be discussed later in my chapters about these disorders.

προσεκ-. Of these uses of the verb and its compounds, only three instances occur outside of works about phrenitis, *mania* or *melancholy*.[81] It seems that there might be a difference in the use of μαίνομαι and the use of its compounds. The verb μαίνομαι is used to specifically refer to *mania*, but the compounds can refer either to cases of *mania* or to a general delirium. There is only one instance where μαίνομαι occurs in a text that is not devoted to phrenitis, *mania* or *melancholia.* It occurs in the text about vertigo (or *scotoma*), but still refers specifically to *mania*. The only instance of μαίνομαι not being used to refer to the delirium of *mania* occurs in Aretaeus' treatment of phrenitis. In this instance, Aretaeus instructs that the environment of the phrenetic should be quiet, since phrenetics are sharp-hearers and noises make them mad. The verb μαίνομαι is used for madness in this instance, but most likely refers to phrenetics, not manics (see table 1). Of the twelve instances of μαίνομαι with a prefix, half of them seem to specifically refer to *mania,* and the other half seem to refer to general delirium (see table 2). Since this verb and its compounds are used predominantly in the texts about phrenitis, mania and *melancholia*, it suggests that Aretaeus had a specific vocabulary for these types of madness. This indicates that the author might attach a certain importance to these disorders.

[81] One use occurs in Aretaeus' proemium for *SD* (*SD* 1.Pr.2.7), one in his treatment of satyriasis (*CA* 2.11.1.5) and the last in his treatment of vertigo/*scotoma*" (*CD* 1.3.7.7).

Table 1: References to μαίνομαι in the Works of Aretaeus

Reference	Name of the Chapter	Specific to *mania* (my own interpretation)	Passage
SD 1.5.3.3	About *Melancholia*	Specific	τοῖσι μὲν γὰρ μαινομένοισι ἄλλοτε μὲν ἐς ὀργήν, ἄλλοτε δὲ ἐς θυμηδίην ἡ γνώμη τρέπεται, τοῖσι δὲ μελαγχολῶσι ἐς λύπην καὶ ἀθυμίην μοῦνον.
SD 1.5.3.5	About *Melancholia*	Specific	ἀτὰρ καὶ μαίνονται μὲν ἐς τὰ πλεῖστα τοῦ βίου ἀφρονέοντες καὶ δεινὰ καὶ αἰσχρὰ πρήσσοντες
SD 1.5.4.1	About *Melancholia*	Specific	ἢν δὲ ἐξ ἀθυμίης ἄλλοτε καὶ ἄλλοτε διάχυσις γένηται, ἡδονὴ προσγίγνεται ἐπὶ τοῖσι πλείστοισι· οἱ δὲ μαίνονται.
SD 1.5.4.6	About *Melancholia*	Specific	ἢν δὲ καὶ κεφαλὴν ἐς ξυμπαθείην ἄγῃ καὶ ἀμείβηται τὸ παράλογον τῆς ὀξυθυμίης ἐς γέλωτα καὶ ἡδονὴν ἐς τὰ πολλὰ τοῦ βίου, οἱ δὲ μαίνονται, αὔξῃ τῆς νούσου μᾶλλον ἢ ἄλγεϊ πάθεος.
SD 1.5.5.1	About *Melancholia*	Specific	ἄνδρες μὲν ὧν μαίνονται καὶ μελαγχολῶσι, ἢ καὶ ἀνδρῶν ἐλάσσους
SD 1.6.3.6	About *Mania*	Specific	οἵδε καὶ μελαγχολῆσαι ἑτοιμότεροι· οἱ δὲ καὶ πρόσθεν ἐκμαίνονται, ἀτὰρ καὶ ἡλικίης οἷσι τὸ θερμὸν καὶ αἷμα πουλύ, οἵδε μαίνονται, τοῖσι ἀμφὶ ἥβην καὶ νέοισι καὶ οἷσι πάντων ἡ ἀκμή
SD 1.6.4.1	About *Mania*	Specific	ἐμάνησάν κοτε καὶ γυναῖκες ὑπὸ ἀκαθαρσίης τοῦ σκήνεος, εὖτε αὐτέῃσι ἀπηνδρώθησαν αἱ μῆτραι
SD 1.6.7.7	About *Mania*	Specific	οἵδε μὲν γὰρ παραισθάνονται καὶ τὰ μὴ παρεόντα ὀρέουσι δῆθεν ὡς παρεόντα, καὶ τὰ μὴ φαινόμενα ἄλλῳ κατ' ὄψιν ἰνδάλλεται· οἱ δὲ μαινόμενοι ὀρέουσι μὲν ὡς χρὴ ὀρῆν, οὐ γιγνώσκουσι δὲ περὶ αὐτέων ὡς χρὴ γιγνώσκειν
SD 1.6.10.5	About *Mania*	Specific	τοὐντεῦθεν ἄλλος ἄλλῃ μαίνεται· οἱ μὲν θέουσι ἀσχέτως, οὔτε ὅπως εἰδότες ἐς ταὐτὰ παλινδρομέουσι· οἱ δὲ ἐς δηρὸν τοῖσι πέλας ἀφικνέονται· ἄλλοι δ' αὖ βοῶσι ὀλοφυρόμενοι ἁρπαγὴν ἢ βίην
CD 1.3.7.7	Treatment of Vertigo/ *Scotoma*	Specific	ἀγρυπνίη δὲ ἄπεπτον, ἄτροφον, καματηρὸν τῷ σκήνεϊ, ἄθυμον, εὐπαράγωγος ἡ γνώμη· διὰ τάδε ῥηϊδίως μαίνονται καὶ μελαγχολέουσι οἵδε
CA 1.1.1.6	Treatment of Phrenitis	Not specific	ἔπειτα ἡσυχίην ἄγειν κελεύειν καὶ αὐτὸν τὸν νοσέοντα καὶ τοὺς ἐπὶ τῆς οἰκίης ἅπαντας· ὀξυήκοοι γὰρ ἠδὲ ψόφου καθαπτόμενοι φρενιτικοί· ἀτὰρ ὑπὸ τῶνδε μαίνονται

Table 2: References to ἐκ-, ἐξ- or προσεκμαίνομαι in the Works of Aretaeus

Reference	Name of the Chapter	Specific to *mania*? (my own interpretation)	Passage
SD 1.6.3.5	About *Mania*	Specific	οἵδε καὶ μελαγχολῆσαι ἑτοιμότεροι· οἱ δὲ καὶ πρόσθεν ἐκμαίνονται
SD 1.6.4.3 (2 references)	About *Mania*	Specific	ἐμάνησάν κοτε καὶ γυναῖκες ὑπὸ ἀκαθαρσίης τοῦ σκήνεος, εὖτε αὐτέῃσι ἀπηνδρώθησαν αἱ μῆτραι. ἀλλ' αἵδε οὐ μάλα [δὲ] ῥηϊδίως ἐκμαίνονται, μάλα δὲ χαλεπῶς ἐκμαίνονται.
SD 1.6.5.1	About *Mania*	Specific	καὶ οἷσι μὲν ἡδονὴ ᾖ ἡ μανίη, γελῶσι, παίζουσι, ὀρχῶνται νυκτὸς καὶ ἡμέρης, καὶ ἐς ἀγορὴν ἀμφαδόν, καὶ ἐστεμμένοι κοτὲ ὅκως ἐξ ἀγωνίης νικηφόροι ἔασιν· ἄλυπος τοῖσι πέλας ἡ ἰδέη. μετεξέτεροι δὲ ὑπὸ ὀργῆς ἐκμαίνονται
SD 1.6.6.9	About *Mania*	Specific	ἐπὴν δὲ ἀπῆλθε τῆς τε τῶν οἰκετῶν θέης καὶ τῆς τοῦ ἔργου πρήξιος καὶ τοῦ χωρίου, πάμπαν ἐξεμαίνετο
SD 1.6.10.4	About *Mania*	Specific (?)[82]	ἐπὶ κορυφῆς δὲ τοῦ κακοῦ ὀνειρώττουσι· ἀφροδισίων δὲ ἄσχετος ἐπιθυμίη, ἀτὰρ οὐδὲ ἐς τὸ ἀμφαδὸν αἰδὼς ἢ ὄκνος ὁμιλίης· νουθεσίῃ δὲ καὶ ἐπιπλήξει ἐς ὀργὴν ἐκριπισθέντες ἐς τὸ πᾶν ἐκμαίνονται
SD 1.Pr.2.7	Proemium about chronic diseases	Not specific	οὐ γὰρ τοῦ σώματος μούνου ἀπρὶξ λαβόμενον ταχὺ ἀνασμύχει τε καὶ δάπτει, ἀλλ' ἐς πολλὰ καὶ τὴν αἰσθησίην ἐκτρέπει, ἀλλὰ καὶ τὴν ψυχὴν ἐκμαίνει ἀκρασίῃ τοῦ σώματος
SD 1.5.5.2	About *Melancholy*	Not specific	κάκιον δὲ ἀνδρῶν αἱ γυναῖκες ἐκμαίνονται
SD 1.6.1.5	About *Mania*	Not specific	ἐκμαίνει δὲ καὶ τῶν ἐδεστῶν μετεξέτερα, ἢ μανδραγόρη, ἢ ὑοσκύαμος, ἀλλ' οὔ τί κω μανίη τάδε κικλήσκεται
CA 1.1.3.10	Treatment of Phrenitis	Not specific	ἢν δὲ ὑπ' ἀσιτίης ἐκμαίνωνται, καὶ ἢν μὴ παρείκῃ ὁ πυρετός, διδόναι μὴ μεγάλα ἐπὶ πυρετῶν βλάπτοντα
CA 1.1.12.3	Treatment of Phrenitis	Not specific	ᾗ δ' ἂν ἐκμαίνωνται, τῇδε μάλιστα τέγγειν ψυχρῷ, καὶ ψυχομένῳ ἐπὶ μᾶλλον θέρεος ὥρῃ, χειμῶνος δὲ χλιαρῷ
CA 2.11.1.5	Treatment of Satyriasis	Not specific	προσεκμαίνονται δὲ καὶ τὴν γνώμην, τὰ πρῶτα μὲν ἐς ἀναισχυντίην, ἐπὶ παρρησίῃ τοῦ πτώματος· θαρσέας γάρ σφεας ποιέει ἡ ἀκορίη τῆς ξυνουσίης· μετέπειτα δὲ ἐπὴν ἀναλωφήσωσι, εὖτ' ἂν σφίσι ἡ γνώμη τέλεον μίμνῃ

[82] I am not entirely sure about the specificity of this reference.

Aretaeus uses several other words to describe the mental impairments that accompanied phrenitis, *mania* and *melancholia*. The verb παραισθάνομαι (meaning to misperceive or have inappropriate feelings) was used only twice in the corpus, once in Aretaeus' description of *mania* and once in his description of *melancholia*.[83] The noun ἀθυμίη is used only for the depression or lowness of spirits of *melancholia*. The two instances where he uses the word outside of his chapter about *melancholia* are both in his chapter about stomach affections. They appear in the section in which Aretaeus explains that stomach problems can affect a person's spirit or emotional state. This is exactly what happens in *melancholia*.[84] A few more words for a delirium induced by one of the main three types of madness are παρακινέομαι, ἔκστασις… χρόνιος, αφρονέω, and ἐπίλησμων.[85] These words each only appear once in the entirety of Aretaeus.

Not all the words, however, used for mental impairment in Aretaeus' texts about phrenitis, *mania* and *melancholia* appear solely in the chapters about them. For example, the word, ἀναισθησίη, meaning a lack of sensation, appears once in the text about *melancholia*, but is used much more frequently in chapters not concerned with the three main types of madness. The noun φαντασία also appears elsewhere, along with, not surprisingly, the verb γιγνώσκω (which with the negative οὐ is used to express errors in judgment). However, since most of the words meaning delirium or mental impairment used in Aretaeus' chapters about phrenitis, *mania* or

---

[83] Aret., *SD* 1.6.7.5, 1.5.5.6. The reference in his description of *mania* explained that manics do not misperceive as do phrenetics. The reference in his description of *melancholia* most likely explained that melancholics often feel emotions incorrectly. My interpretation of the use of this term is discussed in my chapter on *melancholia*.
[84] Ibid., 2.6.1.2, 2.6.1.5. Aretaeus believes that *melancholia* is caused by an excess (or incorrect movements) of black bile in the stomach or hypochondria.
[85] Aret., *CA* 1.1.10.5, *SD* 1.6.1.2, *SD* 1.5.3.5, *SD* 1.5.7.1.

melancholia are used exclusively in the chapters about these mental disorders, there does seem to be a vocabulary specific to these three madnesses.

The fourth type of madness is that of the dementias. In dementias, delirium does not seem to be the most prominent symptom or characteristic of the disorders. In some cases, the dementias are even defined in terms of the main three types of madness. They have a delirium like that of phrenitis, *mania* or *melancholia*. This separates them from the three main types of madness and makes them secondary to the main types. In Aretaeus' work, we may take epilepsy, apoplexy, lethargy, pneumonia and pleurisy as examples of dementias.[86]

In the cases of the dementias, there are words used for madness, loss of reason, or a confusion or lack of sensation. Many of these words have the prefix παρα-, for example παράληρος, παράφορος, παραπληγίη, or παρακοπή.[87] The παρα- prefix implies being beside oneself, and so, out of one's mind.[88] There are also words such as γνώμης ἀπορίη for a loss of reason,[89] and ἀναισθησίη for a lack of sensation.[90] These lists are clearly by no means exhaustive, but hopefully will impart to the reader the idea that the vocabulary for madness in the dementias is varied, more varied that the vocabulary for phrenitis, *mania* and *melancholia*.

As an example of a dementia, we may take a closer look at pleurisy. Pleurisy is an inflammation of the tissues surrounding the lungs. Aretaeus mentions many

---

[86] McDonald ("Mapping Madness," 107) adds hydrophobia and satyriasis to this list.
[87] For example, Aret., *SA* 1.10.2.11; *SD* 1.4.3.7, 1.7.1.6, 1.13.2.9. The last example is taken from Aretaeus' work about affections of the liver. Although affections of the liver are not a sort of madness, delirium is mentioned as a condition that might arise temporarily during these affections.
[88] Jacques Jouanna ("The Typology and Aetiology of Madness in Ancient Greek Medical and Philosophical Writing," in Harris, *Mental Disorders,* 98) states that the prefixes ἐκ- and παρα- denote distance from normality and so derangement of thought.
[89] For example, Aret., *SA* 2.1.3.10.
[90] For example, Aret., *SD* 1.7.5.8.

different symptoms of pleurisy, for example, pain in the shoulders and clavicles, an acute heat, wakefulness and a lack of eating.[91] It is not until the end of a long list of symptoms that he mentions that in serious cases, a patient may be driven insane.[92] To write this, he uses the words παράληροι and παράφοροι, words typical of those who have lost their minds from one of the dementias. Therefore, in this example, the delirium suffered is not the primary symptom and it is described by words with the παρα- prefix, two conditions that indicate a dementia.

Caelius mentions the same dementias when listing disorders similar to phrenitis, *mania* and *melancholia.* In his chapter on phrenitis, he states that pleurisy and pneumonia cause a loss of reason similar to that of phrenitis, *mania* and *melancholia*[93] and that patients with lethargy resemble those with phrenitis who are asleep.[94] He later states, in his chapter on *mania*, that epilepsy and apoplexy have similar symptoms to *mania*.[95] Since these disorders show a similarity to, and are defined in terms of, phrenitis, *mania* and *melancholia*, they can be qualified as dementias.

The fifth type of madness is that induced by divine inspiration or by divine causation. At the very end of his on *mania*, Aretaeus includes a small section concerning what he calls "another form of mania." [96] Aretaeus explains that, in this madness, sufferers cut their limbs as though some divine beings asked them, and

---

[91] Aret., *SA* 1.10.2.1, 1.10.2.4-5, 1.10.2.1, 1.10.2.7.
[92] Ibid., 1.10.2.10-12.
[93] Cael. Aur., *CP* 1.1.42. According to Caelius, the pain of pleurisy and pneumonia is what causes their madness, therefore the madness would not be the principal symptom.
[94] Ibid., 1.1.49-51.
[95] Cael. Aur., *TP* 1.1.148.
[96] Aret., *SD* 1.6.11.8.

that they are roused by music, rejoicing, drink and the encouragements of others.[97] He also says that though the sufferers can recover, and can be happy afterwards, they often remain pale and weak from their wounds.[98] Therefore this is a type of madness that is not permanent and has divine causation.

Nutton writes that madness and prophetic frenzy have been linked in many cultures (paganism, Judaism, Christianity) and that the madness of early epic, classical Greek tragedy through to Latin poetry, is consistently related to the divine.[99] Many of the portrayals of madness in ancient literature are depictions of madness from divine origins, for example Cassandra's prophetic madness, or the madness of Orestes, Ajax, or Heracles.[100] This link seems to have been established in philosophical text as well. According to E. R. Dodds, Plato classified four types of madness in his *Phaedrus* (*Phaedrus* 265B, 244A-245A): prophetic madness, inspired by Apollo; telestic or ritual madness, inspired by Dionysus; poetic madness, inspired by the Muses; and erotic madness, inspired by Aphrodite and Eros.[101] In Plato's view, madness could be broken down into various types according to causation, however he viewed all types of madness to be caused by the gods. While telestic or ritual madness seems to be Aretaeus' "other form of mania,"[102] all of Plato's types fall under the heading of madness that is divinely inspired. The madness of the poet was even considered to be divinely inspired. Democritus wrote that the best poems

---

[97] Ibid., 1.6.11.5, 1.6.11.7-8.
[98] Ibid., 1.6.11.8-10.
[99] Nutton, *Ancient Medicine*, 31. Caelius briefly mentions prophetic madness as well in his chapter on *mania.*
[100] Lillian Feder, *Madness in Literature* (Princeton, N.J.: Princeton University Press, 1980), 35-97, cited in Clark, "The Balancing of the Mind," 23; and McDonald, "Mapping Madness," 106.
[101] Dodds, *The Greeks and the Irrational* (Berkeley: University of California Press, 1973), 64.
[102] Ibid., 75-76.

were written μετ᾽ἐνθουσιασμοῦ καὶ ἱεροῦ πνεύματος, "with inspiration and a holy breath."[103]

The sixth type of madness is that induced by drugs or poisoning. In his chapter *On Mania*, Aretaeus mentions several madnesses that may seem like *mania*. He explains that excess wine can cause delirium, as well as some foods, such as mandragora and hyoscyamus (also known as henbane). He then specifically tells his readers that these cannot be called *mania*.[104] He says that this is because they come from a temporary cause and they are settled quickly.[105] *Mania*, he says, involves something lasting.[106] Here, we see the principal distinction between the first four types of madness and the sixth type. The sixth type has a temporary and very physical cause whereas the first four spring from internal disorders that are longer-lasting.

Examples of drugs that could induce madness were mandragora, hyoscyamus (or henbane), nightshade and thornapple. These drugs had a predominantly a soporific effect and were thought of as analgesic, but in excess or with wine, could induce madness.[107] Dioscorides includes the correct dosages of these substances as a warning to his readers of the dangers of overdose. Many of these substances, in particular, henbane, were also used in love potions. Just as the proper dosages of these substances had to be followed for medicinal purposes, so to did they have to

---

[103] Ibid., 82.
[104] Aret., *SD*, 1.6.1.4-6. Patricia Clark gives examples in her thesis where wine in excess, or where wine being withheld could cause madness ("The Balancing of the Mind," 87-88).
[105] Aret., *SD*, 1.6.1.6-7.
[106] Ibid., 1.6.1.7.
[107] Dioscorides Medicus (Dsc.), *De Materia Medica*, 4.75, 4.68, 4.72, 4.73. Clark ("The Balancing of the Mind," 88-89) lists other substances, such as honey and roots, ivy, and hellebore (in the incorrect dosage). Caelius mentions the soporific effects of henbane and mandragora, as well as the fact that both can induce a loss of reason (Cael. Aur., *CP* 1.1.20, 1.1.42).

be followed in making potions. There are, however, examples in ancient literature of love-potions gone wrong. Most of these cases result in death, but it is possible that a love-potion might result in madness instead.[108] In Suetonius' *Caligula* 50, Caligula is described as being driven mad by a love-potion given to him by his wife.[109] Love-potions often caused sleeplessness, which Daniel Ogden explains, could then cause madness.[110]

The use of substances with the potential of inducing madness in love-potions links this particular category of madness with magic and witchcraft. There are other ways in which one could cause a person to go mad, such as by using incantations or curse tablets.[111] I have included these in the sixth type of madness due to the link between drugs and love-potions and due to the fact that they are all external causes of madness; however, it might be argued that these uses merit their own category for madness. The issue would have to be explored further, but such an analysis is outside the scope of this paper.

Therefore, upon the evaluation of the different types of madness recognized in the Greco-Roman world, and especially in ancient medical texts, I chose to concentrate my analysis on the madnesses of phrenitis, *mania* and *melancholia* in the works of Aretaeus and Caelius Aurelianus. To my knowledge, there is only one other similar analysis of these types of madness in the works of these two authors.

---

[108] Daniel Ogden, *Magic, Witchcraft and Ghosts in the Greek and Roman Worlds: A Sourcebook*. 2nd ed. (New York: Oxford University Press, 2009), 102.
[109] Ibid., 105. According to Jerome, Lucretius was also said to have been driven mad by a love-potion (Frank O. Copley, introduction to *Lucretius on the Nature of Things*, translated by Frank O. Copley (New York: W. W. Norton & Company, 2011), vii).
[110] Ogden, *Magic, Witchcraft and Ghosts*, 105.
[111] For example, for incantations: Aeschylus, *Eumenides*, 306, 327-333; or for curse tablets: Ogden, *Magic, Witchcraft and Ghosts,* 217, and 229.

Glenda McDonald detailed a brief analysis of the issue.[112] Though I found this article helpful in my research, I disagree with several of her principal assumptions and findings. First, she says that Aretaeus is a pneumatist,[113] a statement that, as I have already explained, I believe is not accurate. Second, she believes Caelius Aurelianus to be impractical and simply a theorist.[114] However, in my analysis, I found several examples to the contrary. Last, according to her analysis, she views Aretaeus as the more traditional author, and Caelius as the more innovative.[115] I cannot completely agree with this view. Aretaeus is the author who links *mania* with *melancholy* creating a possible link to our current bipolar disorder. A physician who lacked innovation could not possibly have established this link between disorders that had previously been separate.

As a result, I believe that a deeper analysis of the issue benefits our current understanding of the history of mental disorders and their classification and conceptualization. It will also determine whether differing conceptualizations of mental illness resulted in differences in treatment, and whether, if these differences existed, they were significant. This may lend a more appropriate perspective to the current controversy surrounding the value of *DSM-5*.

---

[112] McDonald, "Mapping Madness," 106-129.
[113] Ibid., 108.
[114] Ibid., 111.
[115] Ibid., 126.

Chapter Two: Phrenitis

Phrenitis is the first of the three main types of madness whose treatments will be examined. The definition of phrenitis must be ascertained before examining the treatments for it. Without a common definition, it would be uncertain whether Aretaeus and Caelius Aurelianus were treating the same disorder. Phrenitis seems to be a delirium with fever, often accompanied by a unique plucking action with the hands, directed towards imaginary objects.[116] The definitions for this condition will first be compared in Aretaeus and Caelius Aurelianus, and then in several other medical authors (Hippocrates, Galen, Demetrius, Asclepiades and Celsus). The other authors either have similar theories to Aretaeus, or are mentioned in Caelius' writings. Checking for similarities and differences in definitions will, I hope, provide the reader with a reliable definition of phrenitis.

Once this definition has been explained, then the treatments for phrenitis can be compared between the two authors, Aretaeus and Caelius Aurelianus. The importance of their medical sects may be revealed through differences and similarities in their treatments. Similarities between the treatments detailed by Aretaeus and Caelius will reveal an emphasis on experiential knowledge. The similarities will also demonstrate the lack of importance of the medical sects to which they adhered.

---

[116] Interestingly, this plucking is mentioned in the *DSM-4*'s definition of delirium. The manual describes "increased psychomotor activity," which may include groping or picking at the bedclothes." The definition also mentions that delirium is quick ("the disturbance develops over a short period of time time... and tends to fluctuate over the course of the day"), and includes perceptual disturbances (for example "illusions, or hallucinations" that are "most commonly visual" but may of the other senses as well). Delirious patients may also be "restless and hyperactive," other noted characteristics of the phrenetic. These characteristics seem to link phrenitis and delirium, however phrenitis' most distinguishing feature, its high fever is missing from delirium. The symptom of plucking was deleted from the *DSM-5*'s definition of delirium.

Definitions

Definitions of Phrenitis According to Aretaeus and Caelius Aurelianus

Aretaeus does not explicitly define phrenitis. There is no copy of Aretaeus' description of phrenitis in his books of descriptions of diseases, only his work on the treatment of this disorder. This might be due to the loss of some of his works, or to the fact that he never addressed the issue. In either case, any conclusions about Aretaeus' view of phrenitis must be based on his treatment section for phrenitis, or on references to phrenitis in his chapters about other disorders.

Aretaeus' work contains twenty-two references to phrenitis. Twelve references are in his chapter on the treatment of phrenitis. Of the remaining ten instances, five are found in various description and treatment sections (one is found in his on syncope, one in his on *Mania*," two in his treatment of cardiac affections and one in his proemium for *De Curatione Acutorum Morborum*[117]). The remaining five references occur in his treatment of lethargy; one of these indicates that lethargy may have been regarded as the opposite condition from phrenitis,[118] although the others indicate that the treatments for both diseases were similar.[119] These references together indicate that Aretaeus' phrenitis was a delirium accompanied by an acute fever,[120] seated mostly in the head and the senses.[121] In phrenitis, the senses are perverted, so that the patient sees things that are not

---

[117] Aret., *SA* 2.3.3.8; *SD* 1.6.7.5; *CA* 2.3.7.1, 2.3.9.1, 1.Pr.1.6.
[118] Aret., *CA* 1.2.2.1. In fact, Caelius too compares the two disorders (for example, *CP* 1.1.22, 1.1.29-30).
[119] Aret., *CA* 1.2.2.3, 1.2.5.2, 1.2.6.8, 1.2.7.1.
[120] Ibid., 1.Pr.1.6.
[121] Aret., *SD* 1.6.7.5.

present or obvious to others;[122] this occurs because the senses are filled with vapors that must be expelled or be dissipated into exhalation.[123] Aretaeus stresses that phrenitis affects the senses, not the judgment of the patients; it differs from *mania*, in which patients see what is present, but are unable to form a rational judgment about what they have seen.[124] In Aretaeus' work on the treatment of phrenitis, he makes reference to various symptoms of the disease. Phrenetics are sharp of hearing; grasp at imaginary things; are sleepless and, when they do manage to sleep, they toss about in their sleep; have sensitive nerves and are subject to convulsions.[125] They may have voice changes after their understanding becomes disordered; inflamed, hard or flatulent hypochondria or stomachs;[126] painful livers; enlarged spleens; collapsed and retracted hypochondria with stretched skin; constipated bowels; hot and dry respiration; sharp thirst; and cold extremities.[127] They may not be able to eat or may have heartburn in the stomach.[128]

Caelius, on the other hand, provides us with a wealth of information about phrenitis, its definition, symptoms and distinguishing factors, according to both himself and others. Caelius Aurelianus, in his work *On Acute Diseases,* explains that phrenitis is an acute disease that occurs with fever and involves a mental affliction.[129] He goes on to include some more unique characteristics of phrenitis. First, he mentions a futile groping of the hands, with which patients seem to be

---

[122] Ibid., 1.6.7.5.
[123] Aret., *CA* 1.2.5.2.
[124] Aret., *SA* 1.6.7.5.
[125] Aret., *CA* 1.1.1.5, 1.1.17-10, 1.1.2.1-2, 1.1.10.3, 1.1.13.2-4, 1.1.2.4-6.
[126] The hypochondrium is the upper part of the abdominal region beneath the ribs on either side of the body.
[127] Aret., *CA* 1.1.10.5-6, 1.1.16.1-2, 1.1.16.7, 1.1.17.4, 1.1.17.6-7, 1.1.20.2, 1.1.24.2, 1.1.24.2, 1.1.24.5.
[128] Ibid., 1.1.25.5-6, 1.1.26.1-2.
[129] Cael. Aur., *CP* 1.1.3-4.

attempting to grasp something with their fingers;[130] he also describes a small, thick pulse.[131] There are two types of phrenitis, according to Caelius' explanation, one caused by stricture, the other by a combination of stricture and looseness.[132]

There are a few more sections in Caelius' work that provide a deeper insight into the disorder. Since this level of detail does not remain extant in Aretaeus (if it ever was), there cannot be a comparison made between these two authors for this material. However, the information might be of interest for a better understanding of this disorder.

Other Characteristics of Phrenitis According to Caelius Aurelianus

According to Caelius, certain symptoms or their qualities indicate that the patient has an acute case of phrenitis: if the symptoms show after the first three days of illness (as opposed to earlier in the illness);[133] if the symptoms are fierce and violent; if the patient smiles to himself, gnashes his teeth or has hiccups; and if his complexion changes and he trembles, snores or shows distaste for everything. Personality changes are mentioned as a symptom of severe phrenitis (naturally sad patients rave with laughter or naturally lively patients become angry or dejected).[134] These symptoms are not mentioned by Aretaeus.

Caelius says that, according to other medical writers (*aliarum principes sectarum*), the severity of phrenitis varies with age (with the young being more

---

[130] In Greek, this symptom is called κροκυδισμός (if the patient is plucking of threads) or καρφολογία (if the patient is plucking at straw).
[131] Cael. Aur., *CP* 1. 1.21.
[132] Ibid., 1.1.52.
[133] Caelius uses *diatritus* to refer to the progress of the disorder, which translates to "three day period" (though, by our counting, this period would be two full days) (Drabkin, introduction, xix-xx).
[134] Cael. Aur., *CP* 1.1.39-41.

seriously affected), and gender (with males being more severely affected).[135] This logic is in line with Hippocratic thought and so, it might be the Hippocratics to whom Caelius is referring here.[136] Caelius himself believes that the age of the patient is irrelevant,[137] hinting at his rejection of Hippocratic principles. Caelius also explains that some believe the disease is more severe in those who are strong enough to support it. This would be why males would be more prone to it than females – the male mind, being stronger, is more capable of bearing the disease. According to the Methodist view, espoused by Caelius, the disease is more serious when the abnormality it produces is greater. The Methodists' rejection of Hippocratic concepts reveals how interesting a comparison between a Methodist (Caelius) and someone who is in essence Hippocratic (Aretaeus) could be.

Prediction According to Caelius Aurelianus

Caelius lets his reader know that there are no sure signs that are predicative of the disease. Those with the potential signs of the disease may or may not be affected by phrenitis. Therefore, one can only say that it is likely that these sufferers will become phrenetics; it is not a definite outcome.[138] These signs can include: an acute fever hardly rising to the body's surface; a low and thick pulse; a puffy face; a nosebleed; sleeplessness or sleep troubled with strange dreams; worry without reason; and tossing and turning, including excessive movement of the head.[139] He mentions that there is sometimes also (*aliquando etiam*): giddiness without cause;

---

[135] Ibid., 1.1.41.
[136] Nutton, *Ancient Medicine*, 77. This is described in detail in the Hippocratic text *Nature of Man (Nat. Hom.).*
[137] Cael. Aur., *CP* 1.1.65, 1.1.103.
[138] Ibid., 1.1.30.
[139] Ibid., 1.1.31.

redness of the eyes with light tears; tossing about of the arms with no pain in the head; coldness of the limbs, without trembling; abundance of light-yellow, watery and thin urine, released gradually.[140] In some cases, there might also be noise in the head and ringing in the ears; pains in the head that suddenly stop for no obvious reason; precordial tension; and a fixed gaze or frequent blinking.[141] Caelius explains that all circumstances must be taken into account.[142] Phrenitis cannot be diagnosed just on the basis of one or two signs, but by a combination of many – specifically, acute fever, mental derangement,[143] a small and rapid pulse, and the κροκυδισμός or καρφολογία (as are specified above in Caelius' definition of phrenitis).[144] Caelius lists many other signs that indicate differences in the severity and in qualities of the disease as well.[145]

Diseases Similar to Phrenitis According to Caelius Aurelianus

Caelius enumerates several conditions or diseases that could produce symptoms similar to those of phrenitis. Loss of reason is present in manics (those with *furor* or *insania*), melancholics, those with pleurisy, those with pneumonia, those with lethargy, or those who have drunk mandragora or henbane.[146]

One can distinguish sufferers of *mania* and *melancholia* from those of phrenitis because these patients do not have fevers[147] and do not pluck at wool or

---

[140] Ibid.
[141] Cael. Aur., *CP* 1.1.32. According to Drabkin (*Caelius Aurelianus*, 21n1), Caelius uses the word *precordia* for the Greek ὑποχόνδρια (*hypochondria).*
[142] Cael. Aur., *CP* 1.1.33.
[143] The Latin word used is *alienatio*, which means a mental derangement or insaniety (OLD).
[144] Ibid., 1.1.34.
[145] Ibid., 1.1.35-38.
[146] Ibid., 1.1.42.
[147] Galen also distinguishes between *mania* and phrenitis by the presence of fever. Both illnesses are deliria (παραφροσύνη), but phrenitis presents with fever whereas *mania* is delirium without fever

straw, as those with phrenitis do.[148] Although, there are cases where manics may also present with fever from other causes, the fevers will differ. The fever of a manic will usually be chronic and slow (whereas that of phrenitis is acute and swift) and the loss of reason of the manic patient will precede the fever (whereas the opposite is true in phrenitis). The pulse (usually large in manics and small and rapid in phrenetics) and κροκυδισμός or καρφολογία are also signs that indicate phrenitis as opposed to *mania*. If all these signs are present in a manic patient, it is possible that a case that originated as *mania* with fever has developed into phrenitis (see table 3).[149]

To distinguish phrenitis from *melancholia*, one can look for several symptoms present in melancholics but not phrenetics (see table 4). These include the vomiting of black bile, the development of strong dislikes of people, and a leaden complexion.[150]

(Gal., *On the Causes of Symptoms 2*, in *Galen: On Diseases and Symptoms*, trans. Ian Johnston (Cambridge: Cambridge University Press, 2006), 263 (= Kühn, 7.202).

[148] Caelius says we must distinguish between the two, not for purposes of treatment – all these diseases require a loosening and soothing treatment - but to show how we should distinguish specific diseases of the same general character (*CP* 1.1.45-46).

[149] Ibid., 1.1.48.

[150] Ibid., 1.1.42-43.

Table 3: Differences Between Phrenitis and *Mania* with Fever According to Caelius Aurelianus

Phrenitis	***Mania* with Fever**
Fever is acute and swift (*CP* 1.1.46)	Fever is chronic and slow (*CP* 1.1.46)
Loss of reason after the fever (*CP* 1.1.47)	Loss of reason before the fever (*CP* 1.1.47)
Small and rapid pulse (*CP* 1.1.47)	Large pulse (*CP* 1.1.47)
Plucking at wool or straw (*CP* 1.1.48)	No plucking at wool or straw (*CP* 1.1.48)

Table 4: Differences Between Phrenitis and *Melancholia* According to Caelius Aurelianus

Phrenitis	***Melancholia***
Fever (*CP* 1.1.34)	Vomiting of black bile (*CP* 1.1.42)
Plucking at wool or straw (*CP* 1.1.34)	Development of strong dislikes of people (*CP* 1.1.43)
	Leaden complexion (*CP* 1.1.43)

One can examine the pain levels of the patient to distinguish between pleurisy or pneumonia, and phrenitis (see table 5). Caelius explains that this is true of all disorders wherein excessive pain drives the patient mad. The delirium of pleurisy and pneumonia becomes more severe as the pain from these disorders increases, whereas in phrenitis, the loss of reason is in no way dependant on the level of the patient's pain.[151]

Table 5: Differences Between Phrenitis and Pleurisy or Pneumonia According to Caelius Aurelianus

Phrenitis	**Pleurisy or Pneumonia**
Loss of reason independent of pain level (*CP* 1.1.43)	Loss of reason increases with increasing pain (*CP* 1.1.43)

[151] Ibid., 1.1.43. Unlike Hippocrates, Caelius does not even include pain as one of the main symptoms of phrenitis, so one might assume that, in his view, phrenetics experience little pain.

Phrenetics who have either fallen to sleep as their disease recedes and those who have become lethargics may seem similar to the untrained eye (see table 6). To distinguish between these two cases, one might use several different signs. For example, his complexion, when he is sleeping, will be fresh, natural and clean whereas, when he has lethargy, his complexion will be pale and leaden. His pulse is another example. Both types of patient will have a large and somewhat inflated pulse, but that of the sleeper will be full, whereas that of the lethargic will be empty.[152]

Table 6: Differences Between Phrenitis and Lethargy According to Caelius Aurelianus

Phrenitis	**Lethargy**
Fresh, natural and clean complexion while asleep (*CP* 1.1.50)	Pale and leaden complexion while asleep (*CP* 1.1.50)
Large, somewhat inflated but full pulse (*CP* 1.1.50)	Large, somewhat inflated but empty pulse (*CP* 1.1.50)
Cheerful expression (*CP* 1.1.50)	Sad expression (*CP* 1.1.50)
Regular respiration (*CP* 1.1.50)	Slow respiration (*CP* 1.1.50)
Loose, soft precordial region (*CP* 1.1.50)	Tense, hard precordial region (*CP* 1.1.50)
Natural sleeping position (*CP* 1.1.51)	Disordered sleeping condition (*CP* 1.1.51)
Lesser, milder fever (*CP* 1.1.51)	Greater, harsher fever (*CP* 1.1.51)
Loss of consciousness during decline of disease (*CP* 1.1.51)	Loss of consciousness during increase of disease (*CP* 1.1.51)

[152] Ibid., 1.1.49-51. Other signs are: 1) Expression – when sleeping: cheerful; when lethargic: sad. 2) Respiration – when sleeping: regular; when lethargic: slow. 3) Precordial region – when sleeping: loosened with a soft body; when lethargic: tense and with a hard body. 4) Position in bed – when sleeping: natural; when lethargic: confused and disordered at the foot of bed. 5) Degree of fever – when sleeping: lesser and milder; when lethargic: greater and harsher. 6) Time – when sleeping: loss of consciousness in declining phase of disease, during remission or abatement of attack; when lethargic: loss of consciousness during increase of disease or of attack.

As for distinguishing those who have drunk mandragora or henbane from phrenetics, the drinkers of the drugs might not have fever, will not pluck wool and straw, and will have a slow pulse (see table 7).[153]

Table 7: Differences Between Phrenitis and Those Who Have Drunk Mandragora or Henbane According to Caelius Aurelianus

Phrenitis	**Mandragora or Henbane**
Definite fever (*CP* 1.1.44)	Possible fever (*CP* 1.1.44)
Plucking at wool or straw (*CP* 1.1.44)	No plucking at wool or straw (*CP* 1.1.44)
Small and rapid pulse (*CP* 1.1.44)	Slow pulse (*CP* 1.1.44)

Aretaeus and Caelius' definitions seem to differ in terms of their descriptions of the delirium. Aretaeus specifies that the delirium is one of perception, whereas Caelius makes no such specification. Aretaeus also does not mention the characteristic symptoms that Caelius mentions – the κροκυδισμός or καρφολογία and the small, thick pulse. Most importantly, Caelius is the only one of the two authors to split phrenitis into two types. All of these differences between the definitions of the two authors indicate that perhaps they have very different views of what phrenitis is. This makes it important to examine the definitions given by other authors, either in their own works, or the ones described in Caelius' work. That way, one can ensure that phrenitis is a true, definable disorder and that the characteristics identified by Aretaeus and Caelius are true to phrenitis. Similar definitions will provide reliability to phrenitis' definition.

[153] Ibid., 1.1.44.

Definitions of Phrenitis According to Other Medical Authors

First to be examined are some definitions that should be similar to that of Aretaeus, since theoretically they are aligned with Hippocratic thought. Phrenitis, according to Hippocratic theory, is an acute disorder.[154] It is characterized by delirium and pain in the hypochondria (more on the right, towards the liver)[155] and a fever with a tertian periodicity.[156] *Epidemics* I (*Epid. 1*), case xii, and *Epidemics* III *(Epid. 3*), case iv, both associate vomiting and convulsions with phrenetics.[157] Hippocratic phrenitis seems to be similar to that of Aretaeus and Caelius in that it is an acute delirium, but many of the other symptoms mentioned are dissimilar.

Galen, in his *On the Affected Parts*, writes that phrenitis is a delirium[158] that occurs with fever[159] and results from a total imbalance of the bodily humours.[160] He explains that many patients can suffer from a delirium during the height of a fever, but that in phrenetics, this delirium does not subside completely at the fever's height.[161] He indicates three types of phrenitis – two simple and one that is a

---

[154] Hp., *Regimen in Acute Diseases* (*Acut.)* 5.
[155] Hp., *Aff.* 10.
[156] W.H.S. Jones, introduction in *Hippocrates*, vol. 1, trans. W.H.S. Jones (London: William Heinemann Ltd., 1962), lvii.
[157] Other interesting points the Hippocratics have brought up about the definition of phrenitis: 1) In *Aff. 6*, phrenitis is a disease of the body cavity and more frequent and violent in winter. 2) In *Aff. 10*, phrenitis arises from bile, which, when set in motion, settles against the inner parts and the diaphragm. 3) In *Internal Affections (Int.)* 48, the author is referring to a disease and says that a patient "removes pieces of wool from his blanket, if he does see them, believing they are lice," but phrenitis is not named as the disease being suffered here.
[158] Greek παραφροσύνη, Latin *delirium.*
[159] Gal., *On the Affected Parts (Loc. Aff.),* trans. Rudolph E. Siegel (Basel: Karger, 1976), 104 (= Kühn 217). The numeration follows the page numbers in Siegel's translation, with the Kühn reference in brackets.
[160] Ibid., 97.
[161] Ibid., 88. Galen attributed *paraphrosyne* or *delirium* to the strong influence of heat. For Galen there seems to be a distinction between the innate heat of some humours and the evident fever of diseases. (Rudolph E. Siegel, commentary in *On the Affected Parts* by Galen, trans. Rudolph E. Siegel (Basel: Karger, 1976), 210n37).

combination of the first two.[162] The first type of phrenitis involves patients with an abnormal thought process, thinking thoughts that make no sense. Galen provides the example for this type of phrenitis of a man who asked passersby whether he should throw his glass trinkets and even the woolworker with whom he lived out of his window onto the street below, and he did. This was an example of a mistaken reasoning in the patient, as opposed to some error in perception – the man saw well enough to pick up and throw the objects and the woolworker. The second type involves patients with a distorted sense of perception, seeing things that are not truly there. The third type involves patients who have a mixture of both nonsensical thinking and faulty perception.[163] In this, Galen differs from Aretaeus who states explicitly that, in phrenitis, it is the senses, not the judgment, which is impaired. Galen's division into three types is also seen when he makes reference to phrenitis' causal humour. He says that pale-yellow (*ochra)* bile produces a mild phrenitis, dark-yellow bile (*xanthe*) produces a more violent phrenitis and that overheated dark-yellow bile produces a bestial and melancholic delirium.[164]

Galen gives an account of a time he himself was stricken by phrenitis in his book, *On the Affected Parts*. He writes "Stricken by a burning fever… I thought that little sticks of dark straw were protruding from my mattress, as well as pieces of wool from my gown. I attempted to pull these out. When I was unable to catch onto anything with my fingers, I renewed these efforts more steadily and forcefully… Throughout the entire day and night I remained agitated by frightening dreams,

---

[162] Gal., *Loc. Aff.* 107 (= Kühn 225).
[163] Ibid.,108 (= Kühn 225).
[164] Ibid., 88 (= Kühn 178).

shrieking loudly and even trying to get out of bed; but by the next day all my symptoms subsided."[165] According to Galen, the episode was over the next day and he attributes the swift resolution of the disease to the quick thinking of his friends. Normally, phrenitis seems to be characterized by attacks of delirium followed by periods of remission and then future attacks. In his description, Galen has also highlighted some of phrenitis' most characteristic symptoms – grasping for imaginary things, stray threads or bits of hay, and a burning fever. Therefore, Galen's definition not only confirms Aretaeus' delirium of the senses, but also divides phrenitis into types, as Caelius' does.

Next, other definitions provided in Caelius' work can be examined. Demetrius, a student of Herophilus,[166] in his *On Diseases* explains that phrenitis is a violent attack of delirium (*deliratio*) accompanied by loss of reason (*alienatio*) and frequently by a fever, swiftly leading to death or, at times, to a restoration of health.[167] The essential aspects of this definition are found in those of Aretaeus and Caelius. Asclepiades (*Acute Diseases*, Book I)[168] defines the disease as a stoppage or obstruction of the corpuscles in the membranes of the brain frequently without any

---

[165] Ibid., 108 (= Kühn 226-227).

[166] Demetrius of Apamea, is the only one of Herophilus' 'school' whose views are transmitted mainly by Methodist sources (for example, in Soranus and Caelius Aurelianus); which may indicate the importance of his 'practical' contributions to even non-Herophileans (*Oxford Classical Dictionary (OCD)*, 3rd ed., s.v. Demetrius of Apamea).

[167] Cael. Aur., *CP* 1.1.4. Caelius has problems with this definition. He explains that there is always a fever with phrenitis, no exceptions. He also says the end of the definition, about death or recovery, could have been simplified by using the word acute because acute diseases end swiftly, whether positively or negatively.

[168] Asclepiades did not seem to belong to any particular medical sect, though his theories seem to follow after those of Erasistratus of Ceos (*OCD*, 3rd ed., s.v. Asclepiades).

feeling of pain and accompanied by a loss of reason (*alienatio)* and by fever.[169] Asclepiades further differentiates between *furor* or *insania* and phrenitis, by explaining that *furor* or *insania* is a chronic disease with no fever and phrenitis is an acute disease with fever and no pain.[170] He explains phrenitis as a sudden mental derangement (*alienatio*) accompanied by fever, but, according to Caelius, mental derangement with an accompanying fever may also describe the first onset of *mania*.[171] The essentials of Asclepiades' definition are similar to those of Aretaeus and Caelius.

Last, Celsus' definition can be examined, as he was mainly an encyclopaedist, and so, would have gathered information from different sources in order to come to a common definition for phrenitis. Celsus defines phrenitis (he calls it phrenesis) as an insanity that is acute and found in fever. He says often in fevers, a patient can become delirious but that if the delirium continues, and the patient starts to imagine things to which his mind becomes a victim, that this is when the insanity is truly present.[172] In its essence, this definition shows that phrenitis is an acute delirium with a fever, the same as the definitions of Aretaeus and Caelius.

Table 8, is a comparison of the definitions of phrenitis. Phrenitis seems to be an acute delirium with fever, characterized by a grasping at imaginary things.

---

[169] Cael. Aur., *CP* 1.1.6. Asclepiades' definition includes "without any feeling of pain" to ensure that sufferers of pleurisy and pneumonia who might suffer mental aberration on the seventh or eight day are not regarded as suffering from phrenitis.
[170] However, Caelius points out that Asclepiades' definitions are not specific enough to each disease or condition, as he equates sleep to stupor in the first book of his *Acute Diseases*, and gives the same definitions for *mania* and lethargy as for phrenitis (Cael. Aur., *CP* 1.1.17-18). Caelius has many other problems with Asclepiades' explanations, for example, that the stoppage or obstruction of the corpuscles is not only the disease itself, but also the cause, making phrenitis the cause of phrenitis (Ibid., 1.1.14).
[171] Cael. Aur., *CP* 1.1.18.
[172] Cels. 3.18.

Table 8: Definitions of Phrenitis

Author	Acute?	Delirium?	Fever?	Other	Other
Hippocrates	Yes (Hp., *Acut.* V)	Accompanied by delirium (Hp., *Aff.* 10)	Yes (with tertian periodicity) (Jones, lvii)[173]	Pain in the hypochondria; may include vomiting and convulsions (Hp., *Aff.* 10; *Epid.* 1.xii; *Epid.* 3. iv)	Removes pieces of wool from his blanket (Hp., *Int.* 48)
Galen		Delirium (Gal., *Loc. Aff.* 104)	Yes (originates from it) (Gal., *Loc. Aff.* 104)	Three types 1) loss of reasoning 2) false perceptions[174] 3) mix of the first two types (Gal, *Loc. Aff.* 108)	Caused by yellow bile (Gal., *Loc. Aff.* 88)
Celsus	Yes (Cels. 3.18)	Continuing delirium after fever (Cels. 3.18)	Yes (Cels. 3.18)		
Demetrius	Violent attack of *deliratio* (Cael. Aur., *CP* 1.1.4)	Accompanied by loss of reason (*alienatio*) (Cael. Aur., *CP* 1.1.4)	Frequently (Cael. Aur., *CP* 1.1.4)	Swiftly leading to death or, at times, to a restoration of health (Cael. Aur., *CP* 1.1.4)	
Asclepiades	Sudden (Cael. Aur., *CP* 1.20)	Accompanied by a loss of reason (Cael. Aur., *CP* 1.6)	Yes (Cael. Aur., *CP* 1.1.6)	Frequently no feeling of pain (Cael. Aur., *CP* 1.1.6)	A stoppage/ obstruction of the corpuscles in the brain's membranes[175] (Cael. Aur., *CP* 1.1.6)
Aretaeus	Yes (*CA* 1.Pr.1.6)	Yes (*CA* 1.Pr.1.6)	Yes (*CA* 1.Pr.1.6)	Head and senses affected (*SA* 1.6.7.5, 2.3.3.8)	Patients hallucinate (*SA* 1.6.7.5); grasp at imaginary objects (*CA* 1.1.1.7-10)
Caelius Aurelianus	Yes (*CP* 1.1.21)	Yes (*CP* 1.1.21)	Yes (an acute, swift one pre-loss of reason) (*CP* 1.1.21)	A futile groping of the hands (*CP* 1.1.21)	Small, thick and rapid pulse throughout (*CP* 1.1.21)

[173] W.H.S. Jones, introduction in *Hippocrates*, lvii.
[174] Here, Galen describes a patient grasping at things that are not there, a feature Caelius includes as an essential symptom of phrenitis. Hippocrates mentions this feature too. Aretaeus, though he gives no definition of phrenitis does mention this action in his section about the treatment of phrenetics.
[175] This might be a reflection of influence from Epicurus and atomism (*OCD*, 3rd ed., s.v. Asclepiades).

Treatment

The types of treatments provided by Aretaeus and Caelius are the same, though the two have different basic logics about phrenitis. Aretaeus believes that a doctor should balance certain qualities in the body of a patient – hot and cold, and wet and dry – and that phrenitis, a hot and dry disorder, should be treated by cooling and moistening. Caelius believes, instead, that diseases are constrictive or loosening and that phrenitis, a disease of stricture, should be treated by loosening the patient.[176] These different logics might result in very different treatments of the disorder. According to their medical sects or influences, one would think that Aretaeus would be treating mainly based on causes, and Caelius by symptoms. However, when examining the treatment sections, the opposite seems to be true.

According to Caelius, proponents of other, presumably non-Methodist, medical sects based their treatments on the area affected.[177] This means that doctors from other medical sects, for example Aretaeus, might have been more likely to treat the specific area of the body than a Methodist doctor like Caelius. Aretaeus believes that phrenitis affects the head, therefore we might anticipate therapies applied to the head in Aretaeus' work. Caelius says that his general therapy will not be dependent on the region of the body in which the disease originates.[178] This might be a good strategy for an ancient doctor, as most medical

---

[176] Caelius (*CP* 1.1.52) states that there are two types of phrenitis, the first characterized by a state of stricture and the second being a combination of a state of stricture and a state of looseness. In 'combination' diseases, the looseness refers to excessive evacuations of the body – vomiting, diarrhea or excessive sweating. Phrenitis of the second type is characterized by looseness of the bowels and, in rare cases, excessive sweating.

[177] Ibid., 1.1.53.

[178] Ibid. However, Caelius does state elsewhere in his text (1.1.46) that it may be useful to apply local remedies to those parts of the body most seriously affected.

writers seem unsure about where in the body phrenitis originates. Most feel that phrenitis arises in the region that contains the ruling part of the soul, but medical writers do not seem to agree on where this is.[179] As the whole body is affected by fever, Caelius suggests that phrenitis is a condition of the whole body, although he adds that the head seems to be particularly affected (since many of the symptoms occur there).[180]

Both Aretaeus and Caelius use the same general types of treatments. These are changes to the environment in which the patient receives treatment (including physical placement, conversation and visitors), changes to the diet of the patient (in terms of both the quality and quantity of food and drink), medicaments (in the form of topical applications), clysters (our modern-day enemas), venesection, cupping and scarification, humectation and finally bathing. Caelius also recommends the use of passive exercise, but Aretaeus is silent on this treatment.

Patient's Environment

At first glance, the environments prescribed by Aretaeus and Caelius are very similar. Both authors vary the size, decoration, temperature and lighting of the patient's room, the bed and bedding, the number and types of visitors permitted in the bedchamber and the amount and type of conversation allowed in the presence of the patient. This information is summarized in table 9.

[179] Ibid., 1.1.54.
[180] Ibid., 1.1.55.

Table 9: The Patient's Environment in the Treatment of Phrenitis

	Aretaeus	Caelius Aurelianus
Purpose	To prevent aggravation of symptoms (*CA* 1.1.1.1-3.7)	To loosen or constrict, dictated by type of phrenitis (*CP* 1.1.58-65)
Location	Room of moderate size; quiet (*CA* 1.1.1.1-4)	Spacious room (state of stricture) (*CP* 1.1.58)
Decoration	Smooth walls with no decorations or projections (*CA* 1.1.1.6-10)	No paintings or bright colors (state of stricture) (*CP* 1.1.59)
Temperature	Mild temperature, adjusted to warm in winter, cool in summer (*CA* 1.1.1.2-3)	Warm (state of stricture); Moderately cool (state of looseness) (*CP* 1.1.58, 1.1.60)
Light	Well-lit, if dark frightens the patient; dark if patient is disturbed by bright light (*CA* 1.1.3.1-7)	Moderately light (state of stricture); Moderately dark (state of looseness) (*CP* 1.1.58, 1.1.60)
Bed / bedding	Couch of moderate length; soft but plain bedclothes (*CA* 1.1.2.1-4)	Warm, heavy, soft bedding (state of stricture); Thin, soft bedding (state of looseness); Bed firmly fixed in place on all sides; Patient faces away from doors and windows (*CP* 1.1.60)
Visitors	Close family and friends permitted (*CA* 1.1.2.6)	Those viewed by the patient with veneration or awe, at intervals; those hated by patient, never (*CP* 1.1.64-65)
Conversation	Not exciting (*CA* 1.1.2.6)	Must balance the emotions of the patient (*CP* 1.1.64)

Aretaeus describes a house of moderate size, with a mild temperature,[181] quiet, with smooth walls (no projections, friezes or paintings), and with a couch of moderate length that is soft and has plain bedclothes.[182] There is one small hint of individual difference in Aretaeus' environmental treatment when it comes to the

[181] Although the temperature should be modified to balance with the season – warm in winter, cool and humid in summer.
[182] Aret., *CA* 1.1.2.1-4.

light of the room. He says that whether the patient is placed in the light or the dark is dependent on the nature of the attack – if the light frightens the patient, place him in darkness and vice versa.[183]

Caelius describes similar conditions, but there is a prominent difference. The difference lies in the way Caelius defines the illness. He believes there are two types of phrenitis (one dominated by stricture and the other by a combination of stricture and looseness).[184] Therefore, he varies the environment for his different patients accordingly. He says if a state of stricture prevails the room must be moderately light, warm and spacious, there must be no paintings in the room or bright colours on the walls and that the bedding for the couch must be heavy, warm and soft.[185] However, if a state of looseness is also present, then the room must be moderately dark and cool, and the bedding must be thin and soft.[186] Between the two types of phrenitis, Caelius varies the temperature and light of the room, as well as the quality of the bedding.[187] He also mentions that the patient should be in an isolated place, the bed must be firmly fixed in place on all sides and the patient must face away from the windows to avoid excitement.[188] Caelius takes his division of phrenitis one-step further to include instances where the delirium acts contrary to the dominant state. If a patient in a state of stricture hates the light, one must cover his eyes (constricting), but ensure that the room is warm (loosening).[189] On the other

---

[183] *Ibid.,* 1.1.3.1-7.
[184] Cael. Aur., *CP* 1.1.52.
[185] Ibid., 1.1.58-60.
[186] Ibid., 1.1.60.
[187] Though the bedding in all cases of phrenitis must be soft. This might be to avoid aggravation of the nerves, as Aretaeus mentions.
[188] Cael. Aur., *CP* 1.1.58, 1.1.60.
[189] Ibid., 1.1.61-62.

hand, if a patent in a state of looseness fears the dark, allow only small amounts of candlelight to fall on his face (loosening) but ensure that that room is cool (constricting).[190] Caelius deviates from his firm responses to the observed states of stricture and looseness by varying the temperature and light of the room, focusing mainly on the later of these two qualities.

Therefore, for both authors, there is a slight duality over whether the patient is placed in the light or the dark based on the type of phrenitis. Throughout most of Aretaeus' work, his treatments all refer to cooling a hot disease. In this one case, however, namely that the patient should be placed in the light or the dark depending on the nature of the attack, Aretaeus varies his treatment. This reference appears only in the aspect of light and dark, nowhere else in the environmental treatment and nowhere else in his other treatments for phrenitis. This might hint at the existence of two different types of phrenitis. Maybe Aretaeus could have inherited this idea from Galen's various types of phrenitis or maybe it was a popular idea at the time (if Galen and Aretaeus were contemporaries). However, this seems fairly improbable since the lighting change is the only instance where Aretaeus mentions different natures of phrenitis. Caelius too gives two different recommendations for the light in the environment, changing the quality of light based on the type of phrenitis (whether it involves only stricture or a combination of stricture and looseness).

Both authors vary the amount of light in the environment based on the reaction of the individual patient. This suggests that, in some cases, both doctors

---

[190] Ibid.

rely more on observation and experience with patients, instead of solely their medical theories, to formulate treatment plans. They were practicing doctors; therefore, they would base some of their writings on individual case study as opposed to simply theoretical hypotheses.[191]

So, when speaking of the physical environment for a phrenetic, the two authors name some of the same qualities that can be varied – temperature of the room, adornment of the walls, bedding, and light and dark. The qualities of these variables do not agree exactly between the authors.

When considering whether the patient may be exposed to visitors, the two authors seem to agree. Aretaeus permits the patient's nearest and dearest friends to visit him[192] and Caelius says that the patient should be allowed to see those he regards with awe or veneration at intervals, and those whom he hates, never.[193] Both authors agree in the essence of these recommendations: that the patient should be able to see those he is used to seeing and not those who would make him overly excited. When describing conversation held around the patient, Aretaeus simply says that it must not be exciting, but Caelius says that it must actually help to

---

[191] According to Celsus (3.18), the light of the patient's room is varied depending on which environment seems less terrifying to the patient. Some, such as he, believe that darkness would be less frightening, whereas others, like Asclepiades, believe that the light is less frightening. He goes on to say that this could vary between patients, and that there would be some patients to whom this would make no difference. In Celsus' explanation, no medical theory is taken into account, simply situational experimentation. However, he does go on to say that for a patient who does not have a preference, if he is strong, he should be kept in a light room, and if weak, a dark one. This might have to do with sleep, and the ease of achieving it in the dark. Celsus was not associated with a school as such. In fact, there is no indication that he actually practiced medicine, he is more of an encyclopaedist (Nutton, *Ancient Medicine*, 166). This suggests that perhaps this environmental change according to the individual patient was fairly common practice, possibly for all sorts of medical practitioners.

[192] Aret., *CA* 1.1.2.6.

[193] Cael. Aur., *CP* 1.1.64-65.

restore the patient to his former state, by balancing the emotions of the patient.[194] Therefore, if a patient remains in a state of hilarity after the illness, the conversation during recovery should be grave. If the patient remains sad or angry, gentle and cheerful conversation should be used. Caelius might be using his theoretical logic here; happy people are possibly relaxed, and so loose, and those who are sad and angry are possibly constricted. In any case, according to both authors, the people around the patient must not excite him. In terms of conversation, while Aretaeus specifies that the conversation be unexciting, Caelius wishes to balance a possible preexisting emotional state with conversation that induces the opposite emotion. Both of these strategies would ensure that the patient be calmed rather than excited and overcome by madness.

Overall, both authors suggest that the specifics of the environment calm the patient and they use very similar strategies to do so, even varying the light and dark according to individual circumstance. Therefore, while many of the details for the environment in Aretaeus and Caelius differ, their overall logic is the same. Both are using elements in the patient's environment, such as the decoration of the walls and softness of the bedding, to oppose the prevailing nature of the illness and calm the patients. Also, the fact that both authors vary the quality of light based on the individual case means that both authors also consider previous experience with patients to be valuable when devising treatment regimes and do not base their treatments solely on theory.

---

[194] Aret., *CA* 1.1.2.6; Cael. Aur., *CP* 1.1.64.

Medicaments

Most medicaments used are topical applications applied to or massaged into the body; for example, fomentations, embrocations, cataplasms, poultices, ointments and lotions. They are used for various purposes: to moisten and cool the body, to reduce pain, to relieve delirium, to stimulate the bowels or to induce relaxation or sleep. Several conclusions can be drawn upon analysis of these various ingredients and times for application of these treatments.

A review of the ingredients mentioned shows that the two writers have a few ingredients in common: olive oil, dates and fenugreek. Both use olive oil for their fomentations. Aretaeus sometimes specifies the ripeness of the olive (oil of the unripe olive is applied to the head,[195] or a painful liver,[196] whereas that of the over-ripe olive is applied as an embrocation to the hypochondria and region of the stomach[197]). Caelius makes various mentions of the properties of the olive oil he uses.[198] He sometimes uses sweet olive oil, in such medicaments as fomentations after venesection.[199] He usually specifies the temperature of the oil. For most of his fomentations and applications, he uses warm olive oil,[200] though he once treats the middle parts of the body with cold green olive oil[201] and also once specifies that cold sweet olive oil be used on the head.[202] The use of olive oil in topical treatments

---

[195] Aret., *CA* 1.1.10.1-2.
[196] Ibid., 1.1.16.8-17.4.
[197] Ibid., 1.1.16.1-4.
[198] Cael. Aur., *CP* 1.1.66-68, 1.1.71-72, 1.1.75, 1.1.80, 1.1.90-92.
[199] Ibid., 1.1.71.
[200] For example, for fomentations, such as that applied to the hypogastrum during the decline of the attack or to the head (Ibid., 1.1.66-67).
[201] Ibid., 1.1.68. He does this when the patient's phrenitis is both loose and strict, and the patient has loose bowels and is sweating.
[202] This is done when there is general looseness and excessive sweating (Ibid., 1.1.68).

would not presumably have been that uncommon. Therefore, the fact that both authors use it is not surprising. Although, it seems as though both use their own theoretical systems to justify its usage. Aretaeus must be using these oils for cooling, whereas Caelius seems to believe that the oil will loosen the body.[203]

Other ingredients that the two authors have in common are dates and fenugreek. Aretaeus uses dates to make a chest epitheme (an external topical application). He mentions moistening dates with bitter[204] wine, then grinding them into a powder and mixing them with nard, barley meal and flower of wild vine. All of this is then laid upon the chest.[205] The purpose of this epitheme was perhaps to heat the patient. This can be deduced from the continuation of the text; Aretaeus

---

[203] Galen describes olive oil, as well as other viscous foods, like honey, to be smooth to the touch, while in their activity and power, they are in no way like anything else (Gal., *On Barley Soup*, in Mark Grant, *Galen on Food and Diet*. (New York: Routledge, 2000), 64). He also says that salty olives and those pickled in brine are eaten without bread, before meals and with fish-sauce to loosen the bowels. He mentions that salty and swimming olives have astringent juice and tree-ripened olives have greasy juice. These all strengthen the stomach and whet the appetite, as especially do those soaked in vinegar (Gal., *On the Powers of Foods: Book 2*, in Grant, *Food and Diet,* 131 (hereafter cited as *Foods 2*)). For references to Galen's texts in Grant's *Galen on Food and Diet*, the numeration follows the page numbers of Grant's translation.
Dioscorides (1.30) states that oil from unripe olives is astringent; it is good for the stomach. It staunches the gums and firms the teeth and it is antiperspirant. Oil that is shiny and aged is useful in preparations that soften; old oil warms more and is more conducive to perspiration. All oils ease and soften the bowel and take the edge of abrasive medications. Olive oil with equal parts barley-water or plain water makes a good purgative; when drunk alone it causes immediate vomiting, so is a good treatment for poisons. Drunk warm with rue, it is a good medicine for those with colic; this same preparation injected as a clyster is superior to all others for intestinal obstructions. Oil from the wild olive tree is more astringent; it is suitable for headaches, checks both perspiration and falling hair and clears off dandruff, scruff, mange and leprosy.
Pliny (Plinius Rerum Naturalium Scriptor *(Plin.), HN* 15.19) says that olive oil has the property of imparting warmth to the body and guarding against cold, while, at the same time, cooling the head when heated. Olive oil is widely used in medicines, but other parts of the plant also have medicinal value. The leaves are astringent, detergent and binding; for example, when macerated, they heal sores; in decoctions, they reduce inflammation of the gums and check bleeding from various parts of the body; as a salve, they treat various ailments of the eyes; and, as a pessary, they cure excessive menstruation. The flowers have the same properties and are used in treatments of suppurations, superficial abscesses, eruptions of scurf and running sores. Scrapings of the bark mixed with honey cure spitting of the blood and purulent expectoration, while the ash of the tree itself is used in a medicine to cure tumors and heal fistulas (22.69-75).
[204] The word used here is the masculine, dative, singular of αὐστηρός, meaning "making the tongue dry and rough, harsh, rough, bitter" according to Liddell and Scott.
[205] Aret., *CA* 1.1.25.1-3.

goes on to describe other ingredients used for a cooling epitheme, therefore, we might assume that this was meant to do the opposite. This cannot be easily verified by Galen's texts on food. According to Galen, different types of dates have different healing properties, therefore we would need to know to which sort of date Aretaeus is referring.[206] In this case, unfortunately, Aretaeus has not provided us with the type of date, so we cannot fully assess his logic for the use of this fruit.

Caelius uses juicy dates in poultices on residual inflammation of the viscera during recovery. He says that dates are loosening, therefore he uses dates to counteract the constrictive nature of the disease.[207] Dioscorides holds that dates are astringent (fresh dates being more astringent than the dried ones) and, as a consequence, they are useful in the treatment of diarrhea, and leucorrhea; they check hemorrhoids; they close wounds and they are helpful in the treatment of dysentery, bladder infections and the spitting up of blood. Dates control the expansion of ulcers and even help to draw together dislocated limbs.[208] These qualities do not support Caelius' views. Both seem to be applying dates topically to the stomach region, and are again probably following their own medical theories.

Aretaeus mentions fenugreek when it is the right time for cataplasms or poultices for the stomach region and the hypochondria.[209] If inflammation causes the stomach and hypochondria to remain distended, cupping must be used to treat

---

[206] Galen describes some dates as being dry and astringent, and others as soft, moist and sweet, and all qualities in between. The sweet juices would be nourishing and hot, while harsh or astringent juices would be good for the stomach and checking the bowels, and cold. Fresh dates can cause flatulence, and when people eat unripe dates, they are filled with undigested juices, become cold and suffer blockages in the liver. Excessive consumption of dates causes headaches; they are hard to digest and some cause a biting sensation in the stomach (*Foods 2,* 130-131).
[207] Cael. Aur., *CP* 1.1.90.
[208] Dsc. 1.109.
[209] Aret., *CA* 1.1.18.1-3.

them. If the inflammation does not subside after the third day (after using embrocations and cerate with oils), epithemes, consisting of hyssop, fenugreek boiled in mulse, resin of the turpentine plant and wax, along with the usual oils, should be used.[210] Caelius mentions making clysters of fenugreek and flaxseed[211] mixed with oil to relieve dry, constipated bowels and treating the middle parts of the body with a poultice of fenugreek and flaxseed mixed with flour.[212]

Galen describes fenugreek as a heating substance which, when eaten with fish sauce, can purge the stomach.[213] According to Dioscorides, fenugreek has properties that warm and are mildly astringent; when ground up and cooked it has a softening power and is good for the treatment of all types of inflammations.[214] Pliny claims that fenugreek meal is the "most soothing of all" (*mollissima omnium*) and that it dries, softens and dissolves.[215] It makes little sense that Aretaeus should apply a heating substance onto an inflammation, since one would intuitively like to ice an inflammation, but in Caelius' case the softening properties of fenugreek might contribute to looseness.

---

[210] Ibid., 1.1.21.6-22.3.
[211] Galen says that flaxseed has some diuretic power, but that it is bad for the stomach, difficult to digest and provides little nourishment for the body (Gal., *On the Powers of Foods: Book 1,* in Grant, *Food and Diet*, 106 (hereafter cited as *Foods 1*)).
[212] Cael. Aur., *CP* 1.1.74-75.
[213] Galen warns that an excess of fenugreek can affect the head but states that fenugreek served with fish-sauce affects the head less when served with bread, and bread prevents the stomach from being upset as much. The juice of fenugreek is taken with honey as a laxative in order to cleanse bad fluids from intestines because it is gentle in its viscosity and soothing in its heat. It is also taken for chronic chest pains without fever, when boiled down with dates (*Foods 1,* 101-102).
[214] Dsc. 2.102, 4.111.
[215] Plin., *HN* 22.125, 24.181. Pliny also notes that fenugreek was used in the form of unguents, pessaries, liniments, plasters, injections, and draughts, taken internally. It was used in the treatment of a wide variety of ailments and conditions, from pains in the uterus to freckles and scaly eruptions on the face, from gout to offensive smells in the armpits (24.184).

Dates and fenugreek seem to be popular topical applications, since they must have been seen to work by both authors. The stomach and middle of the body are targeted by both authors with their topical applications of dates and fenugreek. This may mean that the authors believe dates and fenugreek to be particularly effective on this region of the body. But it is more probable that this is simply the region of the body onto which cataplasms and poultices are most regularly applied. The common ingredients do not provide the reader with much more insight into the similarities and differences between Aretaeus and Caelius.

What becomes obvious when reading about the medicaments mentioned by both authors, is that Aretaeus' medicaments are much more diverse and varied. He prescribes unwashed wool, just taken from the ewe, oil from the unripe olive,[216] or rose oil,[217] mixed with Hellenic or Cretan rob, boiled in melilot, all mixed into one juice for fomentation to a painful liver,[218] and beans and vetches for a swollen abdomen,[219] and ground, roasted millet,[220] with honey, oil and linseed,[221] for a

---

[216] Possibly wool would be warm and the ewe and unripe olive would be associated with early life, which Galen and Hippocrates associated with blood, and so warmth.

[217] Dioscorides makes no mention of rose oil, but he does describe the medicinal uses of several types of roses – all are astringent and, in a variety of preparations, are used to stop dysentery, diarrhea and spreading ulcers, check perspiration, close wounds, and reduce inflammations of the hypochondria and stomach caused by excess fluids (1.94, 1.97, and 1.99). Pliny says that a decoction of rose leaves added to honey and quince is given as a food for the treatment of stomach affections (*HN* 23.102). Rose oil or rose leaves are used as ingredients in medicines that treat earaches (*HN* 25.164).

[218] Aret., *CA* 1.1.16.7-17.4. Rob is new wine, boiled down (Liddell and Scott, s.v. σίραιον). Melilot is astringent, softens inflammations, and stops stomach pains, earaches and headaches (3.40).

[219] Aretaeus does not specify the type of bean used (*CA* 1.1.18.3-4). According to Dioscorides (2.105) Greek beans, although they cause flatulence and are difficult to digest when eaten, are good for coughs. When boiled in sour wine and mixed with water, they check dysentries, diarrhea and vomiting. Bean meal assuages inflammations, benefits swollen and inflamed breasts and dries up milk. With honey and fenugreek, beans dissipate small abscesses, tumors and black eyes. Hulled and separated in to two parts, beans stop bleeding and the hemorrhages caused by leeches. Egyptian beans are astringent and wholesome (2.106); they are good for people with colic or dysentery; they are also effective ingredients in the medicine for earaches. Again the type of vetch is not specified. The only use Dioscorides prescribes for vetch is as an ingredient in love potions (4.131), but he attributes a number of medicinal uses to bitter vetch (2.108). It is a diuretic and it softens the stool,

cataplasm for the hypochondria.[222] The ingredients and the combinations thereof are much more diverse in Aretaeus' treatments. Caelius seems to concentrate on the use of olive oil of varying temperatures and types.

Aretaeus seems to prescribe certain medicaments based on the area of the body which is being afflicted; for example, he tells his reader what to apply when the hypochondria is distended by inflammation, hardness and flatulence, or what to apply when a patient has a stomach affected with torpor and a loathing of food. Caelius, on the other hand, seems to recommend medicaments based on the stage of the disease, or on what treatments have been previously used. It appears that he has a more rigid schedule of treatments. For example, he states that after venesection, one should foment the head with wool soaked in warm, sweet olive oil and that at the end of the third three-day period, one should clip the hair from the patient's head and cover the head with wool wrung out of warm olive oil.[223]

Massage and Sleep

Sleep is prescribed by both authors.[224] Aretaeus offers his readers recipes for sleep, familiar surroundings,[225] massage,[226] and several different usages of

---

although it can cause hemorrhaging through the bowel or bladder if given in too large a quantity. It cleanses and softens various parts of the body.

[220] Dioscorides (2.97, 2.98) says that millet is binding, and stops the bowels. When hot millet is parched and placed in sacks, it relieves colic and other pains.

[221] Aretaeus lists many properties for honey including, giving consistency to the dry things; preserving heat; and being emollient, calefacient, carminative, and diuretic (*CA* 1.1.19.1-5). According to Dioscorides (2.103), linseed has the same properties as fenugreek. It is used to soften all external and internal inflammations; it brings up matter from the chest; it eases intestinal and uterine pains when used in clysters; and it purges the bowels.

[222] Aret., *CA* 1.1.18.4-6.

[223] Cael. Aur., *CP* 1.1.71, 1.1.75. Warm olive oil and wool serve to warm and loosen the patient.

[224] Aretaeus, in his Treatment of Lethargics, mentions that it is entirely necessary to keep lethargics in a state of wakefulness, contrary to those with phrenitis (*CA* 1.2.2.1).

[225] Ibid., 1.1.15.1-2.

poppies.[227] According to Dioscorides (4.64), the common property of all types of poppy is cooling, so Aretaeus may have been prescribing them for this reason. On the other hand, Aretaeus does tell his readers that when poppies are applied under the pillow, they moisten the spirit, and then produce sleep, so perhaps sleep is linked to moisture and wetness.[228] He does not explain when sleep might be needed in the treatment of phrenitis. Aretaeus also does not mention a specific reason for his prescription of sleep, though he does mention that phrenetics are restless[229] and that gentle rubbing can calm wild animals.[230] This may indicate that he believes sleep to have a calming effect on a delirious patient.

Caelius describes that one must keep a constricted patient awake until the attack begins to decline, then allow him to sleep. If the attack is too long, sleep may be permitted, presumably so as to not exhaust the patient and rob him of his strength.[231] Also, after venesection, the patient is allowed to sleep or rest, and after scarification and the anointing and eating that follows, the patient must rest. In these situations, Caelius seems to think that sleep restores strength to his patients,

---

[226] Ibid., 1.1.14.6-8.
[227] Ibid., 1.1.13-14. Poppy boiled in oil and applied to the fontenelle of the head, or with a sponge to the forehead is very effective at producing sleep. As well as recently plucked, green poppies laid under pillows, to thicken and moisten the *pneuma*. The strongest application is meconium, or expressed poppy juice, with water applied to the forehead, anointed on the nostrils and poured into the ears.
[228] Ibid., 1.1.14.2-4. According to Paul Harms, the prescription of poppies shows an association between sleep and cold. Soporific plants cause a state that resembles death and, in death, a body is cold ("The Logic of Irrational Pharmacological Therapies in Aretaeus of Cappadocia, Scribonius Largus and Dioscorides of Anazarbus" (PhD diss., University of Calgary, 2010), 108, 124).
[229] Aret., *CA* 1.1.13.1-4.
[230] Ibid., 1.1.14.8-9.
[231] Caelius says that wakefulness robs a patient of his strength (*CP* 1.1.64).

which is crucial after treatments that take strength from the patient or after prolonged attacks of the disorder.[232]

While Aretaeus prescribes poppies in particular, Caelius does not mention a particular medicament to induce sleep. It is possible that Aretaeus' mention of poppies was principally for their moistening properties, to wet the dry phrenitis. This is an idea that follows Aretaeus' medical theory. Aretaeus does not seem to adhere to his medical theory in his prescription of sleep specifically. It seems that he simply uses sleep to calm the patient. Caelius employs sleep for the restoration of the patient's strength, a use not directly related to his theories on stricture and relaxation, but in line with the Methodist practice of restorative cycles.

Both authors mention massage. Massage is used as a means of applying a specific medicament to the patient (for example, the application of the fomentation for a painful liver described in the paragraph above) and as a treatment in its own right. Aretaeus says that a gentle rubbing of the feet with oil, patting of the head, and particularly stroking the temples and ears is an effectual means of producing sleep.[233] It is not clear what effect Aretaeus would believe massage to have, whether hot or cold, but possibly massage would heat the skin through its friction and the heat would lull the patient to sleep. There is no clear explanation based on his medical theory for this usage.

---

[232] Ibid., 1.1.74. Caelius, when discussing patients in a state where looseness is present (the looseness being in the bowels), explains that rest is good for a state of looseness and movement harmful (1.1.69). Later he says, when there is looseness, sleeplessness is increased by necessity (1.1.84). It is possible that Caelius is trying to implicate that sleep is constricting, but this is counter-intuitive and it seems more likely that he is instead just restoring strength to patients in distress.
[233] Aret., *CA* 1.1.14.6-8.

Caelius recommends massage at various times in the course of the disease. For example, he explains that if venesection is performed at the end of the three-day period, as soon as the disturbance to the body has abated, the caretaker must anoint the patient's body with oil and have his face washed by his own servants.[234] Caelius recommends massage for phrenetics during recovery, with massage and anointing increasing in frequency as recovery continues. Massage may relax the body, loosening the patient and helping to ease a state of stricture. It is quite possible that the act of massage is the most important aspect of Caelius' fomentations and anointings and not the particular ingredients in them, since they consist mainly of types of oils. This would make Caelius' principal use of medicaments theory-based, since he is loosening his patients. Overall, Caelius seems much more theory-based in his medicament recommendations than does Aretaeus.

Clysters

Clysters are our modern-day enemas. Both authors mention alleviating constipation associated with phrenitis by using clysters. This seems to be the only definite similarity between the two authors in regards to this treatment. Aretaeus writes that constipated bowels should be frequently stimulated by suppositories or liniments and if the constipation continues for several days, one must use a clyster of mulse, oil and natron.[235] It is possible that, for Aretaeus, the excessive heat of

[234] Cael. Aur., *CP* 1.1.72. His own servants should be used so as not to excite him with strangers.
[235] Aret., *CA* 1.1.20.1-6. Clysters, or any procedure to empty the body, would be thought of as cooling. Mulse is honey wine. There are two types. First are the melitites, which are equal parts wine and honey. They are given in cases of chronic fevers to those who have a weak stomach, soften the stool, are diuretic, and urge the stomach. Second are the oinomeli, aged dry wines with a little honey. They also ease the bowel and are diuretic (Dsc. 5.7, 5.8). An oil could cool or heat, depending on its application and temperature. Natron is sodium carbonate decahydrate, a naturally occurring

phrenitis leads to constipation, therefore by giving clysters, one would be cooling a patient.[236] Caelius is more specific about both when and why one should use this remedy; he writes that if the constipation continues at the end of the second three-day period, a clyster of warm water and olive oil, or a decoction of fenugreek[237] and flaxseed in oil, should be used to moisten the dry bowels and remove the pungent exhalation that may aggravate head congestion.[238] Dryness and congestion are both constrictive qualities, and therefore Caelius' logic would be to loosen the dry stricture with moisture. Again, the base logic in both authors, that one would try to oppose the dominant quality in the patient (dryness or stricture) with the remedy, is the same. Both seem to advise clysters only after other medicaments for loosening the bowels have been tried.[239] The ingredients in the clysters, however, are different and the specific timing might be as well. The information provided about clysters in the works of both authors is summarized in table 10.

It is possible that the use of clysters was dictated purely by the authors' underlying logics of the cause of the disease. Adding liquid to the bowels would counteract the dryness and heat of the disease for Aretaeus and would counteract the stricture caused by dry (and full) bowels for Caelius. On the other hand, it may

---

mineral, similar to soda ash or baking soda. It is detergent and may have been used because of its cleansing properties (Stephen Bertman, *The Genesis of Science* (Amherst, NY: Prometheus books, 2010), 25). Aretaeus believes that by emptying the lower body, one also empties the head of whatever is causing its congestion.

[236] According to Hippocratic thought, digestion creates warmth, and so, any food in the digestive system would produce warmth. The longer the matter stays in the system, the longer the warmth would be produced (Mark Grant, introduction to Grant, *Food and Diet*, 7). Therefore, to eliminate warmth, the matter must be evacuated, here through clysters. Excess cooling also seems to lead to constipation (Gal., *On the Causes of Disease*, in Grant, *Food and Diet*, 49).

[237] Again, fenugreek is both purgative and warming.

[238] Cael. Aur., *CP* 1.1.74.

[239] Aretaeus (*CA* 1.1.20.1-6) recommends that clysters follow suppositories and liniments, whereas Caelius (*CP* 1.1.73) recommends that they follow laxative foods (although in cases where looseness predominates, thicker, more solid foods are prescribed).

have been that constipation was a common symptom of phrenitis. In this case, clysters would treat an observable symptom rather than the underlying disease itself.

Table 10: Use of Clysters in the Treatment of Phrenitis

	Aretaeus	Caelius Aurelianus
Purpose	Unspecified[240]	To loosen a state of stricture by moistening the dry bowels (*CP* 1.1.74)
Timing	After several days of constipation; when suppositories and liniments have not worked (*CA* 1.1.20.1-5)	End of 2nd 3-day period (*CP* 1.1.74)
Ingredients	Mulse, oil and natron (*CA* 1.1.20.5-6)	Warm water and olive oil; or decoction of fenugreek and flaxseed in oil (*CP* 1.1.74)

Venesection

Aretaeus advises moderation when using venesection.[241] He says that if it is time for food, we must first determine whether venesection is necessary.[242] If both the fever and the delirium peak and remit at the same time, one should take blood from the patient's elbow, especially in the middle.[243] But if the remission in the delirium is three to four days after that of the fever, one must take blood up to the first period of critical days.[244] After this time, on the sixth or seventh day, it is past

[240] Assuming that excessive heat leads to constipation, Aretaeus would use clysters to relieve constipation, thereby cooling the body. See note 236 above.
[241] Aret., *CA* 1.1.5.1-2.
[242] Ibid., 1.1.4.1-2.
[243] According to Hippocrates in *The Nature of Man,* patients should be bled as far away from site of pain or swelling as possible to prevent blood from accumulating in same spot and to avoid major shock (Nutton, *Ancient Medicine*, 93).
[244] Aret., *CA* 1.1.4.2-5.

the proper time for bleeding. The patient should then be evacuated before the crises in acute diseases, either with medicaments or other stimulants.[245]

Caelius states that venesection should be used if the patient is in a state of stricture and is strong enough. He goes on to say that it should be performed before the end of the first three-day period, or at the very end of it. But venesection should not be used later than this in order to avoid impairing the patient's strength.[246] He also counsels against the use of venesection to the point of fainting.[247]

The details presented by each doctor are slightly different. Aretaeus takes note of when the delirium and fever appear to determine the correct time for the procedure. Caelius does not, but instead specifies a number of days that has to have passed. This hints at the emphasis on individual case for Aretaeus, and the importance of a predetermined schedule for Caelius. Aretaeus also specifies the location for the removal of blood, whereas Caelius does not. However, there are important similarities. Both advise moderation when it comes to venesection, advocate that venesection not be used during an attack and think it can be used only early on in the treatment, when a patient is sufficiently strong. These similarities indicate that both authors realize that venesection, when performed to excess, is a dangerous and difficult procedure for the patient.[248]

---

[245] Ibid., 1.1.4.5-8.
[246] Cael. Aur., *CP* 1.1.70.
[247] Ibid., 1.1.70-71.
[248] The Hippocratic advice, "What drugs will not cure, the knife will; what the knife will not cure, the cautery will; what the cautery will not cure must be considered incurable," shows the seriousness of bloodletting and surgery; the knife should not be used unless drugs or other less violent treatments have first been tried (*Aphorisms (Aph.)* 7.87). Venesection was one of the Hippocratic cures that were known to do more harm than good (G. E. R. Lloyd, introduction in *Hippocratic Writings*, ed. G. E. R. Lloyd, (London: Penguin Classics, 1983), 36-37). Caelius (*CP* 1.1.78) explains that by drawing blood from the whole body at once, venesection always depletes the strength of the patient.

Venesection is commonly thought of as a means of cooling the patient,[249] and this must be the logic that Aretaeus is using, to cool hot phrenitis. Caelius must think of venesection as a means of loosening the body. It possibly made the muscles weaker and so loose, just as someone would become light-headed after losing blood through any means. According to Caelius, properly-performed venesection "can easily dispel the disease, since the body is relaxed by the simple and harmless relief which this treatment affords."[250] Table 11 enumerates the similarities and differences in the use of venesection by Aretaeus and Caelius Aurelianus.

This particular treatment does not seem to be brought on by a particular physical symptom, and seems more exclusively tied to the logic of the two authors. However, when it is used seems to be based on observation, at least for Aretaeus. Both authors also recognize how dangerous bloodletting may be. This realization might have come from the common disapproval of excess present in the ancient world. It is more likely however that it came from observation.

[249] Hp., *Aph.* 6.47. People who benefit from venesection or purging, should be bled or purged in spring, when they have the most blood (spring is associated with blood, warmth and moisture).
[250] Cael. Aur., *CP* 1.1.180. *Simplici atque innoxio laxamento nullis obstantibus adhibita facile laxato corpore passionem posset auferre.*

Table 11: Use of Venesection in the Treatment of Phrenitis

	Aretaeus	Caelius Aurelianus
Purpose	Unspecified[251]	To loosen a state of stricture (*CP* 1.1.70)
Location	The elbow (*CA* 1.1.4.3)	Unspecified
Timing	Delirium with fever at start: day 1 or 2; Delirium later: before day 6 or 7 (*CA* 1.1.4.2-8)	Before the end of the first 3-day period (*CP* 1.1.70)
Amount of blood withdrawn	Moderate (*CA* 1.1.5.1-2)	Moderate. Not so much that the patient faints or is weakened (*CP* 1.1.70-71)
Other instructions	Unspecified	If done before day 3, follow with rinsing the mouth with warm water, drinking and sleep (*CP* 1.1.72)

Cupping and Scarification

Aretaeus prescribes cupping and scarification when suppositories or liniments do not cure an inflamed belly and the patient is experiencing delirium. He says they can be used on the first or second day, and that the inflamed parts and the strength of the patient determine the amount.[252] He also suggests cupping with scarification when fomentations and embrocations have not reduced the delirium of the patient. In such a case, the patient's hair should be cut, his back dry-cupped (without scarification), and the top of the head cupped with scarification. This is all provided the patient is strong enough.[253] Cupping and scarification were used to cool the body by the removal of blood, a hot humour.[254] Aretaeus first uses this procedure as a treatment for a specific symptom of the disease – the inflammation

[251] Presumably, like the Hippocratics, Aretaeus would use venesection to cool the body.
[252] Aret., *CA* 1.1.21.1-2.
[253] Ibid., 1.1.22.3-7.
[254] Cupping alone would move the hot humour to the surface of the body, freeing blood from an area of congestion and easing its flow.

of the belly. He also uses it treat the delirium itself by cupping the head, the area supposedly affected most by the madness.

Caelius uses cupping to the head, neck and neighboring parts to loosen them. He also counsels the use of fitting and appropriate applications of warmth, fomentations, poultices and anointings. Caelius says that at the end of the fourth three-day period, a doctor must shave the patient's occiput and apply mild cupping. The doctor should also apply four or five leeches to forehead, to ensure that blood is withdrawn from different places and the whole head is refreshed. If more relief is needed, he advises that more cups be applied to different regions of the head in a circle: one to the occiput, one at the middle of the head and two above the temples. He cautions that dry cups are strong and they may congest the head and aggravate mental disturbance, so one must exercise moderation with regard to the amount of flame and the amount of time for the application. [255]

According to Caelius, scarification is only used to relieve pain and swelling,[256] and should be used moderately if the parts are red afterwards; if they are not, then the parts should be loosened with warm sponges.[257] After scarification, cups should be applied again to withdraw more blood. He recommends scarification of the inflamed (and, presumably painful) precordia, bladder region and surrounding areas.[258] At the end of the fifth three-day period, a doctor must scarify the head and then the loins. But these must not be done at the same time as they might rob the

[255] Cael. Aur., *CP* 1.1.76.
[256] Ibid., 1.1.57, and 1.1.85.
[257] Ibid., 1.1.77.
[258] Ibid., 1.1.78.

patient of too much strength.[259] When a patient is in a state of looseness, when passive exercise has been prescribed, and when he is then in a remission in the attacks, one must continue with the local remedies by applying cups, but must not use scarification.[260] He says that scarification lessens the shock of cupping and facilitates the flow of blood,[261] but cautions that excessive scarification might rob the patient of too much strength.[262] Scarification should never be used when the patient is in a state of looseness or when he is in remission from the attacks of disorder.[263]

According to Caelius, bleeding seems to relax and loosen the body, whereas Aretaeus seems to use it to cool the body. Aretaeus applies cupping much earlier in the course of the disease than does Caelius. The doctors differ in their reasons for when to begin cupping and scarification. Aretaeus decides whether to use them based on the other treatments that have not worked. Caelius seems to prescribe them based on the severity of the disease or the level of pain the patient is feeling. Both apply cups to the head, and body parts that might be inflamed, though Caelius provides more details about the procedure than Aretaeus. Both authors also apply cupping directly to the head to relieve the congestion that causes delirium. Since Caelius seems more likely to try to heal the head directly, it might be suggested that he is more dogma-bound whereas Aretaeus, in healing physical signs, is more experiential-based. As was the case for venesection, both realize that cupping and

---

[259] Ibid., 1.1.77-80.
[260] Ibid., 1.1.84-85.
[261] Ibid., 1.1.77-78.
[262] Ibid., 1.1.77-78.
[263] Ibid., 1.1.84.

scarification are dangerous for the patient and counsel moderation. Table 12 summarizes the use of cupping and scarification.

Table 12: Use of Cupping and Scarification in the Treatment of Phrenitis

	Aretaeus	**Caelius Aurelianus**
Purpose	Unspecified[264]	To loosen a state of stricture (*CP* 1.1.76)
Location	Inflamed parts, the back and later, the top of the head (*CA* 1.1.21.1-2, 1.1.22.6-7)	Occiput. In more serious cases, use a circle of cups to the occiput, temples and middle of the head (*CP* 1.1.76)
Timing	On day 1 or 2 of the disease (*CA* 1.1.21.5)	End of 4th 3-day period (*CP* 1.1.76)
Scarification	Yes (*CA* 1.1.21-22)	Yes, when patient is in extreme pain and when the cupped areas are red (*CP* 1.1.57, 1.1.77, 1.1.83)
Other Instructions	Cupping and scarification used only when suppositories and liniments have not worked (*CA* 1.1.21-22)	Do not use much flame and do not leave cups on the head a long time; warm, foment and anoint the body to relax it; apply leeches to head to ensure the blood is withdrawn from different places (*CP* 1.1.76, 79)

Diet

Both Aretaeus and Caelius recommend changes in the patient's diet as part of their treatments of phrenitis. Changes in diet can be both quantitative and qualitative, in terms of both food and drink.

Both writers prescribe fasting during the attacks of the disorders, a little food during the remissions and finally increasing amounts of food with continuing recovery (see table 13). Aretaeus writes that food must be diminished at the crises

[264] Presumably, again, Aretaeus would use cupping and scarification to cool the body, by displacing or removing a hot humour.

and a little before,[265] and that the proper time for giving it is during the remissions, both of the fever and of the delirium.[266] Caelius also ensures that the patient does not have a stomach loaded with food just before an attack. Until the peak of the disease, he varies days of feeding with days of fasting.[267]

Digestion was thought by the Hippocratics to be a heating process,[268] therefore it would make sense for Aretaeus to prescribe little food for the patient to digest during a hot disorder.[269] For Caelius, an excess of food in the intestines would constrict a patient's insides as opposed to relaxing the body. He states that bodies breathe less easily in a state of congestion;[270] the congestion would create constriction in the body, something undesirable in a disorder of stricture. Therefore, both authors vary the quantity of food based on different progressions of the disease.

---

[265] Aret., *CA* 1.1.8.3-4.
[266] Ibid., 1.1.3.7-10.
[267] Cael. Aur., *CP* 1.1.73, 1.1.82, 1.1.94. However, Caelius does state that if the patient is feeling weak but his fever has died down and so his disease is most likely declining, he can be given a little food and even wine to restore his strength (*CP* 1.1.86).
[268] Cels. Pr.20.
[269] Sparse meals and digestible foods are cooling in that they do not introduce large quantities of matter into the body forcing the body to expend energy and produce heat to digest them. Food should be given sparingly at the beginning of a disease (Hp., *Acut.* 11).
[270] Cael. Aur., *CP* 1.1.85.

Table 13: Quantity of Food in the Diet in the Treatment of Phrenitis

	Aretaeus	Caelius Aurelianus
During attacks	Quantity of food reduced; fasting at crisis of attack (CA 1.1.8.3-4)	Food and fasting on alternate days (*CP* 1.1.74, 1.1.82)
During remission	Scanty amounts, frequently administered (CA 1.1.3.7-10)	No more than can be completely digested by middle of remission, so that nothing remains at the next attack (*CP* 1.1.94)
Final stages of Cure	Increasing amounts (CA 1.1.8.4-5)	Increasing amounts as disease declines proportional to patient's strength (*CP* 1.1.94)

The quality of the food prescribed by both writers is the essentially the same – liquid food and gruels.[271] Aretaeus lists, as examples of liquid food, mulse;[272] alica (spelt) washed with water;[273] plain pottages (decoctions of savory, parsley or dill);[274] pot-herbs (especially mallow, beet, blite, hartshorn, and gourd when in season);[275] the juice of ptisan;[276] the extremities of beasts and fowls (dissolved in

[271] Aret., *CA* 1.1.3.7-8, 1.1.7.1; Cael. Aur., *CP* 1.1.73.

[272] Mulse is nutritious and is good for those who have a weak stomach or weak constitution (Dsc. 5.7, 5.8). Though mulse is actually a drink as opposed to a food per se, I chose to mention it here as its quality is varied just as that of the liquid foods.

[273] Dioscorides says that, while spelt is difficult to digest, it does soften the bowel (2.93). It would be more digestible and strengthening if consumed as strained cereal or cereal washed with water. Pliny (*HN* 22.110, 26.32) notes that alicia prepared in this manner is part of the light diet for invalids and is used for restoring strength.

[274] Savory and parsley promote urination and draw forth menses. Savory is used to expel afterbirths and fetuses or embryos, and intestinal worms; mixed with honey, it can help the coughing up of congested matter from the chest. Parsley eliminates stomach and colon gases, and is good for colic and pains in the side, kidney and bladder. Dill draws down milk, stops colic and inflations, ends diarrhea and mild vomiting and provides a good sitz bath for uterine ailments. They are seen as suitable in the pursuit of good health (Dsc. 3.37, 3.58, 3.66). Inhaling dill can provide good digestion (Harms, "Irrational Pharmacological Therapies," 336).

[275] According to Galen (*Foods 1,* 72, and *Foods 2***,** 140), mallow is moist and viscous and so, is laxative (especially when taken with oil). Aretaeus mentions the smoothness that the mallow imparts (*CA* 1.1.7.7). According to Dioscorides (2.118), mallows are beneficial to the intestines and the bladder. A decoction of mallow is an appropriate clyster for pains of the intestine, uterus and anus. Beets are laxative, thereby evacuating the patient while providing nourishment (Harms, "Irrational Pharmacological Therapies," 122). Dioscorides notes that while white beets ease the bowels, dark beets are binding (2.123). All Dioscorides says about hartshorn is that it is good for colic (2.130).

soups); rock-fishes; and apples boiled in mulse or roasted in suet.[277] Caelius also endorses spelt (both groats in warm water or boiled down with hydromel) and mentions bread moistened in warm water and spelt groats as gruel (cooked with honey, olive oil, dill and very little salt).[278] He states that food must be easily digestible and laxative, especially when taken after venesection.[279] The one significant difference between the two practitioners is that Caelius specifies, if the patient is in a state of looseness, thick porridges, bread[280] and soft eggs should be

---

Gourds are likewise diuretic but not as effective as watermelons, which are moister, and loosen the stomach (*Foods 1,* 73), however if eaten raw, they can hurt the stomach, as they can if allowed to sit in the stomach for a long time and rot. They are midway between extremes, so can be brought toward either extreme (*Foods 2*, 111-112). Blite is extremely watery so vinegar must be added to it to avoid injury to the stomach (*Foods 2,* 141-142); according to Dioscorides, it softens the bowels without having any medicinal property (2.117).

[276] Barley gruel or ptisan was considered effective for evacuating phlegm; it is a mild purgative (Aret. *CA* 1.10.4.1-5.6; and Harms, "Irrational Pharmacological Therapies," 99, 336). Dioscorides notes that it is nutritious because the liquid thickens during boiling (2.86).

[277] Aret. *CA* 1.1.7.2-9.9. Extremities of animals have little fat, and when boiled provide little nourishment, and pass through the stomach easily (Gal., *On the Powers of Foods: Book 3*, in Grant, *Food and Diet,* 158 (hereafter cited as *Foods 3*)). Rock-fish were seen to be easily digested, and healthy for the human body since they generate blood of average consistency (*Foods 3,* 178). Apples could have different qualities depending on the type (for example, some were astringent, and so, cold, and some were sweet, and so, hot). Astringent apples check evacuation, whereas sharp apples take down fluids in the stomach and hydrate excrement (*Foods 3,* 126). Suet is oily but not as moist as lard (*Foods 3,* 161).

[278] Groats are described by Galen as fairly nourishing and as containing viscous juice. For people who have severe stomach ache or who need to pass bile, but who are otherwise healthy, Galen prescribes groats boiled for a long time as a drink. Galen also says that Hippocrates believed bread made from groats to be nutritious but difficult to pass (*Foods 1,* 84-85). Dioscorides mentions that groats are nutritious but that they bind the bowel more and are easier to digest than rice (2.96). Caelius, on the other hand, believes that groats are laxative (*CP* 1.1.127). The Hippocratic *Regimen in Acute Diseases* recommends a drink of hydromel (a mixture of honey and water) or wine before gruel in diseases that are too dry (12). It also says that, in acute diseases, hydromel is generally less suitable for those with bitter bile and enlarged viscera, than it is for those who have not these things (53); that it is a fair diuretic provided that none of the viscera interfere with this action (53); and that if it is undiluted with water, it can create more heat in the hypochondria (54).

[279] Cael. Aur., *CP* 1.1.73.

[280] The qualities of bread depend on the type of grain from which it is made. Those made of bran pass quickly whereas those that are white are sticky and so, pass slowly, and whole-meal loaves are in between the two (*Foods 1,* 79). Barley breads provide little nourishment (*Foods 1,* 88). Straightaway after harvesting, grains contain a lot of moisture, and so they must be stored in dry environments for some time after the harvest for them to become dry and to shrink. Since bread requires chewing, it has a certain degree of unpleasantness (Gal., *On Barley Soup,* 65).

given, instead of thin, liquid food.[281] He varies the quality of the food according to whether the patient is in a state of stricture or one of stricture and looseness.

Another difference is that Caelius seems to vary the quality of food according to the progression of the disease, just as both authors vary the quantity of food. Caelius varies the quality of the diet from liquid to solid.[282] He gives a variety of simple foods at first – porridge, gruel, eggs, bread, and washed spelt groats.[283] Then, he progresses to food of the middle class – rockfish, brain[284] and non-acidic vegetables, such as beets and mallows.[285] After this, Caelius allows preserved food, such as pickled fare and olives.[286] Last, birds' flesh, like thrushes, young chickens and squabs (birds that have only a moderate amount of fat),[287] then pork and pig's

---

[281] Cael. Aur., *CP* 1.1.73.
[282] Ibid., 1.1.92-95.
[283] Celsus says that raw eggs, porridge and bread soaked in milk render phlegm thicker (Harms, "Irrational Pharmacological Therapies," 111n168). Galen believes that how beneficial an egg is depends on the type of bird from which it comes (with ostrich and goose eggs being best), how soon it is after it has been laid (with the youngest eggs being best), and how it is prepared (with poached eggs being best) (*Foods 3,* 173).
[284] According to Galen, brain can provide a fair amount of nourishment, but it is also phlegmatic, unwholesome, slow to pass, difficult to digest and causes nausea (*Foods 3,* 160-161); interesting, as according to Hippocratic thought, epilepsy is caused by an excess of phlegm (Hp., *Sacred Disease* (*Morb. Sacr.)* 8).
[285] Mustard, leeks and beets cut phlegm (*Foods 1,* 74). Orach, beet, mallow and gourd are viscous and moist, and so, pass through the bowels quickly, especially for those having taken a gentle walk after eating them, for they go down better after being shaken about than after sitting in the stomach for a prolonged time (*Foods 1,* 72-73). Beet juice is moderately purgative (it is composed of fine particles) and causes the bowels to evacuate, but can cause the stomach to suffer biting pains. Beets provide little nourishment, but can help obstructions around the liver and complaints of the spleen (*Foods 2,* 140). Mallow comes in two types: wild, which is dry, and cultivated, which is moist. Its thick and viscous juice is sticky and so due to its moistness and stickiness, can pass through the body easily, particularly with olive oil or fish-sauce. Mallow is average in nutrition (*Foods 2,* 139-40).
[286] Pickling makes meat drier and so Galen only recommends it for meat which is moist, but not excessively moist (excessively moist meat, when pickled, can dissolve and resemble salt) (*Foods 3,* 189). Though olives provide little nourishment, salty olives and swimming olives have astringent juice and strengthen the stomach and whet the appetite, especially when soaked in vinegar (*Foods 2,* 131).
[287] Flesh of chickens is easily digested, and that of thrushes is harder and so less easily digested. The flesh of birds is generally more easily digested than that of animals, but not as nutritious (*Foods 3,* 170).

feet, or the parts of pigs subject to frequent motion,[288] then the flesh of kids may be added. The progression from simple to complex foods is less noticeable in Aretaeus. He does not explicitly vary the quality of food based on the stages of the disease. He mentions specifically that the juice of ptisan should be made thicker as the disease progresses and that, as the disorder diminishes, articles like cereals should be given to the patient to nourish him.[289] The changes in quality of food specified by Caelius are enumerated in table 14.

Table 14: Quality of Food in the Diet According to Caelius Aurelianus in the Treatment of Phrenitis

	Caelius Aurelianus
During attacks	Simple foods or what patient wants, to mitigate mental derangement (*alienatio*) (*CP* 1.1.73,81)
During remission	Simple foods, light and digestible (*CP* 1.1.92) porridge, gruel, eggs, bread, washed spelt
Final stages of the cure	First, simple foods (above) (*CP* 1.1.92); Then foods of middle class (*CP* 1.1.93, 1.1.95), rockfish, non-acid vegetables, fruit, honey; Last, prepared foods and flesh (*CP* 1.1.94-95), pickled fare, olives, fowl

For quality of food, the writers prescribe liquid or simple foods during attacks, and as the disorder lets up, foods that are more solid or complex. This progression is very obvious in Caelius' work, but it is also noticeable in Aretaeus'. Aretaeus is counteracting a dry disorder with liquid food and Caelius is again providing food easier for digestion during the disorder, and more nutritious and

[288] Pig's feet are best and most tender when cooked in barley (*Foods 3,* 158). Extremities have less fat and so when they are boiled, they become glutinous, providing little nutrition and passing through the system easily. Pork, in general, is the most nutritious of all meat, both from animals and fowl (*Foods 3,* 170).
[289] Aret., *CA* 1.1.8.1-3, 1.1.8.5.

strengthening foods during recovery. On the surface, it appears that Aretaeus prescribes liquid foods as a means of counteracting the dryness associated with phrenitis and that Caelius recommends simple and easily digestible foods to prevent a build-up of food in the digestive tract that would contribute to or exacerbate the state of stricture. Such recommendations follow logically from their theories of the cause of the disorder. However, it is possible to view the differences in diet in terms of a response to the patient's strength. Both authors advise that nutritious and strengthening foods be given during recovery. This is a time when the patient has overcome the attack of the disease and is in a weakened state. At this time, the patient's body would need to be strengthened. Aretaeus and Caelius appear to be lending their patients strength through nourishing foods.

Both authors seem to think that food can be a means of strengthening the patient as opposed to simply a treatment of the disease or its symptoms. Aretaeus writes that if during a fever the patient should become delirious from starvation, it is best to give him food that will not be harmful during a fever; however, he does not give an example in this section of what this food might be.[290] Aretaeus also points out that food soothes the soul and strengthens the patient, so fasting should not be prolonged.[291] Caelius agrees that food serves to strengthen the patient.[292] He tells his reader that sleep, at the right time, refreshes no less than food.[293] He also states that the doctor must ensure that the patient eats after cupping, even if he has to trick the patient into eating. In cases where the patient refuses the appropriate

[290] Ibid., 1.1.3.9-11.
[291] Ibid., 1.1.3.7-8.
[292] Cael. Aur., *CP* 1.1.86.
[293] Ibid., 1.1.73.

food, the doctor should give him whatever food he wishes to eat. The doctor must take every possible measure to ensure a patient eats after having done something taxing, suggesting that it is very important for the patient to regain strength through eating.[294] Caelius, when suggesting that, at the highest point of the disease, periods of fasting and feeding be alternated, adds the caveat that this is done only provided the patient's strength permits.[295]

So both authors think that during the attacks of the disorder little, easily digestible food should be taken, and during recovery, larger quantities of more substantial food should be given to restore a patient's bodily strength. Although the variations in diet recommended by Aretaeus and Caelius fit with their medical theories, it seems, instead, that giving food may simply be a means of strengthening the patient.

As for drink, Aretaeus allows a little water to be given during causis.[296] For syncope or fainting, the only cure is wine.[297] He states that wine soothes a delirious mind and spontaneously nourishes it to strength, with the exception of fruity wine.[298] Fruity wine must be given restrictively, as it will affect the head and the precordia.[299]

---

[294] Cael. Aur., *CP* 1.1.81-82. According to the Hippocratic text *Regimen in Acute Diseases*, patients who eat gruel during an acute disease (barley-gruel is the most beneficial cereal for acute diseases) should not fast at all, unless it is required for a purge or an enema. Also the patient is advised to take the same number of meals of barley-gruel as the number of meals to which he is accustomed each day (11).
[295] Cael. Aur., *CP* 1.1.82.
[296] Aret., *CA* 1.1.27.1-6. Water would obviously be seen as wet, and the temperature could be varied. Water passes painlessly and easily, neither causing flatulence nor becoming spoiled (Dsc. 5.11).
[297] Aret., *CA* 1.1.28.5-6.
[298] Ibid., 1.1.28.10-13.
[299] Aret., *CA* 1.1.9.4. Wine could be seen as both heating and cooling. It is associated with heat and blood when drunk, but when applied externally, is associated with cold (Harms, "Irrational Pharmacological Therapies," 128). Additionally, it can be astringent and, as a result, constrictive,

Caelius notes that water is fine for a patient complaining of thirst but varies the amount by the type of phrenitis – if caused by a state of stricture, a large quantity must be given, and if he suffers from looseness, a small quantity of water will suffice (in cases of extensive looseness, the water should be cold).[300] Caelius also prescribes a drink of water after venesection if it has been performed before end of first three-day period.[301]

In terms of wine, Caelius says that prescribing wine is a dangerous practice, and completely disallows it after scarification and the anointing that follows. Here, he says that wine is harmful, as it excites the patient's madness and greatly aggravates it.[302] He adds that throughout recovery, wine must be avoided. When the patient has finally got rid of the disease, and after he has been anointed, wine

---

according to Harms ("Irrational Pharmacological Therapies," 130). But sweet wine, such as wine that contains fruit, would be seen as warm since it generates blood (Aretaeus, *CD* 2.2.4.6-7; and Harms, "Irrational Pharmacological Therapies," 102), so sweet or fruity wine must not be given to febrile patients as they are already over-warm. The Hippocratic writer of *Regimen in Acute Diseases* goes into detail about the relative advantages and disadvantages of different types of wine (50-52). He speaks of sweet wine, strong white wine, and tawny and bitter red wine, the first being less likely to produce headaches than heavy wine, less effect on the mind, and more easily passed through internal organs, but causes enlargement of the spleen and liver (50); the second passing more easily to bladder and so, being diuretic and purgative, beneficial in acute diseases (51); and the third being beneficial if the patient is not suffering from headache or any affection of mind, from retention of sputum or from urine or stools that are too loose or full of shreds, therefore, most likely not useful for phrenetics (52). Dioscorides (5.10-12) states that pure, unmixed and naturally dry wines are wholesome, easily digestible, warming, soporific, strengthening, stimulating to the appetite and nutritious. Such wines are also good for chronic flatulence, for diarrhea and for distension and loosening of the stomach and bowel. Aged and sweet wines are suitable for conditions associated with the bladder and kidneys and are good for injuries and inflammations when applied with greasy wool and for sores when poured liberally over them. Heavy and dark wines are bad for the stomach and cause flatulence. Very old white wines are diuretic and give headaches.

[300] Cael. Aur., *CP* 1.1.69. Something moist would be loosening, and something cold would be constrictive. Therefore, the patient dominated by stricture would be loosened by water, especially applications of warm water, and the patient dominated by looseness would be constricted by cold water.

[301] Ibid., *CP* 1.1.72.

[302] Ibid., 1.1.82. This would make sense if wine were associated with blood or the production of blood since it would make no sense to increase the patient's blood after taking some away.

can be given. But it must be clear, mild, and somewhat tart, with no pronounced odor, moderately aged, mixed with water and given with habitual food.[303]

Aretaeus and Caelius both seem to agree that giving a febrile patient water is permissible, though Caelius varies the quantity and temperature of it.[304] Caelius clearly thinks that wine should not be given to patients who are mentally disturbed, but should be given to those who are of sound mind in need of physical strength.[305] Aretaeus thinks that wine that is not fruity is good both for delirium and for bodily strength. Wine seems to have the possibility of aggravating madness, but also increasing strength and soothing the spirit. It seems that wine is the one of the only remedies that, at least as Aretaeus sees it, relates directly to calming delirium, most other remedies dealing with physical symptoms.[306]

Humectation

It appears as though the water does not even have to be drunk to help the patient. Aretaeus prescribes humectation and refrigeration of the head and of the chest if the fever and delirium causes problems with respiration.[307] He adds that, during recovery, the head of the patient should be washed well;[308] and one should use many effusions, including oil boiled with chamomile or nard and (in the summer) Hellenic rob.[309] Caelius says that when a patient's mouth has become dry

---

[303] Ibid., 1.1.96-97.
[304] Water does little good for acute diseases unless given between oxymel and hydromel (Hp., *Acut.* 62). However, when speaking of cases of mental alienation, the text advises giving the patient water for a drink because wine should never be given (Ibid., 63).
[305] Cael. Aur., *CP* 1.1.82, and 1.1.86.
[306] Cupping and scarification was another remedy that targeted delirium directly, though it also treated physical symptoms.
[307] Aret., *CA* 1.1.24.
[308] Ibid., 1.1.29.1-5.
[309] Aret., *CA* 1.1.24.7-8. According to Dioscorides (3.137), chamomile has warming and thinning

from fever, it is appropriate to moisten his tongue with a soft sponge.[310] He also advises that a patient wash out his mouth with warm water, at the end of attacks, and when venesection has been performed before end of first three-day period (this should then be followed by a drink of water and some sleep).[311] He prescribes bathing when a patient's health is improving.[312] Therefore, both authors recognize a need to moisten the patient. Aretaeus does this from the view that fever is a dry condition and Caelius, in the belief that dryness causes constriction. Both note that the patient is hot and suggest that the heat be taken away by dousing him with cold water, treating a specific physical symptom as a means of treating the overall madness.

Exercise

Aretaeus does not mention passive exercise as a treatment but Caelius often prescribes it. Passive exercise is essentially the movement of the patient's body by a caretaker. The body experiences movement, but does not need to expend the energy required to move itself. Caelius prescribes passive exercise to a patient of sufficient strength when his phrenitis continues for a considerable time and reaches

---

properties; it is used as a drink or ingredient in baths to treat menstrual problems ailments of the bladder, liver and intestines. Spikenard is warming, desiccative and diuretic, binds the bowel and stems uterine excretions and serious discharges. It can also cure heartburn, nausea, flatulence, liver ailments, renal dysfunction and jaundice (Dsc. 1.7).

[310] Cael. Aur., *CP* 1.1.66.

[311] Ibid., 1.1.89, and 1.1.72.

[312] Ibid., *CP* 1.1.96. The Hippocratic writer of *Regimen in Acute Diseases* recommends bathing in acute diseases, if the proper bathing practices are followed and if the patient is fond of and accustomed to bathing in health (Hp., *Acut.* 55-7). Some examples of proper bathing practices are: that the patient should remain calm and let others pour water upon him and rub him, that sponges should be used and not strigils, that a lot of soap (smegma) should be used, that various temperatures of water should be used, and that the head should be completely dried afterwards (Ibid., 65). Patients with certain symptoms should not take baths, for example, those with nausea or vomiting (Ibid., 67), and the writer recommends bathing for those with pneumonia over those with ardent fevers (Ibid., 66).

its highest point. The patient may use a hammock, sedan chair or any other kind of chair either outside in a portico or inside his house, provided that the air is good. The caretaker should move the patient's body with moderate, gentle, unbroken movement, even if the patient falls asleep. If the patient has fallen asleep and then wakes up, the movement must continue, unbroken, as a sudden stop will make the patient regain his former sleeplessness, affecting the decline of the whole disease.[313] If the patient's phrenitis was caused by looseness, passive exercise is not appropriate since motion causes dilation and rarefaction, and so, further looseness. Sleeplessness is increased in a state of looseness.[314] It is possible that exercise plays a greater role in Caelius' treatment as there is an obvious link between exercise and a following state of looseness. Exercise would do little to cool a patient, which might explain Aretaeus' disregard of the treatment.

Conclusions

The general treatments, or overall categories of treatments, used by Aretaeus and Caelius are the same. This is true even though both doctors have very different medical theories and are from schools thought to be ardently opposed each other. Some of these treatments seem as if they might be based more in theory. Others seem more based in experience. But all the treatments are very similar between both authors, suggesting that the experience gained with individual cases by each was more instrumental in the creation of their treatment plans than their dissimilar medical theories.

---

[313] Cael. Aur., *CP* 1.1.83-84.
[314] Ibid., 1.1.84.

It is uncertain for some treatments, for example the use of clysters, to know which came first, the individual case study or the theory. It might be that this treatment fits well into the theories of each doctor. Aretaeus believes the patient to be hot and dry, and he believes digestion to be a heating process. Clysters would then prevent the body from having to digest more food and create more heat. Caelius, thinking the patient is constricted, would believe that taking food or any substance away from the body would loosen the patient by alleviating congestion. In these cases, it is very possible that the theories came first, and were supported by empirical observation. However, it is also possible that each doctor may have observed his patient being constipated. In this case, an observed physical symptom would have been a starting point for their therapies, and the logic or medical theory would have followed.

Most of the treatments mentioned could have taken either course, theory then observation, or observation then theory. But one instance in particular seems to indicate an observational origin for both authors – the example of the quality of light in the patient's environment. Both authors suggest that the quality of light should vary based on the type of phrenitis, and diverge from their theories that phrenitis is simply a hot and dry disorder or that it is a constricting disorder. This indicates more attention to individual case study. The authors are devising the same treatments in their individual cases and are the forcing their theoretical frameworks upon their observations.

While the writings of both authors seem to be based in both theory and practice, Caelius seems to be more dogma-based than Aretaeus. The mere fact that

Caelius more often explicitly sets out the purpose of his therapies shows a greater reverence for theory. For example, Caelius' cupping of the head is much more detailed and extensive than that of Aretaeus. Cupping applied to the head is a treatment that is very unlikely to have had any actual effect. However, it fits well into the medical theory of the time. Another point to note is that Caelius' type of phrenitis which is a combination of stricture and looseness seems to be one of overall stricture, as it was for any phrenetic, but simply with the addition of a looseness in the bowels or excessive sweating.[315] This suggests the importance for Caelius to explain every treatment by medical theory. He may have come across some patients who did not respond to his normal treatments, and so may have had to partially rewrite his theory. He may have then added the caveat that there are different types of phrenitis, to include those patients who responded to the opposite stimuli. We can see this also in Caelius' schedule of treatments. It seems as though he has a predetermined order of treatments, that one type of treatment should be used only after another has been. This is true of Aretaeus as well, but seems more obvious and, as a result, seems more important in Caelius' writing. As seen in the medicaments section, Aretaeus' prescriptions are more easily categorized according to symptom, and Caelius' according to time period. It is as if, for Caelius, all cases of phrenitis last a similar amount of time and follow the same patterns, in terms of remissions and attacks.

---

[315] Cael Aur., *CP* 1.1.68. Caelius mentions loose bowels and sweating as the manifestations of the state of looseness in phrenitis. The other symptoms that characterize a disease of looseness, such as flux, vomiting of blood, bile or food, dysentery, consumption, humours leaking from the eyes or ears that Celsus mentions (1.Pr.66-67) are not included in Caelius' description.

Finally, what seems clear in the analysis of Aretaeus' and Caelius' treatments is that they hardly ever treat the madness proper. The doctors merely treat the symptoms and hope the madness will dissipate. They simply eliminate the symptoms that would place stress on the patient, and by alleviating these stressors, they hope to make the patient calm. It is this calm that they are trying to achieve to eliminate a patient's madness. Perhaps then they believed it was the physical symptoms that were driving the patient mad. Since ancient physicians seem to treat by physical symptom, and since phrenitis has a very predominant physical symptom, a high fever, it would make sense that physicians would assign importance to phrenitis. Perhaps phrenitis then is not a modern disorder because it was an ancient umbrella term for any cases of fever delirium, which now are classified as different disorders. Phrenitis is so well-defined and its treatments so detailed in ancient text because it had a clear physical symptom that doctors understood how to treat.

Chapter Three: *Mania*

Mania is the next, and most well-known of the three main types of madness to be analyzed. Aretaeus uses the word *mania* to describe the condition, and Caelius uses the Latin *furor* or *insania*.[316] These words have been more widely used in literature than has phrenitis; while mentions of the word phrenitis are restricted mainly to medical texts, μανία, *furor* and *insania* have appeared in numerous literary texts as well. Each seems to have been an umbrella term in the ancient world for any illness or abnormality of the mind, just as our "madness" is used today.[317]

Definitions

Definitions of Mania According to Other Authors

μανία, *furor* and *insania* can be found in many genres in the Greek and Roman world. Homer's *Iliad* is peppered with the verb μαίνομαι, a verb that is derived from μανία. He uses it to express a battle-madness or outbursts of anger.[318] Euripides employs the term μανία as a general delirium of anger and rage as well as a frenzied state when he uses it in his play *Heracles*.[319] Virgil uses *furor* in his *Aeneid*

---

[316] For simplicity, I will refer to the condition as *mania* throughout my work.

[317] In fact, Cicero even complained of this lack of specificity for the term mania (Rudolph E. Siegel, *Galen on Psychology, Psychopathology, and Function and Diseases of the Nervous System: An Analysis of his Doctrines, Observations and Experiments* (New York : Karger, 1973), 273).

[318] Homer, Iliad, 5.185-6, and 8.360-361. "οὐχ ὅ γ' ἄνευθε θεοῦ τάδε μαίνεται, ἀλλά τις ἄγχι ἔστηκ' ἀθανάτων…," and "ἀλλὰ πατὴρ οὐμὸς φρεσὶ μαίνεται οὐκ ἀγαθῇσι σχέτλιος, αἰὲν ἀλιτρός, ἐμῶν μενέων ἀπερωεύς."

[319] Euripides, *Heracles*, 833-842, and 875-879. "ἀλλ' εἶ' ἄτεγκτον συλλαβοῦσα καρδίαν, Νυκτὸς κελαινῆς ἀνυμέναιε παρθένε, μανίας τ' ἐπ' ἀνδρὶ τῶιδε καὶ παιδοκτόνους φρενῶν ταραγμοὺς καὶ ποδῶν σκιρτήματα ἔλαυνε κίνει, φόνιον ἐξίει κάλων, ὡς ἂν πορεύσας δι' Ἀχερούσιον πόρον τὸν καλλίπαιδα στέφανον αὐθέντηι φόνωι γνῶι μὲν τὸν Ἥρας οἶός ἐστ' αὐτῶι χόλος, μάθηι δὲ τὸν ἐμόν· ἢ θεοὶ μὲν οὐδαμοῦ, τὰ θνητὰ δ' ἔσται μεγάλα, μὴ δόντος δίκην," and "ὀτοτοτοῖ, στέναξον· ἀποκείρεται σὸν ἄνθος πόλεος, ὁ Διὸς ἔκγονος, μέλεος Ἑλλάς, ἃ τὸν εὐεργέταν ἀποβαλεῖς ὀλεῖς μανιάσιν λύσσαις χορευθέντ' ἐναύλοις."

to describe an enraged state or perhaps our English fury,[320] as does Caesar.[321] Plautus uses *insania* as a general insanity or loss of wits, but not necessarily one with the exact symptoms of *insania*.[322] Cicero uses *insania* as a descriptor for something unnatural.[323]

All of these usages are for general states of extreme anger or confusion, or for describing people that seem particularly odd. They in no way all configure to a common set of symptoms or causes. Surprisingly, early medical text seems to use the term mania for the same purposes. Thumiger writes that mania was used as a general term for madness in many early medical texts, possibly because of its traditional use in other genres.[324] Interestingly, she also points out that the verb μαίνομαι is even used for phrenetic and melancholic patients and is the second most common verb for being insane.[325] Galen's loose usage of the term provides an example of the non-specificity of "mania." Galen uses mania for both the manic disorder and for madness in general. For example, he uses *mania* to differentiate between phrenitis and *mania*[326] but also uses the term mania as slander against his

---

[320] For example, Virgil, *Aeneid*, 2.316-7, and 10.62-4. "*furor iraque mentem praecipitat*," and "*tum regia Iuno acta furore graui: 'quid me alta silentia cogis rumpere et obductum uerbis uulgare dolorem?'*"

[321] C. Iulius Caesar, *De Bello Gallico*, 7.42.4.1-3. "*adiuvat rem proclinatam Convictolitavis plebemque ad furorum impellit, ut facinore admisso ad sanitatem reverti pudeat*"

[322] T. Maccius Plautus, *Aulularia*, 68, and 642. "*Noenum mecastor quid ego ero dicam meo malae rei evenisse quamve insaniam, queo comminisci; ita me miseram ad hunc modum decies die uno saepe extrudit aedibus*," and "*Laruae hunc atque intemperiae insaniaeque agitant senem*."

[323] M. Tullius Cicero, *Brutus,* 284.7-8. "*insulsitatem enim et insolentiam tamquam insaniam quandam orationis odit…*"

[324] Thumiger, "Early Greek Medical Vocabulary," in Harris, *Mental Disorders,* 62. In her analysis of the terms of insanity, she leaves out references relating to phrenitis and *melancholia*, as these are more precise terms, but includes those relating to mania.

[325] Ibid., 64, 78.

[326] Gal., *Causes of Symptoms 2,* 263 (= Kühn, 7.202). The difference between the two is the presence of a fever.

philosophical opponents.[327] According to Siegel, Galen's term παραφροσύνη was a word for delirium in general, but he specifies that it too cannot occur with fever and so is not related to phrenitis.[328] Celsus mentions three types of *insania*, and while he names the first as phrenitis, he does not name the other two. One of the two unnamed types consists mainly of sadness, and seems to be *melancholia*. The other, prolonged, and divided into two types (one where the patient hallucinates and one where the patient becomes foolish in spirit), seems to be *mania*. However, since Celsus does not use separate terms for all three types, *mania* remains elusive.

Although other ancient medical writers do not help us to reach a reliable definition for *mania*, there is one aspect upon which they all agree. *Mania* is a delirium without fever. If fever is involved, then the patient most likely has phrenitis.[329]

Fortunately, the disorder is more clearly defined in the works of Aretaeus and Caelius Aurelianus. Both think that it is a delirium without fever that affects the head and the understanding. It is first necessary to determine the complete definitions for *mania* according to these two authors. After this, we can move on to analyzing *mania*'s treatments. Similarities and differences can then be found

---

[327] Gal., *On Antecedent Causes*, trans. R. J. Hankinson (Cambridge: Cambridge University Press, 1998) 7.93.1-5, 8.106.1-3. Numeration follows the book, chapter, section and lines numbers specified in Hankinson's translation.

[328] Siegel, *Galen on Psychology,* 265.

[329] Hippocrates believed that mania resulted when the intelligent breath of the head was mixed with bile and, because this was local, it did not bring on fevers (Philip J. van der Eijk, *Diocles of Carystus*: *A Collection of the Fragments with Translations and Commentary*, vol. 1 (Leiden: Brill, 2000), 147). As mentioned previously, Galen distinguishes between phrenitis and mania by saying that mania occurs without fever (Gal., *Causes of Symptoms 2,* 263 (= Kühn, 7.202)). Praxagoras believed that mania occurred as a swelling of the heart and, since external swellings did not cause feverish state, mania was not followed by a fever. Diocles calls mania a boiling of the blood in the heart that occurs without obstruction and so, for this reason, is not accompanied by fever (van der Eijk, *Diocles of Carystus*, 147). While some authors here discuss causes and some symptoms, all mention that there is no fever.

between Aretaeus' and Caelius' treatments and the importance of their medical theories can be reasoned.

Definitions of *Mania* According to Aretaeus and Caelius Aurelianus

According to Aretaeus, *mania*, is a chronic derangement of the mind,[330] unaccompanied by a fever.[331] If a fever does appear, it will actually be caused by some other disease or outside circumstance.[332] Aretaeus later specifies the type of derangement involved in *mania*. He explains that, unlike in phrenitis, mania involves errors in judgment as opposed to perception.[333] *Mania* is an intermittent disease, there being periods of mental derangement followed by periods of lucidity; in this respect, it differs from the mental impairment or senility that accompanies old age.[334]

Very importantly, Aretaeus classifies *mania* and another mental disorder, *melancholia*, as two manifestations of the same disease. He believes that *melancholia* is the commencement of the disease and *mania* is an intensification of the ailment rather than a different condition.[335] This is significant to current classifications of mental disorders, since this is an ancient disorder linking manic and depressive states. This link is a possible precedent for bi-polar disorder. *Melancholia*, Aretaeus notes, is caused in those whose heat is induced by black bile

[330] The word used is ἔκστασις, a literal displacement or derangement.
[331] Aret., *SD* 1.6.1.2.
[332] Ibid., 1.6.1.2-4.
[333] Ibid., 1.6.7.7-8.
[334] Ibid., 1.6.2.4-8.
[335] Ibid., 1.5.3.1-2, 1.5.4.4-6. Siegel says that the idea that *mania* and *melancholia* were two parts of the same cycle comes from an incorrect translation of the Greek (Siegel, *Galen on Psychology,* 273).

or who are inclined to dryness.[336] When *melancholia* is caused by the collection of black bile in the region of the diaphragm, the condition changes to *mania* once the head is affected in sympathy.[337] While melancholics show grief and sad dejection,[338] manics may show laughter and unrestrained joy or suspicion, irritability and gloom.[339] These emotions can often be accompanied by over-acuteness of the senses (if irritable), insomnia (if cheerful), and headache, heaviness of head, sharp hearing, slowness of thought and a ringing in the ears (in either case).[340] Voracious appetite, extreme watchfulness, lack of restraint in sexual intercourse and excessive physical activity may also characterize the disease.[341] Aretaeus further notes that such episodes of extreme activity and jocularity may be followed by periods of torpor, dullness and sorrow. This would indicate a release from *mania*.[342]

Aretaeus says that the cause of *mania* is seated in the head and the hypochondriac region and that it may commence in both together or may move from one to the other[343] – a possible indication that headache, or aches in the region around the abdomen, shoulders or spine may precede the onset of the disease. Aretaeus, ascribing mainly to Hippocratic theory, believes that *mania* is a hot and dry disease.[344]

---

[336] Aret., *SD* 1.6.3.7-9.
[337] Ibid., 1.5.4.2-6.
[338] Ibid., 1.5.3.4.
[339] Ibid., 1.5.4.5, 1.6.8.2-3.
[340] Ibid., 1.6.8.1-7. He goes on to say that if the viscera become inflamed, the eyes become hollow and stare, and the manic patient can see red images, along with purple *phantasmata*, and becomes frightened, or the eyes can become red and blood-shot (Ibid., 1.6.9.5-10).
[341] Ibid., 1.6.9.2-3, 1.6.10.1-2, 1.6.4.5-5.3.
[342] Ibid., 1.6.11.1-3.
[343] Ibid., 1.6.7.1-3.
[344] Ibid., 1.6.2.3-4. As discussed in the last chapter, phrenitis is a hot and dry disease as well.

Aretaeus maintains that *mania* is primarily a disease of young men who possess much heat and blood and a general vigour.[345] He does add that *mania* may sometimes affect women, but it is generally due to a "lack of purgation" of the system.[346] However, the predominant patient population targeted by *mania* seems to be young men, because, due to their sex and age, they have an excess of blood, a hot humour. This makes sense since one of the principal causes of *mania* is heat. Aretaeus would believe that those predisposed to being hot would be more likely to become manic. Aretaeus adds that those who experience drunkenness, lechery, sexual desires and gluttony are also more prone to the disease.[347] Indeed, any condition that might stop the normal evacuation of blood, bile or sweat from the body may cause *mania*.[348]

Caelius defines *mania* as an impairment of reason and, like Aretaeus, stresses that no fever is involved.[349] He too says that if a fever does appear, it will be caused by another disease, and adds that, in such cases, the fever follows the onset of the madness. In this respect, *mania* may be distinguished from phrenitis where the fever always precedes the attacks of the disease.[350] As mentioned previously in the last chapter, another difference between the two conditions is the characteristic pulse – it is small in phrenetics, large in those suffering from *mania*.[351] Caelius, also like Aretaeus, notes the intermittent nature of the disease, but he adds that distinct

---

[345] Ibid., 1.6.3.5-7.
[346] Ibid., 1.6.4.1-2. This means that a problem with menstrual bleeding could result in an excess of blood in the body.
[347] Ibid., 1.6.3.9-10.
[348] Ibid., 1.6.3.9-10, 1.6.4.4-5. Mania is connected to yellow bile in Aretaeus' discussion of Vertigo or *Scotoma* (Ibid., 1.3.2.7).
[349] Cael. Aur., *TP* 1.1.146.
[350] Ibid.
[351] Ibid., 1.1.147.

signs of physical discomfort accompany the mental aberration. Episodes of the disease are usually preceded by attacks of pain and heaviness in the head; other physical symptoms may include pain in the spine and shoulder blades, heaviness of the limbs and abdominal distension.[352] So, both Caelius and Aretaeus agree that *mania* is an impairment of reason without fever.

There is a crucial difference between the definitions provided by Aretaeus and Caelius. Caelius firmly disagrees with Aretaeus that *mania* and *melancholia* are aspects of the same condition.[353] Caelius distinguishes between the two diseases by noting that the esophagus is chiefly affected in *melancholia* while, in *mania*, the head is chiefly affected.[354] Aretaeus actually agrees with this, but uses it simply to distinguish the two intensities of the disorder, instead of thinking that it separates *mania* and *melancholia* into two individual disorders. Despite his refutations, however, Caelius says that the signs of approaching *mania* and those of approaching *melancholia* are the same[355] and that the treatments for both diseases are also essentially the same, significantly weakening his contention that the diseases are different.[356] The theoretical basis for the disease is, of course, different for both

---

[352] Ibid., 1.1.154.
[353] Ibid., 1.1.151.
[354] Ibid., 1.1.183.
[355] Ibid.,, 1.1.181. The symptoms include: heaviness of the head and dizziness; head noises; pain in the back of the head; staring eyes; ringing in the ears or impairment of hearing; blurred vision; seeing sparks or rings spinning before the eyes; rigid tongue; quivering muscles; pain between the shoulder blades. Other symptoms may be stiff throat; precordial distension; yawning; sneezing; excessive saliva; distaste of or excessive desire for food; insomnia or unprofitable sleep and troubled dreams; difficulty in digestion; tentigo; frequent desire for venery; effusions of semen during sleep; unsettled and troubled mind; forgetfulness; unprovoked anger; and susceptibility to anything that blurs the vision.
[356] Ibid., 1.1.183.

authors. According to Caelius, *mania* is a disease of stricture as opposed to one that is hot and dry, as Aretaeus sees it.[357]

Caelius claims that *mania* occurs most frequently in young to middle-aged men, and rarely in old men, women and children.[358] External causes of the disease include exposure to intense heat or cold, indigestion, chronic insomnia, excessive drunkenness, sexual indulgence, anger, grief, fear or other strong negative emotions, intense straining of the mind and senses, drugs (especially love drugs), the removal of longstanding hemorrhoids and suppression of the menses.[359]

Again, Caelius provides more information on the identification of *mania* than does Aretaeus, including information on how to spot the onset of *mania*. While this does little for the comparison between the two authors, it might be useful to the reader interested in the disorder.

Signs of Approaching Mania According to Caelius Aurelianus

According to Caelius, signs of approaching *mania* are the same as those that signal an attack of epilepsy or apoplexy.[360] The signs include heaviness, dizziness, noises or pains in the head, staring eyes, ringing in the ears or impaired hearing, blurred sight, and visions of flashing sparks, rings of fire, small darting, dangling or floating objects and spider webs. Other symptoms include pain between the shoulder blades; quivering muscles; rigidity of the tongue; stiffness of the throat; precordial distension; uncontrolled yawning, sneezing and salivation; distaste or an uncontrolled craving for food; insomnia or excessive but restless sleep; troubled

[357] Ibid., 1.1.153.
[358] Ibid., 1.1.146.
[359] Ibid., 1.1.147.
[360] Ibid., 1.1.148.

dreams; difficulty in digesting food; excessive sexual desire, at times accompanied by effusions of semen during sleep; unsettled and troubled mind; unreasoning anger and immediate memory loss.[361] While some medical practitioners tried to associate the symptoms listed above with one specific disease instead of all that involve the brain's membranes – for example, associating deep sleep with approaching epilepsy and insomnia with *mania* – Caelius rejects this view. He states that the above list is not all-inclusive, nor are all of these symptoms required to precede an attack of *mania*.[362] Caelius also explains that there are individual differences in the presentation of *mania*, the impairment of reason being milder for some, more severe for others, and possibly differing significantly in outward form and appearance. Some suffering from *mania* will become angry, some merry, some sad, some suspicious and some fearful of even commonplace things.[363]

While it is true that *mania* is not a well-characterized disorder in early medical text or in literature in general, fortunately, the disorder seems more clearly defined in the works of Aretaeus and Caelius. They do disagree on one main point, however, whether *mania* and *melancholia* are part of the same disease. But although Aretaeus maintains that they are part of the same disease, he clearly differentiates the two stages and has a fairly clear idea of what is *mania* and what is *melancholia*. Therefore, we can still compare treatments for *mania* and *melancholia* separately (see table 15).

---

[361] Ibid., 1.1.62-64.
[362] Ibid.,,1.1.148-149.
[363] Ibid., 1.1.150.

Table 15: Definitions of *Mania* According to Aretaeus and Caelius Aurelianus

	Aretaeus	**Caelius Aurelianus**
Basic definition	Chronic derangement of the mind, without fever (*SD* 1.6.1.2)	Chronic impairment of reason, without fever (*TP* 1.1.146)
Theoretical basis	Hot and dry in cause, and tumultuous in acts (*SD* 1.6.2.3-4)	State of stricture in every case (*TP* 1.1.153)
Continuity of the disease	Intermittent, can be cured completely; imperfect intermission (*SD* 1.6.2.4-8)	Can come on suddenly or gradually; sometimes continuous, sometimes relieved by intervals (*TP* 1.1.151); attacks alternating with periods of remission (*TP* 1.1.153)
Type of derangement	Errors in judgment (*SD* 1.6.7.7-8)	Sometimes forgetful, sometimes unaware of forgetfulness, sometimes errors in perception, sometimes errors in judgment, sometimes other types of trouble (*TP* 1.1.151-152)
Area affected	Bowels and head (*SD* 1.6.7.13)	Head, system of nerves and sinews (*TP* 1.1.152)
Causes	Bile moving from the diaphragm to the head (*SD* 1.5.4.2-6)	Hidden or observable causes (*TP* 1.1.147)
***Mania* and *Melancholia*– Same or different disorder**	Two parts of the same disease (*SD* 1.5.3.1-2, 1.5.4.4-6)	Different diseases (*TP* 1.1.151)

Treatment

Caelius gives detailed instructions on how to treat patients suffering from *mania*. Unfortunately, we have no similar information from Aretaeus. According to Aretaeus, with proper treatment, *mania* may be cured completely.[364] However, he enumerates none of these cures. Although his *Causes and Symptoms of Chronic Diseases* includes a chapter on *mania*, his *Cures of Chronic Diseases* does not. Either such a work has been lost or was deemed unnecessary, given that Aretaeus viewed *melancholia* and *mania* as essentially the same disease. If the latter explanation for the lack of information about the treatment of *mania* is true, we can assume that Aretaeus' treatment for *mania* was the same as his treatment for *melancholia* – a situation that parallels the case of Caelius, who explicitly states that the treatments are the same. Alternatively, given the fact that Aretaeus viewed *mania* as hot and dry but *melancholia* as cold and dry,[365] certain aspects of his recommended treatment may have differed; he may have recommended that the treatments for *mania* be similar to those for phrenitis, another both dry and hot disease.

An analysis of Caelius' treatments shows that he is less specific about his treatments for *mania* than he is for phrenitis. This may have been due to the fact

---

[364] Aret., *SD* 1.6.2.6.

[365] Aretaeus does state that the cause of both *mania* and *melancholia* is dryness (*SD* 1.5.4.6-7). In his treatment for *melancholia*, he also speaks of the dryness of the disease (*CD* 1.5.13.1-2). He does not mention hot or cold. However, he states that *melancholics* have a pulse that is "thick like a cold" (*SD* 1.5.7.10). This all suggests that Aretaeus may view *melancholia* as both dry and cold. Further support of this can be interpreted from Toohey's examination of melancholy. Toohey explains, based on the *Problema 30.1*, that there are two sorts of melancholy, one from heated black bile (manic melancholy) and one from cold black bile (depressive melancholy) (*Melancholy, Love and Time: Boundaries of the Self in Ancient Literature* (Ann Arbor: University of Michigan Press, 2004), 29). We know that Aretaeus believes *mania* and *melancholia* to be part of the same disease, that both are caused by movements of bile and that *mania* is a hot and dry disease. We can then deduce that Aretaeus' *mania* is Toohey's manic melancholy, and Aretaeus' *melancholia* is Toohey's depressive melancholy, therefore Aretaeus' *melancholia* would be cold.

that phrenitis has a tangible and treatable symptom, an acute fever. Lacking a predominant physical symptom that responds easily to treatment, *mania* seems more difficult to treat. Caelius' medical theory dominates his reasoning for the majority treatments used. However, Caelius does not show a complete reliance on dogma, instead suggesting some physical treatments, for example, a change in scenery, to cure his patients. As Aretaeus' treatments can only be inferred, no definitive conclusions can be drawn.

Patient's Environment

Caelius recommends that the patient be kept in an environment that will relax him. This way, the patient should be prevented from becoming unduly excited or agitated. Caelius suggests a moderately light and warm unadorned room with a bed facing away from the windows and doors (so that passers-by do not excite the patient). As sufferers have been known to jump through windows, he suggests that the patient's room be situated on the ground floor of the house and have windows set high into the walls. The bed should be firmly fastened to the floor and the bedclothes soft.[366] In those cases where light bothers the patient, Caelius suggests shading the patient's eyes but recommends that the light be allowed to touch the rest of his body, because of its relaxing properties.[367]

In line with the notion of keeping the patient relaxed in order to counteract the state of stricture, Caelius also recommends restricting the number of visitors, especially strangers or those whom the patient fears or dislikes, permitted in the

[366] Cael. Aur., *TP* 1.1.155.
[367] Ibid., 1.1.158.

patient's bedroom. Servants should not agree with all the patient's fantasies, lest they increase his delusions. But they also should not counter all the patient's unreasonable statements or mutterings. This agitates the manic patient and makes the attack of *mania* more severe.[368]

The patient should be confined to bed. If he refuses, servants should restrain him but do so gently, by massaging his limbs. If this does not work, a person he respects or fears should come and tell the patient to remain in his bed. If even this does not work, he must be tied to the bed. However, first, the patient's limbs should be covered with wool and then with bandages in order to prevent injury.[369]

Many of Caelius' recommendations are very similar to those for phrenitis. Most do not make specific references to constriction or loosening. They seem instead to be based on experience and emphasize the creation of a calm environment for the patient. For example, visitors who may upset the patient are not permitted to see him, thus keeping the patient calm. Table 16 summarizes Caelius' instructions regarding the patient's environment.

Since Aretaeus gives no information about the environment appropriate for either a manic or melancholic patient, we might assume that perhaps he would use one similar to that recommended for phrenitis (as it, like *mania*, is a hot and dry disease). But it is possible that, since environmental changes seem to be based on experience as opposed to dogma, the environmental changes for a manic patient would be different from those for a phrenetic patient, if these patients acted differently or the madness manifested itself differently (since phrenitis involves

[368] Ibid., 1.1.156-157.
[369] Ibid., 1.1.157.

errors in perception and *mania* involves errors in judgment[370]). There is no mention of changes to the patient's environment in Aretaeus' treatments for *melancholia*, therefore it is difficult to determine whether Aretaeus would prescribe a calming environment for all types of madness. It is possible that to Aretaeus, the environment was of little importance to a manic or melancholic patient, since these disorders involved problems in judgment as opposed to perception.

Table 16: The Patient's Environment According to Caelius Aurelianus in the Treatment of *Mania*[371]

	Caelius Aurelianus
Location	Ground floor room
Decoration	Unadorned
Temperature	Warm
Light	Moderately light
Bed / bedding	Soft bedding; bed firmly fixed in place on all sides; patient faces away from doors and windows
Visitors	Few and well-liked
Agreement with patient	Moderate
Bindings	Present but gentle

Medicaments

Caelius recommends fomentations, an injection of certain medicaments into the ears, and a cerate at different points. The fomentation is of warm olive oil. Fenugreek[372] water (a thin decoction of fenugreek), or an infusion of marsh mallow or flax seed,[373] may be added to the oil to enhance its soothing properties.[374] This is

[370] Aret., *SA* 1.6.7.5; *SD* 1.6.7.7-8.
[371] Cael. Aur., *TP* 1.1.155-157.
[372] Some of fenugreek's qualities were discussed in the last chapter on phrenitis. It is heating, laxative and soothing.
[373] Marsh mallow seems to be an ancient miracle drug. According to Dioscorides (3.146) marsh mallow disperses, brings to a head, breaks loose and cicatrizes. He recommends it for tumors, abscesses, inflammations, bruises, inflations and tension in the tendons. It is good for pessaries for

particularly useful if the patient is feeling pain.[375] It should be applied first to those areas farthest from the affected parts, then to those areas closer to the affected parts and finally to the affected parts themselves.[376] He specifically recommends a fomentation of the face after venesection.

Caelius also recommends injecting water with a sprinkling of nitrum,[377] or diluted honey,[378] with nettle seed, or liquid mustard,[379] into the openings of the ears. He reasons that such treatment would have a metasyncretic effect on the membranes of the brain, being carried along the channels of sensation. It would have a dampening effect on the ringing of the ears that often afflicted many patients.[380] So, here, he is using a medicament to directly address a physical ailment. The particular ingredients used seem to have cleansing qualities. This might be an effort to evacuate congestion from the ears and head, but he himself notes that the procedure is done for its metasyncretic effect.

---

uterine inflammations and closings. It is also good for dysentery, for coughing up blood and for diarrhea. Flax seed is also used by Caelius to moisten the dry bowels of a phrenetic (Cael. Aur., *CP* 1.1.74). It has some diuretic power (*Foods 1,* 106).

374 Cael. Aur., *TP* 1.1.156.

375 Ibid., 1.1.161.

376 Ibid., 1.1.168. This seems to be accepted procedure for blood-letting (Nutton, *Ancient Medicine,* 93), however usually topical applications were placed on the area affected first. It seems strange that Caelius should be recommending the opposite.

377 This term may mean the nitrate of potassium, aluminum or sodium nitrate (saltpeter) or it may mean the same as natron (a word derived from the same root), which is sodium carbonate decahydrate (*Webster's New Twentieth Century Dictionary*, 2nd ed., 1975, s.v. nitrum). Aretaeus added natron to the clysters used in the treatment of phrenitis, it is likely that Caelius also used this chemical. Natron, like baking soda, is a cleansing agent. Dissolved in water, it raises the pH of the environment, which may produce an antiseptic or antibacterial effect. It may be somewhat sharp and corrosive, as were many metasyncretic treatments (Prioreschi, *History of Medicine*, 118).

378 According to Dioscorides (2.82) honey has properties that cleanse, open up and stimulate the rise of humours. Honey also binds together different components. Dioscorides specifically mentions that honey is useful in the treatment of noises in the ears and earaches.

379 Mustard cuts phlegm (*Foods 1,* 74) and is warming, attenuating, drawing and purging (Dsc. 2.154). It is suitable for all chronic pain when there is a need of transferring something from deep inside the body to the body's surface. It is an irritant, and so may have a metasyncretic effect on that part of the body to which it is applied. Nettles are also known as irritants (Dsc. 2.154).

380 Cael. Aur., *TP* 1.1.169.

Following scarification, Caelius recommends the application of cerates to the head and the other scarified parts.[381] After the cerates have melted, he says that the entire body is then anointed with them, using gentle massage.[382] If the face is particularly tense, he recommends using leeches to relax the entire body. This is followed by poultices of bread and other substances with relaxing properties and, finally, warm sponges to heat the patient.[383] Then restorative ointments and emollient plasters should follow.[384] He does not list the ingredients to be used in these medicaments, but it appears that such treatments are designed to relax the body by lubrication and massage. Overall, Caelius' various medicaments and procedures seem to follow his theory of relaxing a constricted body, especially through the applications using heat and massage.

Aretaeus' medicaments for phrenitis are many and varied. They are employed for numerous purposes as well. Many of his recipes consist of a type of oil (for example, olive or rose oil), and popular ingredients include thyme, melilot, fenugreek and fleabane.[385] Though they are so varied, they seem to be used primarily to cure physical symptoms, induce sleep, or soothe delirium. Aretaeus lists very few types of medicaments in his treatment of *melancholia*. He mentions

---

[381] Cerates are wax-based products. Waxes are used to warm and soften, according to Dioscorides (2.83).
[382] Cael. Aur., *TP* 1.1.162.
[383] Ibid., 1.1.160.
[384] Ibid., 1.1.162.
[385] Dioscorides lists two types of thyme with medicinal properties: Cretan thyme, used as a diuretic and to disperse blood clots, relieve congestion in the chest and expel intestinal worms, menses, afterbirth and fetuses (3.36); and tufted thyme, used to treat for colic, spasms, ruptures, inflammations of the liver, headaches and particularly, lethargic fever and phrenitis (3.38). Fleabane is used to treat wounds and uterine ailments, bring about menstruation, expel embryos and fetuses, and for colic, strangury, jaundice and epilepsy (3.121).

oily liniments twice (though provides very few instructions for them[386]), epithemes (made with melilot, poppies, tear of turpentine, hyssop and the oil of roses or vine-flowers, all with wax),[387] and, oddly, drying medicaments.[388]

Aretaeus' medicaments seem to be directed at the physical symptoms exhibited by his patient. In order to postulate the medicaments he might use, it is necessary to list the physical symptoms of *mania*. They include headache and head heaviness, ringing in the ears, flatulence, nausea, gluttony, pallor, inflamed viscera, red images and purple *phantasmata* before the eyes, red and blood-shot eyes, impure dreams and sexual thoughts.[389] In Aretaeus' treatment of phrenitis, he treats his patient for an inflamed stomach and hypochondria, and flatulence, so he might again use these recipes to cure these symptoms in the manic patient. He might also cool patients with *mania*, induce sleep in them, or try to soothe their deliria with medicaments. In particular, he might cool the head with equal parts olive and rose-oil with increasing rose-oil, since this is what is recommended for patients who are restless and have visions.[390] Also, he includes a medicament for delirium. Oxycrate or a decoction of fleabane is applied to the forehead by a sponge, and oil of wild-vine or of saffron is anointed to the forehead, nose and ears.[391] This too might be used in the case of *mania*. Unfortunately, the instructions for

---

[386] Aret., *CD* 1.5.13.4-5, 1.5.16.6.
[387] Ibid., 1.5.16.4-6. Dioscorides (1.71) says that turpentine (resin) is capable of warming, softening, relaxing and inducing vomiting. It is used for coughs and to cleanse impurities from the chest and is also diuretic. The gum of turpentine is perhaps aromatic (Harms, "Irrational Pharmacological Therapies," 167). Hyssop has a warming property; it is a cathartic and it helps inflammations of the lungs, chronic cough and catarrh (Dsc. 3.25). Rose-oil is cooling (Harms, "Irrational Pharmacological Therapies," 123). These are, for the most part, the same ingredients used in epithemes for inflammation of the stomach or hypochondria in Aretaeus' treatment of phrenitis (*CA* 1.1.21.6-22.3).
[388] Aret., *CD* 1.5.16.1-3.
[389] Aret., *SD* 1.6.8.1-9.10.
[390] This is assuming we count the red images and purple *phantasmata* as visions.
[391] Saffron has digestive, emollient, somewhat astringent and diuretic properties (Dsc. 1.26).

medicaments provided in Aretaeus' cure for *melancholia* are not specific enough to draw inferences from them about *mania*'s medicaments.

Oral Medicaments

Caelius advocates the use of white hellebore[392] as a purgative in the treatment of *mania*. He suggests that vomiting be induced in the patient by having him consume radishes[393] into which hellebore has been inserted; though he suggests that a patient could just as easily induce vomiting by eating plain radishes and then inserting his finger down his throat. The advantage of using hellebore is that, once it has been consumed, vomiting is spontaneous once it has been consumed. He believes that, if necessary, hellebore should be given several times, at suitable intervals.[394] Vomiting would loosen the stricture of the disease by evacuating the constricting matter from the body, in this case moving it upwards and out of the mouth.

Neither Caelius nor Aretaeus lists any treatments to induce vomiting in phrenitis, or even any oral medications. This may be explained in Aretaeus' work by the fact that phrenitis affects the head whereas *mania* has links to the esophagus, hypochondria and bowels, as well as affecting the head. If Aretaeus had recommended vomiting as a treatment for manic patients, this would have made sense. In fact, Aretaeus does use purgatives in his treatment of *melancholia*. He lists

---

[392] Hellebore purges though vomiting. It is also used to induce menstruation and destroy embryos or fetuses, if inserted as a pessary. It is usually taken on an empty stomach, but it may be kneaded into bread and baked (Dsc., 4.148). According to Grant, both white and black hellebore are purgative, but black also has a narcotic effect (Grant, *Galen on Food,* 199n5).
[393] Radishes relax the bowels, are warming and have a predominant bitter quality (*Foods 2,* 152). Dioscorides (2.112) advises those who wish to vomit to eat radishes before meals. Taken after eating, they ease the bowels, they warm and they are diuretic.
[394] Cael. Aur., *TP,* 1.1.169.

many different purgatives and emetics including two well-known and very powerful purgatives, hellebore and the *hiera*.[395] Therefore, it is quite possible that Aretaeus would recommend similar purgatives for *mania*. Caelius, on the other hand, believes that *mania* and *melancholia* are not the same disorder, and *mania* affects the head and not the bowels. So, his use of oral purgatives has no clear explanation. It does make sense that he would attempt to relieve the internal congestion of the patient with purgatives; however, he does not recommend oral purgatives in the treatment of a similarly constrictive phrenitis. This might be an example of Caelius incorporating experience or common knowledge into his treatment plan.

Massage and Sleep

Caelius recommends rubbing the patient's limbs. He suggests that a throbbing pain in any part of the body can be relieved by a massage involving warmth; one should use soft scoured wool to the head and neck and use a circular motion on the chest. He believes that light and simple massage is sufficient early in the treatment of the disease but that massage should be more forceful, accompanied with strong downward movements behind the shoulders and neck, once recovery has become obvious; massage of the head is very important in the final stages of treatment.[396] Massage, in this case, seems to not only relieve pain, but also constriction. This constriction is one of the muscles, as opposed to one of gases or liquids in the body. Caelius seems to be concentrating his efforts around the head, reinforcing his belief that, in *mania*, the head is chiefly affected.

---

[395] Aret., CD 1.5.3.4-6, 1.5.9.1, 1.5.10.3-4, 1.5.11.1, 1.5.11.1-2. According to Harms, *hiera* is mentioned at length by Scribonius Largus as a cure-all ("Irrational Pharmacological Therapies," 301-2).
[396] Cael. Aur., *TP* 1.1.165-166.

He advocates rapidly dripping water within hearing of the patient in order to induce sleep and, once the patient is asleep, applying heat to the eyelids by means of warm sponges. Caelius believes that such treatment would relax the eyelids and allow the soothing and relaxing warmth to travel though the eyes to the membranes of the brain.[397] An application of heat would relax a patient's body, and sleep is restorative.

In his treatment for phrenitis, Aretaeus uses massage as a means of inducing sleep in his patients and he also describes other methods for inducing sleep;[398] it seems, therefore, that sleep is important to his treatment of the hot and dry phrenitis. However, sleep seems to be a means of calming the patient as opposed to something that balances qualities in the patient's body.[399] In any event, it might be fitting for Aretaeus to prescribe sleep in *mania* as well, especially with poppies if they were thought to lend moisture to a patient. Aretaeus also briefly mentions massage in his treatment of *melancholia*. He states that during recovery, after the patient is bathed, oily liniments are applied to the skin by massage, however, there is a lacuna in the text, and the rest of this particular recommendation is lost.[400] Massage here might supply heat to the application of moisture, a good combination for the dry and most likely cold *melancholia*. Since Aretaeus states that *mania* is hot, it seems unlikely that he would prescribe massage by itself, but it might be used as a means of inducing sleep and thereby calming the patient.

---

[397] Ibid., 1.1.161.
[398] Aret., *CA* 1.1.13-15.
[399] Ibid., 1.1.13.1-4, 1.1.14.8-9.
[400] Aret., *CD* 1.5.13.4-5.

Clysters

Caelius believes that a simple clyster may help the purging process. He recommends that the precordial region first be relaxed with poultices; this will prevent the pent-up gases of a constricted digestive system from passing to the head.[401] He does not offer suggestions for the ingredients of the clysters. Here, Caelius is recommending clysters to relieve gases that might produce congestion, thus fighting off the constrictive nature of the disease. A summary of Caelius' use of clysters for manic patients is presented in table 17.

For phrenitis, Aretaeus recommends a clyster of mulse, oil and natron to cure the constipation affecting a phrenetic patient for several days.[402] For *melancholia*, Aretaeus does not mention clysters. It is unsure whether or not Aretaeus would prescribe clysters for *mania*. He tells his readers that phrenetic patients can be constipated, and it is this physical symptom that merits the use of a clyster. In his description for *mania*, Aretaeus states that the main cause of *mania* and *melancholia* is seated in the bowels, which might suggest physical problems with them, but the only physical symptom associated with the bowels that he mentions is flatulence.[403] In Caelius' view, flatulence does merit a clyster, but we cannot be sure about whether the same is true for Aretaeus.

---

[401] Cael. Aur., *TP* 1.1.159.
[402] Aret., *CA* 1.1.20.1-6.
[403] Aret., *SD* 1.6.7.1-3, 1.6.9.2.

Table 17: Use of Clysters According to Caelius Aurelianus in the Treatment of *Mania*[404]

	Caelius Aurelianus
Purpose	To help the purging process
Timing	Unspecified
Ingredients	Unspecified

Venesection

Caelius recommends venesection at the end of the first 3-day interval, using it earlier in the disease only if the patient's strength permitted it and the progress of the disease was so rapid as to require it. If there is any reason preventing the withdrawal of an adequate amount of blood, Caelius instructs the physician to take the blood in several operations;[405] however, Caelius does not specify what constitutes an adequate amount of blood, nor does he speak of the time period over which the several operations should be spaced. Venesection is used to relax a patient in a state of stricture. It is not recommended right away, as it is an extreme treatment, but little more can be said about it, since Caelius gives very few details. Information about Caelius' use of venesection is given in table 18.

Aretaeus recommends moderate venesection for treating phrenitis,[406] probably because it is a cooling treatment for someone with a hot disorder. He also recommends venesection for *melancholia*,[407] as it, like *mania*, affected patients with an excess of blood, such as young men and women who have not bled for some

[404] Cael. Aur., *TP* 1.1.159.
[405] Ibid., 1.1.158-159.
[406] Aret., *CA* 1.1.5.1-2.
[407] Aret., *CD* 1.5.1-2.

time.[408] Therefore, it is safe to assume that Aretaeus would indeed have recommended venesection in his treatment of *mania*. As for the details, for both phrenitis and *melancholia*, Aretaeus draws blood from the elbow (though, for *melancholia*, he draws from the ankle as well),[409] and does so fairly moderately,[410] so, it can be reasonably assumed that he would give the same advice for *mania*. However, other details, such as whether he evacuates the patient first, or how much he allows a patient to eat, cannot be clearly hypothesized since these details differ for phrenitis and *melancholia*.

Table 18: Use of Venesection According to Caelius Aurelianus in the Treatment of *Mania*[411]

	Caelius Aurelianus
Purpose	To loosen a state of stricture
Location	Unspecified
Timing	The end of the first 3-day period
Amount of blood withdrawn	An adequate amount
Other instructions	Done patient's strength permitting; physician can take multiple withdrawals of blood

[408] Aret., *SD* 1.5.5.1-3.
[409] Aret., *CA*, 1.1.4.3; *CD* 1.5.7.5.
[410] Aret., *CA* 1.1.5.1-2. For *melancholia*, Aretaeus tells his reader to draw very little from patients with little blood, and for those who have much blood, to draw a greater amount, but to do so bit by bit, suggesting moderation (*CD* 1.5.2.1-3, 1.5.2.6-9).
[411] Cael. Aur., *TP* 1.1.158-159.

Cupping and Scarification

Caelius suggests that cupping occur at the highest stage of the disease's attack. The patient's hair should be cut and his head shaved; then, cupping with scarification should be applied, beginning with the precordial region, proceeding to the region between the shoulder blades and then moving to the head – the occiput, the top of the head and the temples. If the face is particularly affected, one should relax the whole body by applying leeches, followed by bread and other substances with relaxing properties, and then apply heat with sponges. To aid relaxation, massage of the entire body should follow the cupping and scarification. If the disease persists, the remedies are repeated a second, or even third, time.[412] Table 19 summarizes Caelius' instructions regarding cupping and scarification.

Here, it seems strange to apply cupping at the highest stage of the disease since one would think the patient would be weakest at this point. The process of cupping and scarification loosens the patient possibly by its application of heat and by its removal of blood, producing light-headedness. The process is also applied to the area that Caelius believes is affected by the disorder, so is not focused around a particular physical symptom. Caelius' use of cupping and scarification seems to be based mostly on his theory of counteracting stricture to relieve *mania*.

Cupping and scarification are employed by Aretaeus for both phrenitis and *melancholia*, so it would make sense for him to have employ them in *mania* as well. For phrenitis, the belly, back and head are cupped[413] and for *melancholia*, the liver

[412] Cael. Aur., *TP* 1.1.160.
[413] Aret., *CA* 1.1.21.1-2, 1.1.22.6-7.

and stomach, the back (between the scapulae) and the head.[414] So, Aretaeus might cup these same areas of the body to treat *mania*. Also, he mentions using medications to loosen the body before cupping of the belly, liver or stomach in both cases,[415] therefore, he would likely suggest the use of medicaments before cupping the manic patient. Cupping, if combined with scarification, would make sense for Aretaeus in the treatment of *mania*, since then he would be removing a hot humour in a hot disorder.

Table 19: Use of Cupping and Scarification According to Caelius Aurelianus in the Treatment of *Mania*[416]

	Caelius Aurelianus
Purpose	To loosen a state of stricture
Location	First, precordial region, followed by between shoulder blades, occiput, top of head and temples
Timing	Highest stage of the attack
Scarification	Yes
Other instructions	Patient's hair cut and shaved before; massage entire body afterwards

Diet

Caelius varies both the quantity and quality of the patient's diet in his treatment of *mania* and these variations are presented in tables 20 and 21, respectively. Caelius suggests that the patient not be given food until the end of the first three-day period at which time he be given light and digestible food such as

[414] Aret., *CD* 1.5.4.2-5.3.
[415] Aret., *CA* 1.1.21-22; *CD* 1.5.4.2.
[416] Cael. Aur., *TP* 1.1.160.

bread soaked in warm water, spelt groats mixed with boiled honey, and similar gruel-like and soft foods.[417] If the patient is strong enough, Caelius recommends feeding him on alternate days, until the disease declines.[418] This pattern of feeding and fasting would perhaps promote complete digestion, and so, relax the stomach. The practice of first giving patients easily digestible foods would prevent the body from being constricted by excess food in the stomach.

When the disease is on the decline, Caelius advises giving the patient a more varied diet of food of the middle class;[419] he later adds thin, mild wine, first at intervals of five days, then four, and then fewer until eventually wine can be given every day. Caelius also recommends that water be drunk in the intervals, but that the amount of water given be decreased as the amount of wine is increased.[420] Caelius' recommendations are fairly similar to those he gave for phrenitis and they seem to fit with his theory about constriction and relaxation.

For his treatment of phrenitis, as already seen, Aretaeus emphasizes giving the patient liquid foods, most likely to counteract the dryness of the disorder. He also says that food should be given frequently during remissions of the fever and the delirium.[421] Many of the foods he lists were foods known for their moisture, their smoothness, or their promotion of digestion, for example, mallow and watered-down cereals.[422] These food recommendations would make sense since phrenitis is a dry disorder that, as Aretaeus observes elsewhere, renders sufferers constipated.

---

[417] Ibid., 1.1.158-9.
[418] Ibid., 1.1.159.
[419] Ibid., 1.1.161.
[420] Ibid., 1.1.166.
[421] Aret., *CA* 1.1.3.7-10.
[422] Ibid., 1.1.7.6-7, 1.1.7.3.

Aretaeus also makes mention of food soothing the soul and being strengthening.[423] Aretaeus also thinks food can strengthen a melancholic patient. He recommends a fuller diet for the patient before or after taxing remedies such as venesection, cupping, or purging.[424] Aretaeus mentions liquid foods (washed bread) and then those that would be drier (lean meats).[425] Since, for both phrenitis and *melancholia*, Aretaeus recommends food to lend strength, one might assume the same would be true for *mania*. So, Aretaeus might give food to a manic patient after procedures such as venesection, but would avoid a full diet during a violent manic episode. Also, one might expect recommendations of liquid food, followed by dry foods, since *mania* is a dry disease like phrenitis and *melancholia*.

Table 20: Quantity of Food in the Diet According to Caelius Aurelianus in the Treatment of *Mania*

	Caelius Aurelianus
1st 3-day period	Fasting (*TP* 1.1.158)
End of 1st 3-day period until disease declines	Food and fasting on alternate days (*TP* 1.1.159)
Decline of disease	Feeding each day (*TP* 1.1.159)

[423] Ibid., 1.1.8.5.
[424] Aret., *SD* 1.5.3.1-4, 1.5.5.1, 1.5.3.8-10, 1.5.5.1-4, 1.5.12.1-2.
[425] Aret., *CD* 1.5.14.1-2, 1.5.14.4.

Table 21: Quality of Food in the Diet According to Caelius Aurelianus in the Treatment of *Mania*

	Caelius Aurelianus
1st 3-day period	No food (*TP* 1.1.158)
End of 1st 3-day period	Light and digestible food (*TP* 1.1.159) bread soaked in warm water, spelt groats mixed with boiled honey, and similar gruel-like and soft foods
During decline	Varied food of the middle class, then fruit, then thin mild wine (TP 1.1.93)[426]

Bathing

Caelius mentions the importance of bathing, especially after massage with oils. He urges the use of natural waters, such as alkaline springs, especially those free of any pungent odor that might injure the membranes of the brain.[427]

Caelius' objective here is to loosen since he mentions bathing with massage, a loosening practice. It would be interesting to discover what about natural waters would be loosening – the substances in them, or their natural heat. One could presume that alkaline waters would be more relaxing than those that are acidic. Pungent odors are often advised against in Caelius' writings, as strong odors would seem to block the senses producing a congestion that would constrict the body as opposed to relax it. Here again, we see Caelius making specific reference to the head, the main area he thinks is affected in *mania*.

Aretaeus did not specifically mention bathing in his treatment of phrenitis, but he did prescribe moistening the patient, and, in particular, making the patient's

[426] This is from Caelius' description of the treatment of epilepsy. Cael. Aur., *TP* 1.1.166 instructs the reader to provide varied food, as described in the Chapter on Epilepsy.
[427] Cael. Aur., *TP* 1.1.169.

head wet.[428] In his treatment for *melancholia*, Aretaeus recommended that the patient frequent natural hot baths, as they possess remedial powers and can counterbalance the dryness of *melancholia*.[429] It is safe to assume that bathing and humectation would form some part of Aretaeus' treatment for *mania*, though whether he would simply wet the patient's head, or immerse him completely in natural waters, it is not possible to say for sure.

Exercise

Caelius recommends passive exercise using first a hammock, then a sedan chair and, finally, a hand-drawn cart.[430] As *mania* is a disease of the mind as well as of the body, Caelius recommends mental exercise to treat the mental symptoms as well as the physical ones. He believes it important in order to counteract the mental aberration involved.[431] Therefore, he lets the patient watch a comedy, if he is sad, and a tragedy, if he is playfully childish.[432] Also, the patient should be made to answer questions and solve problems about topics with which he is familiar. Caelius even suggests that the patient play checkers.[433] Caelius also recommends vocal exercises – reading aloud or delivering speeches or discourses.[434] All this is designed to keep the mind focused and well-exercised.

Passive exercise might be seen as a relaxing activity for the body, so might be a practice bound to dogma. In his recommendations of mental and vocal exercise,

---

[428] Aret., *CA* 1.1.24.
[429] Aret., *CD* 1.5.12.6-7.
[430] Cael. Aur., *TP* 1.1.161.
[431] Ibid., 1.1.163.
[432] Ibid.
[433] Cael. Aur., *TP* 1.1.165.
[434] Ibid., 1.1.163-164.

Caelius emphasizes the link between *mania* and the mind. These exercises seem to be less dogma-bound as they do not seem particularly loosening in nature. Instead, some of the mental exercises seem to be calming, mediating extreme emotions, and the vocal exercises seem to be strengthening for the memory and voice.

Aretaeus does not advise any kind of physical exercise for phrenitis, possibly because he would want to avoid overheating the body in an already hot state. He also does not mention any sort of mental exercise for phrenetics. Aretaeus does not mention mental exercise in his treatment for *melancholia*, but he does mention passive exercise. Since he has not mentioned it in either of the other sections, it is unlikely that Aretaeus would have prescribed mental exercise for the manic patient. But it is uncertain whether Aretaeus would prescribe passive exercise for manics, given that he recommends it in his treatment of *melancholia* but not in his treatment of phrenitis.

Change of scenery

Caelius suggests that, provided there are no new symptoms and that the patient has responded well to the treatments given, a trip abroad, by either land or sea, would be beneficial. This would further relax the patient's mind and remove the patient from the place where his mental aberration first occurred.[435] This would probably be a practice linked to experiential treatment more than theory, since there is nothing particularly constricting or loosening about a trip abroad. Instead, it would physically remove the patient from any stressors that might be present in his physical environment.

[435] Cael. Aur., *TP* 1.1.170.

Aretaeus does not mention changes of scenery in his treatment of phrenitis or his treatment of *melancholia*, so it is fairly unlikely that he would make such a recommendation for *mania*. However, in his description of *mania*, Aretaeus details the case of a joiner who became manic. He says that this man showed no signs of the disease when in the context of his work, but once he left his tools behind him, he became manic.[436] His *mania* would recede again once he returned to his work.[437] Aretaeus reasons, therefore, that locality and understanding are tied together.[438] Since he has included this in his description of *mania*, it is possible that he would believe a change in location could benefit a patient.

Conclusions

It is difficult to properly assess the relationship between medical school and treatment for *mania*. This is mainly due to Aretaeus' silence on the proper treatment for *mania*. With his silence, it is impossible to compare the treatments suggested by each author. Even with estimations of Aretaeus' cures from other treatment sections, there can be no definitive answers. Both authors' identifications of *mania* seem similar, but their ideas on causation or origin are different. The greatest difference between Aretaeus' and Caelius' ideas about *mania* is the relationship between *mania* and *melancholia*. Aretaeus believes *mania* is an intensification of *melancholia*.[439] Caelius believes that they are different disorders.[440] Another important difference is that Aretaeus believes that

[436] Aret., *SD* 1.6.6.2-5.
[437] Ibid., 1.6.6.5-9.
[438] Ibid., 1.6.6.9-10.
[439] Ibid., 1.5.3.1-2, 1.5.4.4-6.
[440] Cael. Aur., *TP* 1.1.151.

melancholia is a disorder that affects the hypochondriac region and then this affection rises to the head to become *mania*.[441] Caelius simply mentions that mania affects the head, not the hypochondria.[442]

Caelius seems less specific in his treatment of *mania* than he does in his treatment of phrenitis. This might be due to the fact that phrenitis has a certain and almost tangible symptom – an acute fever. *Mania*, without this obviously treatable symptom, might have proved more challenging for an ancient doctor to remedy.

Caelius' cures for *mania* seem similar to those for phrenitis. These similarities would be logical since both disorders are similar, according to Methodist theory. There are some notable differences, for example, Caelius' recommendations for travel and mental exercise. These calming practices do not seem to be based on theory, but are perhaps based on experience or good sense.

The use of white hellebore as a vomiting agent seems to be based on theory. Caelius loosens the stricture of the body, clearing the digestive tract by means of white hellebore. However, it is interesting that Caelius does not suggest this for phrenitis, although it is also a constrictive disease. Hellebore is commonly used to relieve the body of bile and may have been popular for *mania* or *melancholia*, as opposed to phrenitis, since, in the theories of others, these disorders would have associations with excesses of bile. Therefore, I believe that Caelius might have suggested this particular cure due to the recommendations of others. Methodist theory influences the majority of Caelius' treatments for mania, it is not the sole determinant.

---

[441] Aret., *SD* 1.5.4.2-6, 1.6.7.1-3.
[442] Cael. Aur., *TP* 1.1.152.

Chapter Four: Melancholia

Melancholia is the third and final principal type of madness to be discussed. Like the others, its definition must be ascertained before moving on to a comparison of its treatments in Aretaeus and Caelius Aurelianus. When the treatments are analyzed, we can see the influences of both theory and experience. It also becomes obvious that Aretaeus and Caelius are less sure of their ideas about *melancholia* than they are about phrenitis or *mania*.

Definitions

Definitions of Melancholy According to Other Authors

The term *melancholia* is derived from two Greek words, μέλας (black) and χολὴ (bile),[443] so, at first glance, it would appear that the disease should be relatively easy to define and its symptoms equally easy to determine. However, this is not the case. What was meant by melancholy differed from one ancient author to another and the disease, or diagnostic entity associated with it, likewise differed.[444]

This uncertainty may be due to the fact that there were different types of melancholy. Ancient writers, both medical and philosophical, recognized two different manifestations of melancholy. The first was a more-or-less permanent, stable condition, a "natural constitution" existing either from birth or acquired and consolidated by a particular lifestyle. It predisposed a person to a number of mental and physical characteristics.[445] For example, Aristotle believed that an individual of

---

[443] Cael. Aur., *TP* 1.1.180.
[444] Philip J. van der Eijk, "Rufus' *On Melancholy* and its Philosophical Background" in *Rufus of Ephesus "On Melancholy,"* ed. Peter E Pormann (Tübingen: Mohr Siebeck, 2008), 160n5.
[445] van der Eijk, "Rufus' *On Melancholy*,"161.

a melancholic disposition was in a constant state of intense desire, had a strong imagination and capricious dream life, sometimes resulting in clairvoyance.[446] The author of the *Problema 30.1* linked the melancholic constitution to excellence in the fields of philosophy, poetry, politics and the arts, because the melancholic constitution had a permanent effect on the mind.[447] According to Hippocrates, melancholics lisp, stammer and talk rapidly, are weak-voiced and are bald or shaggy.[448] Rufus says that they blink their eyes; have prominent eyes and lips; are hairy; speak fast, lisp and stammer; and that their skins turn black.[449]

The second manifestation of melancholy was that of a melancholic disease, an incidental or periodic disturbance of the mind, characterized by cognitive and emotional malfunctioning.[450] Hippocrates speaks of individuals who become deranged with melancholy[451] without specifying the characteristics of the derangement, although he does say that melancholy is characterized by over-boldness for short periods.[452] He also notes that fear and depression are associated with melancholy.[453]

Rufus of Ephesus, whose work *On Melancholy* exists in fragments preserved by other authors, speaks of two types of melancholy. The first is innate melancholy, a melancholy due to the nature and original mixture of the individual sufferer. The second is acquired melancholy and is related to diet. Rufus explains that foods are

---

[446] Aristotle, *Nicomachean Ethics* 1154b2-25; and van der Eijk, "Rufus' *On Melancholy*," 162-163.
[447] *Problema 30.1*, 953a33-b23. This work was composed by Aristotle or his pupil Theophrastus.
[448] Hp., *Epid. 2.* 2.5.1, 2.6.1.
[449] Aëtius, *Medical Books*, *vi.9*, cited in Pormann, "Text and Translation," in *Rufus of Ephesus,* 35.
[450] van der Eijk, "Rufus' *On Melancholy,"* 161.
[451] Hip. *Coan Prenotions* 87, 92, 93, 128; *Prorrhetic 1* (*Prorrh. 1*) 14, 18.
[452] Hip., *Prorrh. 1* 123.
[453] Hip., *Aph.* 6.23.

transformed into bodily humours through the process of digestion and that bad food (food unsuitable to the individual) is transformed into bad substances that must be expelled from the body. Indigestion and the inability to expel these substances lead to melancholy.[454] Symptoms of acquired melancholy include delusions; mood swings; craving for solitude; fear of familiar people and objects; unreasonable desires; raving fury; anger; and eating disorders.[455] Some of the fragments of Rufus' work suggest a link between melancholy and madness: in one of his case studies, a patient's melancholy developed into madness and eventual death; melancholy is mentioned along with madness a number of times in his writing and, in one case, the text states μελαγχολία τε ἰῶνται καὶ πᾶσαν μανίαν ἄλλην, "melancholy and any other [form of] madness." This suggests that Rufus uses the word madness (mania) in a general sense and that he designated a more specific disease with the term "melancholy."[456]

Galen recognizes three type of melancholy and defines these types by the parts of the body they affect. The first type is hypochondriac; it originates in the epigastric region, in the mouth of the stomach or esophagus. The second is encephalic and it affects mainly the brain. The third is a general melancholy in which corrupt black bile pervades the entire body.[457] Galen's hypochondriac melancholy, which he also calls a flatulent disease, is the melancholy of Diocles.

---

[454] Peter E. Pormann, introduction to Pormann, *Rufus of Ephesus,* 6; and Pormann "Text and Translation" in Pormann, *Rufus of Ephesus,* 35.
[455] Pormann, introduction to *Rufus of Ephesus,* 6. Other symptoms include vertigo, ringing in the ears and excessive sexual appetite.
[456] Ibid., 7.
[457] Ibid., 5.

Galen quotes from Diocles' *Affection, Cause, Treatment* and describes an affection that occurs in the region of the belly, called by some melancholic, others flatulent. It is accompanied by sour eructations, excessive watery spitting, flatulence, a burning feeling near the hypochondrium and (sometimes) strong pains in the belly that may extend to the broad of the back. Diocles notes that the mouth of the stomach (esophagus) is inflamed and prevents food going down in to the gut at regular times, which, in turn, leads to swellings and burnings and the other symptoms.[458] However, Galen criticizes Diocles for omitting from his description the most important characteristic of melancholy – the fear and depression which is the basis of the disturbance of the mind.[459]

Melancholy has a long tradition of being linked to black bile. All three of Galen's types of melancholy are caused by black bile or its antecedent component (called the melancholic humour).[460] Aristotle and the author of the *Problema 30.1* likewise attribute the melancholic constitution to the presence of black bile in the body. Aristotle does not see black bile as one of the four natural humours; to him, it is a residue (περίτομα) of nutriment that serves no biological purpose and, if accumulated in excessive quantity or collected in particular places in the body, can cause disease.[461] According to Anonymous of Paris, both Praxagoras and Diocles attribute the cause of melancholy to black bile.[462]

---

[458] Gal., *Loc. Aff.* 91-92 (=Kühn 186-187).
[459] Ibid., 92 (=Kühn 188).
[460] Ibid., 87-88 (=Kühn 177), 91 (=Kühn 185). Rufus may also have described three types of melancholy; in a fragment preserved in the work of Ishaq ibn Imram, he mentions hypochondriac mania and the 'remaining two types' (Pormann, introduction to *Rufus of Ephesus*, 5).
[461] van der Eijk, "Rufus' *On Melancholy*," 162n13.
[462] Anonymous of Paris, *On Acute and Chronic Diseases,* cited in van der Eijk, *Diocles of Carystus,* 189.

Different temperatures of black bile are sometimes explained as causing different types of melancholy. Aristotle makes a distinction between hot or excited (manic) melancholy which leads to ecstatic behaviour, anger and violence and cold, despondent (δυσθυμία), even depressive melancholy leading to fear and possibly even suicide. These two different types of melancholy correspond to excessive heat or excessive cold in the melancholic mixture.[463] Most of Aristotle's discussions on melancholy concern the 'hot' type; however, the 'cold' type is described in the *Problema 30.1*, which discusses the melancholic's characteristic despondency and suicidal inclination.[464] Celsus describes a depressive melancholy caused by black bile,[465] although he does not call it by name.

It is the fact that depictions of "manic" melancholy can resemble those of mania that lead Toohey to identify three traditions for melancholy; the individual who was depressed, the individual who spun into violent rages (much like certain manic patients might) and the individual who was dejected, fearful, delusional, and sorrowful with no cause.[466] This last, according to Toohey, is the medical *melancholia.* He argues that the ancient literary community embraced depressive melancholy only by around the time of Seneca, the same time that it also became more widely discussed in medical text. It is no wonder that, given the different types and depictions of melancholy, a common and simple explanation for

---

[463] van der Eijk, "Rufus' *On Melancholy*," 170. The *Problema 30.1* characterizes melancholy as a bipolar illness. Black bile is cold by nature and so can cause depressive melancholy. It could also be heated to produce outbursts of joy akin to mania. Later medical writers only include depressive melancholy (Toohey, *Melancholy, Love and Time,* 29).
[464] van der Eijk, "Rufus' *On Melancholy*," 171; and Toohey, *Melancholy, Love and Time,* 29.
[465] Cels., 3.18.17.
[466] Toohey, *Melancholy, Love and Time*, 25-26.

melancholia might be hard to find. It is now necessary to determine how Aretaeus and Caelius define *melancholia*.

Definitions of *Melancholia* According to Aretaeus and Caelius Aurelianus

Aretaeus makes reference to many of the different views of melancholy that had existed. He says that before him, melancholics were also called flatulent people, just as Galen identifies.[467] He goes on to say that people who were angry, grieved, and sad were called melancholics as well, even if they were not flatulent.[468] He even points to Homer as a reference for this type of melancholic.[469] He also includes an anecdote at the end of his description of *melancholia* about a man who was incurably sad. Aretaeus explains that although this man seemed to most people to be melancholic, he believed that the man was in love, and feeling dejected about being unsuccessful with the object of his affection[470] – a kind of love-sickness instead of *melancholia*. Though Aretaeus mentions all these other views of melancholy, he does attempt to describe what he believes *melancholia* to be.

Aretaeus states that *melancholia* is a lowness of spirits from a single imagined object without an accompanying fever.[471] As stated in the chapter on *mania,* Aretaeus believes that *melancholia* and *mania* are different manifestations of the same disorder; he states that *melancholia* is the commencement of and a part of *mania*.[472] *Mania* seems to be the more serious form of the two. He mentions that if bile affects the head as well, after the patient suffers from *melancholia*, he can

---

[467] Aret., *SD* 1.5.1.8-9.
[468] Ibid., 1.5.2.1-4.
[469] Ibid.
[470] Ibid., 1.5.8.5.
[471] Ibid., 1.5.3.1. "ἔστι δὲ ἀθυμίη ἐπὶ μιῇ φαντασίῃ..." Caelius does not mention this feature in his description of *melancholia*.
[472] Ibid., 1.5.3.1-2. *Melancholy* is possibly the depressive half of our bipolar disorder.

become mad and that this change is from an increase in the disease rather than the pain of the patient's suffering.[473] Aretaeus also writes that if *melancholia* affects the entire body – the senses, understanding, blood and bile, and the nerves, it can become incurable and can cause spasms, *mania*, and paralysis.[474]

Exactly what those sufferings were is unclear. Early in his description of *melancholia*, Aretaeus says that it confuses the understanding.[475] However, he states that the disorder arises from a single imagined object, and, in his treatment of the same disorder, he says that some melancholics misperceive. Here, he uses the same word as he did for phrenetics in his treatment of *mania*, παραισθάνονται.[476] Therefore, there is confusion in his texts over what type of delirium melancholics suffer. It seems as though phrenetics make errors in perception, manics make errors in judgment and melancholics may make either. Another possible interpretation is that when Aretaeus speaks of παραισθάνονται with respect to melancholics, he means that they have confused emotions. This second interpretation would make sense when we consider the symptoms that Aretaeus lists for *melancholia*. He states that *melancholia* has many different forms. Some patients feel suspicious, others feel hatred towards others, others feel superstitious and still others develop a hatred for living.[477] He later says that melancholics may be quiet, sad, sluggish, angry, unable to sleep, fearful, mutable in character and suicidal.[478] The overwhelming feeling in these descriptions is sadness. While *mania*

---

[473] Ibid., 1.5.4.6.
[474] Aret., *CD* 1.5.8.3-6.
[475] Aret., *SD* 1.5.1.7.
[476] Aret., *CD* 1.5.5.5-6, 1.6.7.5.
[477] Aret., *SD* 1.5.3.8.
[478] Ibid., 1.5.5.4-7, 1.5.3.1-4, 1.5.3.4-6, 1.5.3.6-8.

can either induce joy or anger in its sufferers, *melancholia*, for the most part, induces sadness and dejection.[479] This is the difference between the more negative or dangerous *mania*, and *melancholia*. He also lists just a few physical symptoms. These are flatulence, skin discoloration (it may turn olive-green if bile runs through the blood) and dry bowels.[480] An overwhelming number of the symptoms of melancholics are emotions, and so it seems that Aretaeus' *melancholia* is one that principally affects a patient's emotions.

Aretaeus' explanations of the cause of, and areas of the body affected by, *melancholia* are just as confused. Aretaeus explains that, in chronic diseases, if black bile moves up past the diaphragm and eventually affects the head, it causes *mania*. If the bile moves up or down until it settles in the stomach, the diaphragm or the region of the hypochondrium, it causes *melancholia*.[481] And if the bile rests in the liver or intestines, it can cause dysentery, pain in the liver or a purgation of the menses.[482] This would mean that, according to Aretaeus' description of *melancholia*, the disorder is caused by bile and the stomach is the area affected. However, later in his treatment of *melancholia*, Aretaeus says that the disease arises from the blood (when explaining the importance of venesection).[483] I believe that this can be explained by the fact that Aretaeus thinks blood vessels may provide a passage for black bile through the body.[484] Therefore, blood would not be the direct cause, but would be a channel containing the offending humour. Aretaeus later says that, "the

---

[479] Ibid., 1.5.3.2-4.
[480] Aret., *SD* 1.5.1.6, 1.5.7.7-8, 1.5.7.1-3, 1.5.7.5-6.
[481] Ibid., 1.5.1.5-6, 1.5.4.2-4. ἢν μὲν ἐν τοῖσι ὑποχονδρίοισι μίμνῃ ἡ αἰτίη, ἀμφὶ τὰς φρένας εἰλέεται, καὶ διεξίει χολὴ ἄνωθεν ἢ κάτωθεν μελαγχολῶσι.
[482] Ibid., 1.5.1.2-5.
[483] Aret., *CD* 1.5.1.1-2, 1.5.1.5-6.
[484] Aret., *CD* 1.5.8.3-6; *SD* 1.5.7.1-3.

first and greatest cause of the disease is in the nerves."[485] He follows this by saying that the senses are also affected in *melancholia*, and that some patients misperceive.[486] Immediately following this statement, he explains that it is especially necessary to heal the stomach, since it itself is ill and since black bile lies within it. Aretaeus also notes that any κακοχυμίη (unhealthy state of the bodily humours) could lead to the disease.[487] Though there is some confusion, I believe it is best to say that the principal cause is black bile in the stomach, but that the patient can lose control over his emotions.[488]

Yet again, we find confusion in the section detailing the affected population. Aretaeus starts by explaining that men can be manic and melancholic, as can those who are younger than men (adolescents).[489] He then states that women κάκιον… ἐκμαίνονται than men.[490] This is a bit puzzling since it is unclear to which disease Aretaeus is referring. We can assume that he is saying here that women suffer from *mania* worse than men, since he does use a different verb for those suffering from *melancholia*, μελαγχολῶσι[ν].[491] However, since *mania* is definitely a hot disease in Aretaeus' view, it is strange that women, who are cold, should suffer worse than men, who are hot.[492] This might be explained by societal views of women being more likely to become emotional and to rave, as do, for example, maenads, and

---

[485] Aret., *CD* 1.5.5.3-4. ἡ πρώτη καὶ μεγίστη τῆς νούσου ἐν τοῖσι νεύροισι αἰτίη.
[486] Ibid., 1.5.5.4-7. Of course, as I stated earlier, Aretaeus may mean the emotions as opposed to the senses here.
[487] Ibid., 1.5.1.2-3.
[488] Ibid., 1.5.3.2-4.
[489] Aret., *SD* 1.5.5.1-2.
[490] Ibid., 1.5.5.2.
[491] Ibid., 1.5.5.1.
[492] Also, in his description of *mania,* Aretaeus explains that women who are not overly filled with blood for want of purgation do not readily become mad (Ibid., 1.6.4.3). He uses the same verb as he does in his section on *melancholia*, ἐκμαίνονται.

might explain the force of the ἐκ- prefix – that women go completely out of their minds when affected by any sort of delirium. The rest of the passage states that those at their prime suffer from something, presumably *mania* or *melancholia*.[493] Though the disorder is not specified, Aretaeus likely means *melancholia* since the passage is in his description of that disorder. He concludes by explaining that summer and autumn bear it, and spring decides it, but again, does not specify the disorder.[494] Therefore, we cannot confidently deduce much from this passage, save that adult men, and those younger are affected by both *mania* and *melancholia*. Elsewhere, Aretaeus says that *mania* affects mainly vigorous young men of active habits and strong emotions and *melancholia* affects older individuals, who are sluggish in both body and mind, and those whose constitutions are inclined to dryness.[495]

In terms of theory, Aretaeus explicitly states that dryness is the cause of both *mania* and *melancholia*.[496] It is possible to deduce from another passage that Aretaeus also believes *melancholia* to be cold. Aretaeus states that melancholics have a pulse that is "small, heavy, feeble and thick, like cold."[497] This all suggests that Aretaeus views *melancholia* as both dry and cold.[498]

Like Aretaeus, Caelius makes reference to melancholy in literature. He cites Cicero as explaining that black bile is an intense, hasty temper, and Virgil as saying

---

[493] Ibid.,1.5.5.2-3.
[494] Ibid., 1.5.5.3-4.
[495] Ibid., 1.6.3.1-9.
[496] Aret., *SD* 1.5.4.6-7; *CD* 1.5.13.1-2. Aretaeus makes other references to *melancholia*'s dryness, for example, *CD* 1.5.13.1-2. Hippocratic text supports *melancholia*'s dryness as well. Weather that is northerly and dry is described as being harmful to those full of bile, since they can become even drier and can contract *melancholia* (Hp., Aër. 10.85).
[497] Aret., *SD* 1.5.7.10.
[498] Further support that *melancholia* is cold can be found in Aristotle's *Problema 30.1*.

that Hercules' anger is due to black bile.[499] In this way, the public perception of black bile, and probably *melancholia*, is as a condition that inflames men to anger. According to Caelius, the term *melancholia*, derived from two Greek words, μέλας and χολὴ, alludes to the fact that its sufferers often vomit black bile.[500]

Caelius, however, is of the view that an excess of black bile is a manifestation of the disease rather than its cause; he claims that the antecedent causes of *melancholia* are actually indigestion, habitual vomiting after eating, drinking drugs, acrid food, grief, fear and similar strong emotions.[501] He says that melancholics are sad, angry and uptight,[502] and that *melancholia* was a serious, chronic disease.[503] According to Caelius' Methodist theory, *melancholia* involves a state of stricture, although sometimes it could be accompanied by a state of looseness as indicated by copious evacuations of bodily fluids.[504]

Caelius, unlike Aretaeus, does not believe that *melancholia* was a type of *mania*.[505] He says that the main way to distinguish *melancholia* from *mania* is by looking at the areas they affect; *melancholia* affects the esophagus, *mania* affects the head. However, as we will see, Caelius' treatments for both of these disorders are nearly identical and he notes that patients on the verge of *melancholia* exhibit exactly the same signs or symptoms as those on the verge of *mania*.[506] These facts significantly detract from his position that the two diseases are unrelated.

---

[499] Cael. Aur., *TP* 1.1.180.
[500] Ibid.
[501] Cael. Aur., *TP* 1.1.181.
[502] Ibid., 1.1.180.
[503] Ibid., 1.1.183.
[504] Ibid., 1.1.183.
[505] Ibid., 1.1.151, 1.1.183.
[506] Ibid., 1.1.181.

The symptoms Caelius attributes to the melancholic are emotional and physical, and include some of the same symptoms as those on Aretaeus' list. Individuals about to be affected by *melancholia* have troubled minds, are sad and silent, hate those with whom they live, may be suicidal, are paranoid, have unwarranted weeping, mutter meaninglessly and are occasionally joyous.[507] Aretaeus mentions many of the same emotional symptoms, for example, the paranoia or suspicion and the suicidal thoughts. The last symptom, however, that of joy, is particular to Caelius' *melancholia*, and seems to have been subsumed into this section from that on *mania*. Many of the symptoms listed have to do with the patient's emotional state, just as we saw with Aretaeus' melancholic symptoms.[508]

Caelius states that *melancholia* was also accompanied by signs of physical distress, including precordial distention, especially after eating; cold limbs; mild sweating; sharp pain in the esophagus or cardia that can extend between the shoulder blades; a heavy head; greenish-black or somewhat blue complexion; a thin body; weakness; indigestion with foul or fishy belching; intestinal cramps; vomiting, sometimes ineffectual and at other times bringing up yellowish, rusty or black matter; and waste from the anus of similar qualities.[509] Several of these physical

---

[507] Ibid., 1.1.181-182.

[508] In fact, the only direct reference to *melancholia* being a mental disorder might be that the melancholics have *animi anxietas atque difficultas* (Ibid., 1.1.181); however *animi* can refer to emotions as well as to the mind. That *melancholia* disorders the patient's judgment is probably best inferred from the patient's paranoia or suspicion of others. This suspicion, mentioned by both authors, makes *melancholia* seem like our modern schizophrenia, however schizophrenia was never really described in ancient medical text (S. J. Eisendrath, and J. E. Lichtmacher, "Psychiatric Disorders," in *Current Medical Diagnosis and Treatment*, ed. L. M. Tierney, et al. (Stanford: Stanford University Press, 1999), 1016, cited in Cilliers and Retief, "Mental Illness in the Greco-Roman Era" in Bosman, *Mania*, 135). Aretaeus' mention of an imagined object in *melancholia* may be another link between *melancholia* and schizophrenia.

[509] Cael. Aur., *TP* 1.1.182.

symptoms, again, are similar to those Aretaeus lists, for example, the greenish-black discoloration and the foul or fishy gas.

Caelius notes that *melancholia* is primarily a disease of middle-aged men, occurring rarely in women or in males of other ages. This is different from Aretaeus' affected population, though this discrepancy may mainly be due to Aretaeus' lack of clarity on the subject. Table 22 compares the definitions of both authors.

Table 22: Definitions of *Melancholia* According to Aretaeus and Caelius Aurelianus

	Aretaeus	**Caelius Aurelianus**
Basic definition	Lowness of spirits from a single imagined object, without fever (*SD* 1.5.3.1)	Chronic disorder of anger, sadness, dejection, or uptightness (*TP* 1.1.180, 1.1.183)
Theoretical basis	Dry (*SD,* 1.5.4.6-7; *CD* 1.5.13.1-2); probably cold (*CD* 1.5.13.1-2)	State of stricture; sometimes accompanied by a state of looseness (*TP* 1.1.183)
Type of derangement	Disturbance of the understanding (*SD* 1.5.1.7); misperception (senses? emotions?) (*CD* 1.5.5.5-6)	Unspecified – mental anguish and distress (*TP*, 1.181); incorrect judgment (inferred from *TP* 1.1.181*)*
Area affected	Stomach and diaphragm (*SD* 1.5.1.5-6; *SD* 1.5.4.2-4; *CD* 1.5.3.2-4); also the senses/head (*CD* 1.5.5.4)	Esophagus (*TP* 1.1.183)
Causes	Black bile moving to the stomach and diaphragm, (*SD* 1.5.1.5-6; *SD* 1.5.4.2-4); unhealthy state of humours (*CD* 1.5.1.5-6); the nerves (*CD* 1.5.5.1-4)	Indigestion; habitual vomiting after eating; drinking drugs; acrid food; grief; fear (*TP* 1.1.181)
***Mania* and *Melancholia* – Same or different disorder**	Two parts of the same disease (*SD* 1.5.3.1-2, 1.5.4.4-6)	Different diseases *(TP* 1.1.151, 1.1.183)

The *melancholia* of both authors seems to be predominantly characterized by sadness and dejection. Aretaeus and Caelius disagree in theory, of course. Aretaeus believes *melancholia* is caused by an excess or an incorrect placement of black bile, while Caelius thinks that the cause has nothing to do with black bile, and instead is caused by various afflictions such as indigestion, grief or fear. In this way, Caelius' *melancholia* seems much more like the melancholy of popular literature. But, he does include it as one of his chronic diseases and does suggest treatments; therefore, he does not completely dismiss it as simply an emotional state. Aretaeus and Caelius also disagree over the relationship between *mania* and *melancholia*. Aretaeus thinks *melancholia* is the start of *mania*; Caelius think the two are different disorders. Despite the differences in definition, I believe that a comparison between Aretaeus' *melancholia* and that of Caelius is justified. When one examines their lists of symptoms and observes the similarities, and also notes that the areas affected in the *melancholies* are the same, it is clear that Aretaeus and Caelius are dealing with the same disorder.

Treatment

Aretaeus specifies the steps to be taken to cure *melancholia*, although he warns that it may be impossible to cure all sufferers, especially in those cases where the disease has taken a strong hold.[510] He cautions that it is necessary to treat the disease quickly because, if left unattended, it may lodge in all parts of the body and eventually seize the nerves, and then lead to other incurable conditions.[511] There

[510] Aret., *CD* 1.5.10.4-6.
[511] Ibid., 1.5.8.6-7.

are two lacunae at the end of the text outlining Aretaeus' treatment of *melancholia* making the final sections of the text harder to analyze. Caelius, as already mentioned, does not offer many cures specific to *melancholia*, but instructs physicians to use the treatments for *mania*, another disease where a state of stricture develops.[512] The comparison that follows employs Aretaeus' treatments for *melancholia* and Caelius' treatments for *mania*, modified where required to include the few instructions specific for *melancholia* in Caelius' treatise. His treatments for *mania* have been shortened, as they have already been listed in the chapter on *mania*.

The analysis of the treatments shows that Aretaeus and Caelius are both using theory and experience to treat *melancholia.* Theory is the predominant influence on their treatments. There is also a good deal of confusion in their treatments possibly due to the fact that their definitions of *melancholia* are less clear and less descriptive than those of *mania* or phrenitis. Their confusion might also be due to the fact that *melancholia*'s predominant symptom, sadness, is not a physical one, as is, for example, the fever of phrenitis.

Patient's Environment

Aretaeus does not speak to the environment in which melancholics are to be treated. Caelius' recommendations for the environment for a manic patient are ones that are calming. These are: a moderately light and warm room with unadorned walls; a bed facing away from the windows and doors, and firmly fastened to the floor; a room on the ground floor of the house with high-set windows; soft

[512] Cael. Aur., *TP* 1.1.183.

bedclothes; in some cases, soft light only resting on the patient's body; few, accustomed and well-liked visitors; attempts to appease the patient without giving in to his every request; and gentle confinement to bed.[513]

Caelius does not explain any of his choices for environmental treatment in terms of his theoretical applications of loosening and constriction. Instead these seem to be suggestions based on observations or experience. As in his treatments for phrenitis, he seems to recommend a calming environment for the patient.

Medicaments

Aretaeus mentions cataplasms, liniments, and epithemes in his treatment of *melancholia*.[514] First, he recommends that cataplasms be applied to the liver and stomach, after purging and before cupping, to loosen the middle parts.[515] Aretaeus provides no more details on this application. Next, he recommends using liniments of oil.[516] However, he provides no other information about these applications, leaving us with insufficient information for a proper analysis. Last, Aretaeus mentions the application of epithemes. He says the ingredients should be those of cataplasms, so perhaps the cataplasms to the liver and stomach should contain the ingredients mentioned here. The suggested ingredients are melilot, poppies, the tear (gum or resin) of turpentine, hyssop, and the oil of roses, or of vine-flowers with wax to provide a proper consistency. Aretaeus seems to be making these applications to soothe or moisten the body, specifically, in the case of the

---

[513] Cael. Aur., *TP* 1.1.155-158.
[514] The references to liniments and epithemes are around the lacunae and so cannot be analyzed well. Information about the ingredients used in his medicaments is given in earlier chapters.
[515] Aret., *CD* 1.5.4.1-4.
[516] Ibid., 1.5.13.4-5, 1.5.16.6.

cataplasms, to moisten the liver and stomach (the region of the body he believes to be most affected by *melancholia*). Aretaeus could be basing these procedures mainly on theory, since *melancholia* is a dry disease and these applications would moisten the body.

Caelius recommends the same fomentations as in *mania*: warm olive oil, to which fenugreek water, or an infusion of marsh mallow or flax seed, may be added to enhance the soothing properties of the oil and relieve pain.[517] Since he makes no adjustments to the instructions for *melancholia*, it must be assumed that Caelius recommends a fomentation of the face after venesection, and an injection of water with a sprinkling of nitrum, or diluted honey, with nettle seed, or liquid mustard, into the ears to clear the head, just as he did for *mania*. However, these recommendations do not make sense since *melancholia* affects the esophagus (and, apparently, other parts of the digestive system)[518] as opposed to the head. Perhaps this would have been an oversight in the writing.

Caelius also recommends loosening the body after scarification through the application of cerates to the head and other scarified parts and, later, to the entire body, using gentle massage.[519] He pays special attention to the tenseness of the face as well (treating it with leeches, poultices and heated sponges).[520] Despite his contention that *melancholia* is a disease of the esophagus rather than the head, he makes no suggestion that these treatments are inappropriate for melancholics or

---

[517] Information about these substances is given in earlier chapters.
[518] Cael. Aur., *TP* 1.1.182. Symptoms of *melancholia* include precordial distention, especially after eating; sharp pain in the esophagus; indigestion with belching; intestinal cramps; vomiting; similar discharges from the anus – all signs of distress to the digestive system.
[519] Ibid., 1.1.162.
[520] Ibid., 1.1.160-162.

should be directed instead at the digestive system. These suggestions are made on the basis of theory; Caelius is loosening the body by means of these medicaments and by using massage to apply the medicaments.

In one of the only differences between his treatments of *mania* and *melancholia*, Caelius recommends the use of astringent plasters to the abdominal and cardiac regions if there is extensive vomiting or bowel discharge. This was advised for those cases where *melancholia* results from looseness rather than stricture.[521] He suggests that Theban dates soaked in wine or diluted vinegar,[522] with an admixture of pomegranates or quinces may be used.[523] Other recommendations include oenanthe, fissile alum,[524] hypocist, acacia,[525] oak gall and the like.[526] Caelius is using these applications to tighten loose bowels, showing that he is probably treating observable symptoms, and then modifying his theory to explain that there are different types of *melancholia*, just as there were different types of phrenitis.

---

[521] Ibid., 1.1.184.
[522] Theban dates are dry and astringent with a hint of sweetness (*Foods 2,* 130-131).
[523] Both pomegranates and quinces strengthen the stomach and are astringent (*Foods 2,* 128-129; and Harms,"Irrational Pharmacological Therapies," 151).
[524] According to Harms, alum, like many metallic substances was known for its astringency ("Irrational Pharmacological Therapies," 168).
[525] Acacia is astringent (Dsc. 1.108, cited in Harms, "Irrational Pharmacological Therapies," 177-178).
[526] Oenanthe or dropwort was mixed with wine and drunk to drive the afterbirth from the body (Dsc., 3.120). Alum was used for its properties of warmth and astringency (Dsc., 5.106). Hypocist, a parasitic plant of the rockrose, is both astringent and desiccative; it is good for sufferers of bowel ailments, dysentery and spitting up blood (Dsc., 1.97). Oak gall is used when there is a need to contract, stop or dry something. It is considerably astringent and used to treat discharges from the gums and uvula and from the uterus. It is suitable for dysentery and bowel ailments, mixed with wine or water and drunk (Dsc., 1.107).

Oral Medicaments

Arguably the most important treatment for Aretaeus' *melancholia* is the appropriate use of purgatives and emetics. Purgatives are drugs that evacuate the system downwards and emetics are drugs that evacuate upwards, through vomiting. Aretaeus says that with purgatives and emetics it is possible to eradicate the disease completely from the body, or at least cause the disease to relapse for many years.[527] He provides his reader with a wide variety of purgatives: black hellebore,[528] the capillary leaves of Attic thyme (on their own or mixed with black hellebore to a total of two drams),[529] aloe,[530] the *hiera* (and the *hiera* from aloe),[531] the seed of mallow (to the amount of one dram) with water,[532] and the fruit of the pine or nettle,[533] the seeds of the coccalus,[534] pepper,[535] or bitter almonds,[536] to which honey gives

---

[527] Aret., *CD* 1.5.10.1-2. As purging fatigues the body, it should be followed by small amounts of wine, pleasant food and bathing to restore the body (Ibid.,1.5.3.8-10). Food, drink and bathing are measures that affect strength rather than heating or cooling, or moistening or drying (Ibid.,1.5.5.1, 1.5.6.5-9).

[528] Ibid., 1.5.3.4-6, 1.5.9.1, 1.5.10.3-4. Two drams of hellebore should be given in honey-water following the first round of venesection after a sparse diet the previous day to evacuate all the black bile from the stomach. Aretaeus says that emetics should be given before hellebore (Ibid., 1.5.9.1). Later, when Aretaeus explains that often, powerful remedies are needed for *melancholia*, he says hellebore should be used, and that if *melancholia* reappears and is firmly established, one must use hellebore, so he must think it to be powerful (Ibid.,1.5.9.1, 1.5.10.3-4).

[529]Ibid., 1.5.3.6-8. This is given, like the two drams of hellebore, after venesection to purge the stomach of black bile.

[530]Ibid., 1.5.6.4-5. Aretaeus explains that aloe brings bile down into the lower intestines.

[531] Ibid., 1.5.7.8-9, and 1.5.11.1-2. The *hiera* are to be given when the *melancholia* is particularly bad, after venesection and following the restorative process for three or four days, and before cupping. The *hiera* from aloe is listed as an important medicine for *melancholia* as it is a remedy for the stomach, liver and purging of bile. This last mention of the *hiera* seems very much like the cure-all Harms says that Scribonius discussed (Harms, "Irrational Pharmacological Therapies," 301-302).

[532] Aret., *CD* 1.5.11.3-5.

[533] Pine nuts have thick juices, and are nutritious and not easily digested (*Foods 2,* 124). Nettle seeds along with flax, starch, pinecone kernel, and bitter almonds encourage appetite (Harms, "Irrational Pharmacological Therapies," 100n149).

[534] These might be seeds of pine of fir, or possibly pine cones. Pinecones are diuretic, according to Pliny (*HN*, 23.143).

[535] Pepper was known for its purgative qualities (*Foods 2,* 116) and is heating (Harms, "Irrational Pharmacological Therapies," 235).

[536] According to Galen, almonds purge the stomach (*Foods 2,* 132).

consistency.[537] Emetics are mentioned more generally. Aretaeus says that the emetics for *melancholia* are those given on an empty stomach and those that consist of radishes, but gives no more detail as to their ingredients.[538] He does explain their purpose; they train the body to vomit and so clear the system.[539] He says that he will explain the use of these emetics as well as how to use hellebore and its different forms, but then never does in this work.[540] A half-cyanthus of honey-water is also used for a sort of emetic, not to move bile out of the system, but as a stomach-cleanse to ensure that food is not vomited up out of the body during recovery.[541]

With these suggestions, Aretaeus is trying to relieve the body of black bile. This humour is cold and dry, and so it makes sense to remove it from the body according to Aretaeus' logic. He believes that *melancholia* is a cold and dry disorder, so what better way to treat such a disorder than to eliminate something cold and dry from the body. It also agrees with his view that an excess of black bile or its presence in inappropriate places in the body is the cause of *melancholia*. He is attempting to either eliminate black bile from the body, or move it back to its appropriate position. What is interesting for the current analysis is that Aretaeus also makes reference to the importance of experience in this work. When he speaks of the seed of mallow being a purgative, Aretaeus writes, "Someone proved that it is best by experience."[542] He goes on to say that there are many other simple drugs,

---

[537] Aret., *CD* 1.5.15.3-5. It is unclear in the Greek whether all these ingredients are mixed together.
[538] Ibid., 1.5.9.4-5.
[539] Ibid., 1.5.9.2-4.
[540] Ibid., 1.5.9.5-7.
[541] Ibid., 1.5.15.1-2.
[542] Ibid., 1.5.12.1. ἄριστον πείρῃ τις ἐπιστώσατο.

others useful in other cases.[543] These sentences together point to a tradition of trial and error. That Aretaeus would reference experience in his work means that Aretaeus clearly values experience in his oral medicament treatment.

There are just a couple of other oral medicaments mentioned in Aretaeus' treatment of *melancholia*. First, he mentions that the juice of wormwood (a small amount to a cupful) can prevent the formation of bile if drunk continuously.[544] Like the purgatives and emetics, this medicament conforms to Aretaeus' ideas about the cause of the disease, the presence and excess of black bile in the body. He is attempting to prevent excess black bile from ever forming in the system. This can be linked back to Aretaeus' Hippocratic dogma, as black bile is cold and dry and *melancholia* is a cold and dry disease. Second, Aretaeus mentions medicaments that dry. He says that the best drying medicaments are myrrh, the root of iris, and the medicine from vipers, of Vestinus, and of Mithridates, as well as many other things.[545] This recommendation is particularly mystifying, as throughout his text, Aretaeus has recommended moistening treatments to counteract the overwhelming dryness of the disorder. Why he or any doctor should want to dry an already dry melancholic patient is puzzling.

According to Aretaeus, these oral medicaments should easily cure cases of *melancholia* that are recent and have not changed the patient excessively. But Aretaeus still cautions that the patient should follow the other steps toward recovery (according to diet, exercise and bathing) to ensure that he will recover and

---

[543] Ibid., 1.5.11.5. μυρία δὲ τῶν ἁπλῶν φαρμάκων ἄλλα ἄλλοισι εὔχρηστα.
[544] Ibid., 1.5.6.2-3.
[545] Ibid.,1.5.16.1-3.

remain healthy.[546] It is clear that Aretaeus' writings about oral medicaments emphasize both theory and experience.

Caelius similarly advocates the use of hellebore as a purgative in the treatment of *mania*. He suggests that the patient consume radishes into which hellebore has been inserted, or consume plain radishes and then using a finger, in order to induce vomiting. Like Aretaeus, Caelius believes that, if necessary, hellebore should be given several times, at suitable intervals.[547] However, whether his instruction to treat *melancholia* as one would treat *mania* holds true for the use of hellebore is debatable. His text either urges or prohibits purging with hellebore while *melancholia* is active – his meaning remains unclear.[548] It would make sense that Caelius would wish to purge a melancholic body to make it less congested (and so, looser) since he calls *melancholia* a disease of stricture. But Caelius explains that there are also cases of *melancholia* characterized by looseness, especially looseness in the bowels. In these cases, a purge that loosens already loose bowels would not be beneficial to the patient. It is possible that this is what has caused confusion in the text. If he does recommend purging for *melancholia*, it is likely that he is basing the recommendation on theory, but if he is prohibiting it, the prohibition is probably due to experience with a patient's loose bowels.

Massage and Sleep

Aretaeus does not mention sleep and only briefly mentions massage. Aretaeus explains that *melancholia* is repelled from skin that is soft and loose, and

---

[546] Ibid., 1.5.6.5-9.
[547] Cael. Aur., *TP* 1.1.169.
[548] Ibid., 1.1.183. *non enim phlebotomiam probandam attestante dolore, aut hellebori purgationem attestante passione approbamus.* Some manuscripts show *probandam*, others *reprobandam*.

that melancholic skin is dry and constricted.[549] He then starts a recommendation for applying copious amounts of oil to the patient with soft massage, but a lacuna prevents us from knowing more (for example, which parts of the body should be anointed).[550] Presumably the oil would soften the skin, and perhaps, massage would heat the oil and the body. Thus, this application of oil by massage would provide moisture and heat to the melancholic.

Caelius recommends rubbing the patient's limbs; a warm massage can aid pain in any part of the body. Soft scoured wool is used to rub the head and neck, and massage is done in a circular motion on the chest. Caelius believes that light and simple massage is sufficient early in the treatment of the disease. But once recovery becomes obvious, massage should be more forceful, accompanied with strong downward movements behind the shoulders and neck; massage of the head is very important in the final stages of treatment.[551]

Caelius advocates rapidly dripping water within hearing of the patient in order to induce sleep. This must be to calm the patient, and so indicates some experiential knowledge in the treatment. Once the patient is asleep, heat can be applied to the eyelids by means of warm sponges. Caelius believed that such treatment would relax the eyelids and allow the soothing and relaxing warmth to travel though the eyes to the membranes of the brain.[552]

Massage would loosen the patient, and it would make sense that as the disorder progressed, the body would become more constricted, requiring a stronger

---

[549] Aret., *CD* 1.5.13.3-4.
[550] Ibid., 1.5.13.4-5.
[551] Cael. Aur., *TP* 1.1.165-166.
[552] Ibid., 1.1.161.

massage to induce loosening. Caelius again mentions applications to the head. The emphasis on treatments for the head makes sense in the case of *mania*, a disease that primarily affects the head. It seems logical that such treatments should be less effective for *melancholia* that affects the esophagus, but Caelius makes no mention of adjusting any aspect of this treatment to accommodate the demands of a different disease.

Clysters

Aretaeus mentions the use of purgatives and emetics, but does not speak of clysters. This seems very strange, since in his description of *melancholia*, Aretaeus named dry bowels as a physical symptom.[553] He previously stated that phrenetics had dry bowels, and so treated them with clysters, but makes no reference to the same treatment for melancholics. If his treatise were purely based on theory, one would think he would try to counteract the dryness of *melancholia* with the moistening power of a clyster.

It is possible that to explain this omission, we must consider the directions in which bile is being pulled. Aretaeus uses emetics to pull bile upwards and purgatives to pull bile downwards, but perhaps a clyster might push bile upwards first before it would be pulled down and out of the body. Perhaps in this case, bile would be pushed upwards from the lower intestine and into the stomach and this would aggravate the *melancholia*. It is also possible that in his experience with melancholics, Aretaeus found that purgatives and emetics were sufficient to relieve sufferers of the disease, and so ignores the use of clysters. A last possible

[553] Aret., *SD* 1.5.7.5-6.

explanation for Aretaeus' omission of clysters is that perhaps there is less of an emphasis on physical symptoms in *melancholia* than in some other disorder, such as phrenitis. One of the most predominant symptoms in phrenitis is a fever, a very physical symptom, and many of the treatments suggested for the disorder dealt with cooling the physical fever. For *mania* there were no such obvious physical symptoms, and so, treatments had to be based more on theory. Perhaps the same is true of *melancholia*. Perhaps for *melancholia,* there is a prevalent emphasis on emotional state, and this overshadows the disorder's physical symptoms, therefore the use of clysters is overlooked as well. In any case, Aretaeus cannot be a solely relying on dogma for his clyster recommendations because, if he were, he would prescribe clysters.

Caelius believes that a simple clyster may help the purging process. He recommends that the precordial region first be relaxed with poultices; this will ensure that the constricted state of the digestive system will not cause the pent-up gases to pass to the head.[554] He does not offer suggestions for the ingredients of the clysters. *Melancholia* was also thought to be a disorder of stricture, so clysters would be beneficial since they eliminate food from the digestive system, alleviating congestion and loosening the body. Clysters should not have been needed in those cases where a state of looseness was also involved, but Caelius offers no warning about their use in such instances.

[554] Cael. Aur., *TP* 1.1.159.

Venesection

According to Aretaeus, venesection is a necessary treatment of *melancholia*, especially if the disease has come on early in life or during the spring season.[555] The physician should open the vein at the middle of the right elbow to ensure that there be a reasonable flow of blood from the liver,[556] the source of both blood and bile.[557] This vein should be opened, even if the patient has little blood to spare, although in this case, only a little blood should be extracted.[558] In cases where the patient has a lot of blood, the doctor still should not take all the blood he wants at once, but should open the vein at intervals.[559] In both of these circumstances, Aretaeus is advising moderation.

Aretaeus also advises that a patient have a fuller diet than usual before bleedings in order to prepare him for the evacuation of blood and to relieve the stomach from the excess of black bile that has accumulated there.[560] Here, one can see that Aretaeus believes venesection is a difficult procedure that requires a lot of strength from the patient. Later, if relatively little blood has been evacuated from patients (because of abnormal blood retention in men and women) and the symptoms of the disease do not abate, Aretaeus advises that the physician open the

---

[555] Aret., *CD* 1.1.5.1.3-4. These would be circumstances in which individuals would be particularly full of blood, and so these are times characterized by moisture and heat according to Hippocratic thought. Therefore, if one were to take blood, these would be the best times to do so.
[556] According to the Hippocratic text, there are four pairs of large blood vessels in the body. One vessel of the fourth of these pairs runs from the forehead through the elbow and to the liver (*Nat. Hom.* 11).
[557] Aret., *CD* 1.5.1.4-6.
[558] Ibid., 1.5.2.1-3.
[559] Ibid., 1.5.2.6-9.
[560] Ibid., 1.5.3.1-4.

vein at the ankle and, if this does nothing to ameliorate the patient's condition, that he open the vein at the elbow as well.[561]

It is at this point that Aretaeus' reliance on his theory of balancing hot and cold, and wet and dry in the body seems to fail. It makes little sense for Aretaeus to bother with venesection in a disease that is both dry and cold, as this practice steals a wet and hot humour from the body. It is possible that, since *melancholia* is simply the beginning of *mania*, and since *mania* is known to be a hot disorder, Aretaeus is preemptively using venesection on his patient, but this seems unlikely.

It is also possible that he wants to eliminate any blood that has been infected with bile from the body. Aretaeus explains that black bile can make its passage through the body in the bloodstream.[562] So, if the patient's blood were infected with bile, it would make sense that Aretaeus would like to evacuate it from the body. It seems that Aretaeus' advice for venesection is based not simply on balancing hot and cold, and wet and dry. Nor is Aretaeus' advice based solely on actual experience with the patient since it is unlikely that one would see benefits from venesection firsthand.[563] Instead, his advice is based on relieving the body of bile. This is something unrelated to a physical symptom, just as in Aretaeus' recommendations for purgatives and emetics.

If a physician were to treat *melancholia* the way he treats *mania*, as Caelius recommends, he would employ venesection at the end of the first three-day interval, using it earlier in the disease only if the patient's strength permitted it and the

---

[561] Ibid., 1.5.7.1-8.
[562] Aret., *CD* 1.5.8.3-6; *SD* 1.5.7.1-3.
[563] Whether venesection was actually beneficial was debated even in antiquity (Nutton, *Ancient Medicine*, 93).

progress of the disease was so rapid as to require it.[564] However, elsewhere in his text on *melancholia*, Caelius may have warned that venesection should not be used while an attack of the disease is in progress. Because of difficulties with the text, Caelius' exact position on the use of venesection in the treatment of *melancholia* is unknown.[565] Since he implies that there are some cases of constrictive *melancholia* and some of loosening *melancholia*, his confusion on the use of venesection is to be expected. Theoretically, it would make sense for Caelius to employ venesection on a constrictive disorder, but, due to problems in the text, we cannot discern Caelius' true advice. See table 23.

Table 23: Use of Venesection in the Treatment of *Melancholia*[566]

	Aretaeus	**Caelius Aurelianus**
Purpose	Unspecified	Unspecified
Location	Middle of right elbow (*CD 1.5.1.4-6*); elbow and ankle for more blood (*CD* 1.5.7.1-8)	Unspecified
Timing	After serious round of venesection, restorative process for three-four days, the *hiera* then cupping (*CD* 1.5.7.8-10)	The end of the first three-day period (*TP*, 1.1.158); **possibly, not during attacks of *melancholia* (*TP* 1.1.183)**
Amount of blood withdrawn	Moderate (*CD* 1.5.2.1-3; *CD* 1.5.2.6-9)	An adequate amount (*TP* 1.1.158)
Other instructions	After a fuller diet (*CD* 1.5.3.1-4)	Patient's strength permitting; physician can take multiple withdrawals of blood (*TP* 1.1.158-9)

[564] Cael. Aur., *TP* 1.1.158-159.
[565] See note 548.
[566] The information from Caelius is mostly taken from his *mania* section, with the additional information from his *melancholia* section bolded.

Cupping and Scarification

Aretaeus recommends applying the cupping instrument over the liver and stomach, having first relaxed these areas with cataplasms and bathing;[567] he deems this a more fitting or timely remedy than venesection.[568] He also suggests cupping the back, between the scapulae, as this area is close to the stomach, the area disordered due to black bile.[569] The patient should then be allowed time to recover from the effects of the previous treatments. After this, the physician should shave the head of the patient and apply the cupping instrument there, since, he says, the nerves are most strongly involved in the disease.[570] If the *melancholia* worsens, additional cupping may be warranted. In this case, after further venesection, and administration of the restoration process and the *hiera*,[571] the cupping instrument should be placed above the liver.[572]

Aretaeus applies cupping to the stomach and liver, as well as to the back and the head. The cupping of the head provides some confusion as to Aretaeus' beliefs about the area of the body primarily affected in *melancholia*. In this section of the text, Aretaeus states that the greatest cause of the disease is in the nerves. It seems that as well as the stomach and liver, the senses are disordered, which accounts for the overwhelming sadness of melancholics.

Aretaeus makes no specific mention to scarification. By cupping, a humour is brought to the surface of the body. In this recommendation, Aretaeus is pulling

---

[567] Aret., *CD* 1.5.4.1-3.
[568] Ibid., 1.5.4.4. ἐπικαιροτέρη could also have a connotation of more important. This seems strange as Aretaeus discusses venesection in more detail in this text.
[569] Ibid., 1.5.4.4-6.
[570] Ibid., 1.5.5.1-4.
[571] Ibid., 1.5.7.6-9.
[572] Ibid., 1.5.8.1.

black bile out of the patient's internal organs. Theoretically, cupping may be pulling the cold and dry bile from the inside of the body and so balancing the cold and dry *melancholia*. Since there is no scarification, it is unclear whether the bile is then completely eliminated from the body. It seems as though Aretaeus is recommending cupping on the basis of theory according to the cause of the disorder, and not physical experience.

Caelius suggests that cupping occur at the highest stage of the disease's attack in his treatment of *mania*. Cupping with scarification should be applied first to the precordial region, then to the region between the shoulder blades and then to the shaved head – the occiput, the top of the head and the temples. To aid relaxation, massage of the entire body should follow the cupping and scarification. If the disease persists, the remedies should be repeated.[573] Caelius seems to yet again disregard the fact that his advice is for regions of the body affected in *mania* as opposed to *melancholia*. He provides no note for his readers that the area treated should change even though he does say that *melancholia* affects the esophagus and that *mania* and *melancholia* are unrelated. Caelius still could be basing this recommendation on his Methodist theory. The heating of the body and subsequent removal of blood might loosen a constricted *melancholia*. See table 24.

[573] Cael. Aur., *TP* 1.1.160.

Table 24: Use of Cupping and Scarification According to Aretaeus in the Treatment of *Melancholia*

	Aretaeus
Purpose	Unspecified[574]
Location	Liver and stomach (*CD* 1.5.4.2-3); back (*CD* 1.5.4.4-6); then head (*CD* 1.5.5.1-2)
Timing	After cataplasms and bathing (*CD* 1.5.4.2-3)
Scarification	Unspecified
Other Instructions	Restoration before (*CD* 1.5.4.2-3, 1.5.7.8-9)

Diet

Aretaeus recommends a fuller diet for the melancholic before venesection and cupping, to strengthen the patient.[575] He also specifies that the patient should receive a full diet after purging and cupping, again to increase the patient's strength.[576] The only time he seems to restrict the patient's diet is before administering oral purgatives.[577] This makes sense. Aretaeus would be administering purgatives to empty the system (especially of bile); therefore, an excess of food at this point would be unhelpful. In fact, one might postulate that with more food in the stomach, the patient would be less likely to vomit up the offending bile, and so, would not be relieved of his *melancholia*.

Aretaeus also has advice on the quality of food given to the melancholic. He recommends that sufferers from *melancholia* be fed soft and moist foods because the flesh of melancholics is dry and tight.[578] His recommended foods include

[574] Most likely to cool the body, or to displace black bile.
[575] Aret., *SD* 1.5.3.1-4, 1.5.5.1.
[576] Ibid.,, 1.5.3.8-10, 1.5.5.1-4, 1.5.12.1-2.
[577] Ibid., 1.5.3.4-8.
[578] Aret., *CD* 1.5.13.4, 1.5.14.1-4.

moistened bread with something sweet;[579] wine and honey mixed together; eggs stripped of their shells; non-fatty and soft fleshes; the feet and heads of swine; the wings of fowl; the meat of hares, goats and deer; and autumnal fruits.[580] To ensure that the patient retain the food he is given and not vomit it up immediately, Aretaeus suggests that the stomach be cleansed by giving the patient a half cyanthus of honeyed-water before eating.[581] This will cause vomiting and will cleanse the stomach, allowing the subsequently given food to remain there.

Aretaeus is prescribing light foods that are not overly taxing on a patient's digestive system, and foods that are moist to counteract the dryness of *melancholia*. A lacuna in the text makes it difficult to know when exactly each type of food listed in the text is given. But Aretaeus first mentions liquid foods (washed bread) and then those that would be drier (lean meats), so we could assume that this is the order in which to feed the patient.[582]

Aretaeus' recommendations for the patient's diet seem to be based predominantly on theory, the balancing of dry with wet. They also seem to be based on the idea that food can lend physical strength to a patient. The recommendations of quantity of food also make sense according to Hippocratic theory. Aretaeus is prescribing large quantities of food in a cold disorder; the more food to be digested, the more heat produced. We must also keep in mind the reason Aretaeus himself

---

[579] Ibid., 1.5.14.1. Cretan must, and the Scybelitic from Pamphylia are suggested. Must is the juice of grapes, which loosens the stomach, especially when drunk by itself (*Foods 2,* 117). Sweet must is very laxative (*Foods 2*, 119). The Scybelitic from Pamphylia are large, sweet, black raisins. Sweet raisins have a warm quality and they purge moderately (*Foods 2,* 120).
[580] Aret., *CD* 1.5.14.2-3, 1.5.14.3-4, 1.5.14.4, 1.5.14.5-6, 1.5.14.6. Examples of such fruits are gourds, mulberries, melons, and peaches. They pass easily through the body and have moistening and cooling powers, though their cooling abilities are lessened when served hot (*Foods 2,* 111).
[581] Ibid., 1.5.15.1-2.
[582] Ibid., 1.5.14.1-2, 1.5.14.4.

gives for allowing the patient a fuller diet before or after certain taxing procedures: to strengthen the patient. Overall, the dietary recommendations seem to be based both on theory (balancing the internal qualities of the body) and on experience (perhaps seeing a patient become stronger when he is nourished). These recommendations seem to be based very little on the alleviation of black bile.

Caelius suggests that the patient be given light and digestible food (for example, gruel-like foods) at the end of the first three-day period. A patient should have alternating days of feeding and fasting, if his strength permits.[583] These foods are most likely suggested since they would not cause congestion, and feeding on alternate days allows time for complete digestion, and so prevents excessive congestion.

When the disease is on the decline, the patient should receive a more varied diet of food of the middle class (after gruel,[584] the doctor can add non-acrid vegetables,[585] then food of a wine-like quality such as fruits[586]). After adding fruit to the diet, thin, mild wine can be added gradually.[587] Just as in the case of phrenitis, once the disorder is starting to diminish, Caelius recommends foods that are nutritious and will promote strength in his patient.

Caelius gives water to be drunk in the intervals, but decreases the amount of water given as the amount of wine is increased.[588] Perhaps this is done so as not to

---

[583] Cael. Aur., *TP* 1.1.158-159.
[584] Ibid., 1.1.88.
[585] Ibid., 1.1.92.
[586] Ibid., 1.1.94.
[587] Ibid., 1.1.166.
[588] Ibid., 1.1.166.

loosen the patient excessively, and perhaps wine is chosen over water, as it lends strength to the patient.

Bathing

As part of the restorative process, Aretaeus recommends that the patient be brought to natural hot baths. He says that this is for the medicinal substances in them, including bitumen, sulphur, alum and others, which are beneficial and possess remedial powers.[589] He believes that the dryness associated with the disease would be balanced by the natural immersion in water.[590] This may be a treatment based on theory. It may also be influenced by physical experience if the skin of melancholics is dry[591] and if melancholics are constipated (a dry symptom), as Aretaeus says.[592]

Caelius mentions the importance of bathing, especially after massage with oils. He, too, urges the use of natural waters, such as alkaline springs, specifically those free of any pungent odor that might injure the membranes of the brain.[593] In this case, bathing may loosen the body since it is likely that alkaline waters would relax, and acidic waters would constrict. Also, water without any distinct odor would not constrict the patient.[594] Caelius' recommendation of bathing is based on his Methodist theory, though he makes no changes in his text to account for those cases of *melancholia* that are also loosening.

---

[589] Aret., *CD* 1.5.12.6-8.
[590] Ibid., 1.5.13.1-2.
[591] Ibid., 1.5.13.4.
[592] Aret., *SD* 1.5.7.5-6.
[593] Cael. Aur., *TP* 1.1.169.
[594] Strong odors would congest the senses.

Exercise

Aretaeus mentions passive exercise in his treatment of *melancholia*, unlike his treatment of *mania.* He mentions using a hammock, and walking to stimulate the reproduction of flesh, and to restore the patient's strength.[595] Aretaeus' advice seems to have little to do with theory, since he does not mention any of the essential qualities, hot, cold, wet, or dry. Instead, it is likely to be based on experience.

Caelius recommends passive exercise using first a hammock, then a sedan chair and, finally, a hand-drawn cart.[596] Motion causes looseness and so would loosen the body in a constricted melancholic state.[597] Caelius' recommendation of passive exercise seems based on his theory of counteracting stricture with looseness.

While Aretaeus makes no recommendations of mental exercise, Caelius recommends remedies that treat mental symptoms as well as the physical ones, since *melancholia* is a disease of the mind as well as of the body. He makes suggestions such as encouraging the patient to see plays,[598] engage in problem-solving (about familiar topics), play checkers, read aloud, or deliver speeches.[599] All of these activities are designed to keep the mind focused and well-exercised, but of course, have nothing to do with stricture or looseness. Mental exercise would simply be a treatment designed as a calming or moderating influence.

---

[595] Aret., *CD* 1.5.16.6-8.
[596] Cael. Aur., *TP* 1.1.161.
[597] Cael. Aur., *CP* 1.1.84.
[598] Ibid., 1.1.163.
[599] Ibid., 1.1.163-165.

Change of scenery

Aretaeus makes no reference to a change of scenery for melancholics. In his discussion of *mania*, he did note that episodes of the disease may appear in some situations but not others,[600] but he did not go so far as to recommend removing a sufferer from those places where an onset of the disease may be triggered.

Caelius suggests that the manic patient, provided he show no new symptoms and has responded well to treatments, take a trip abroad, by either land or sea. This would be beneficial in that it would further relax the mind and remove the patient from the place where his mental aberration first occurred.[601] The influence of travel, in Caelius' view, is not one of stricture and looseness, but one that is calming for the mind.

Conclusions

In examining Aretaeus' and Caelius' treatments of *melancholia*, we can notice influences of both theory and treatment. Aretaeus' theory for the treatment of this disorder seems not simply to be about balancing hot and cold, and wet and dry, but to be more specific to the humours. In his treatment of melancholics, he becomes more concerned with eliminating a specific humour, bile, as opposed to balancing overall qualities in the body. There are also certain instances in which Aretaeus mentions experience, for example, when he says that someone proved by experience that the seed of mallow was the best purgative.[602] His treatments of bathing, diet and exercise also show an influence of experience, since he says that these restore

[600] Aret., *SD* 1.6.6.1-10.
[601] Cael. Aur., *TP* 1.1.166.
[602] Aret., *CD* 1.5.12.1.

the patient's strength. Therefore, we can see that Aretaeus believes experience to be important as well as theory.

Caelius' treatments show the influences of theory and experience as well. Certain treatments, for example the patient's environment and a change of scenery, apparently designed only to calm the patient. Most of his treatments are based on his theory of loosening constrictive *melancholia*. But Caelius errs by bringing up a type of *melancholia* that is both loosening and constrictive, and then never addressing this mixed type of the disorder. It is possible that this fact accounts for the discrepancies in his text about the use of venesection and of hellebore.

Aretaeus' and Caelius' discussions of *melancholia* seem somewhat confused, especially, when compared to their discussions of phrenitis. For Aretaeus, there is confusion over which part of the body is most affected, the stomach or the head, as well as confusion over the exact cause of the disease. For Caelius, there is confusion over how similar *melancholia* is to *mania*. He emphasizes that the two are not parts of the same disorder but recommends almost the exact same treatments. It seems that both authors are a bit unsure in their definitions of the disease; therefore their treatments do not have as solid a foundation upon which to be built.

The confusion Aretaeus and Caelius show may be due to a lack of predominant physical symptom. It seems as though both authors view sadness, an emotional state, as the most obvious symptom of *melancholia*. Though both recognize that melancholics have dry bowels and are constipated, this fact seems to be overlooked in their treatments. Possibly both Aretaeus and Caelius were swayed by the popular opinion of melancholy into ignoring this symptom.

Chapter Five: Conclusion

The recent release of the *DSM-5* has caused great debate among many practitioners and researchers in the field of psychology, as well as in the general public. However, controversy surrounding mental illness has existed for years, indeed since the first attempts at its conceptualization and classification. In the Greco-Roman world, there were competing medical schools that had different theories about the causes, expressions and treatments of diseases. One would assume that the medical school to which one belonged influenced the treatments one prescribed. The contemporary debate surrounding the conceptualization and classification of mental illness inspired my analysis of the factors that affected the conceptualization and treatments of madness in the works of Aretaeus of Cappadocia and Caelius Aurelianus. My aim was to examine whether the medical theories of their different schools had any noticeable effect on their proposed treatments for three types of mental illness – phrenitis, *mania* and *melancholia*. Classification was not a marked problem for the ancient medical writers, but conceptualization was and, logically, so was treatment.

The comparison of the treatments of both Aretaeus and Caelius Aurelianus shows that the general treatments, or overall categories of treatments, used are essentially the same, regardless of medical theory. They also both make similar recommendations within the overall treatment categories. Although Aretaeus is thinking about disease and health "Hippocratically," that is in terms of balancing humours and the qualities of hot and cold, and wet and dry, and although Caelius subscribes to the Methodist aim of counteracting stricture and looseness, both of

these practitioners and their logics are actually very similar. Take for example, the use of clysters. A clyster must be used if the bowels are constricted and they are constricted if they are dry. Therefore, both authors are counteracting the dryness and constriction of the bowels by using a wet clyster in order to loosen them. Technically, they may explain their actions by emphasizing one specific aspect of their disease theory, but they are using the same logic to achieve the same end.

It seems as though they both are influenced by a mixture of theory and experience. Some treatments seem more theory-based, such as cupping and scarification, while others seem more experience-based, such as changes to the patient's environment. Although it is unsure whether theory or experience has the greater influence, it is certain that theory is not the only influence on their treatment plans.

While the writings of both authors are influenced by both theory and experience, Caelius emphasizes theory more than does Aretaeus. Caelius more often explicitly states the purpose of a particular treatment, and he also follows a certain predetermined order of treatments. Aretaeus instead rarely states the purpose of his treatments and he indicates what treatment should be used based on what symptoms the patient shows. Aretaeus also makes several references to the importance of practice and practical knowledge. The fact that Aretaeus is basing his treatments predominantly on symptoms and Caelius on causes is the exact opposite of what would have been expected for a Hippocratic and a Methodist, respectively.

Aretaeus also seems much more innovative than Caelius. Caelius remains faithful to his medical theory of stricture and looseness. Most of the times when he

does deviate into treatments which cannot be explained by theory, he then attempts to explain them within his theoretical boundaries, for example, by adding circumstances where a disease may be either constricting or relaxing. There are some treatments, such as a change of scenery, that do not fit in Caelius' theoretical model and must have been influenced by experience. But Caelius is less likely to refer to the value of experience than is Aretaeus. By contrast, Aretaeus incorporates both theory and experience, and clearly thinks that experience is important. He also adds novel thought to the definitions of illness, for example, by describing *mania* and *melancholia* on a continuum, much as we see bipolar disorder today.

While theory and experience clearly influence all the treatments recommended by both authors, theory has a stronger influence on the treatments for *mania* and *melancholia* than it does for phrenitis. For example, Aretaeus not only balances hot and cold, and wet and dry, in his treatment of *melancholia* (which he also does for phrenitis), he even tries to account for appropriate levels of a specific humour, black bile. The treatments for *mania* and *melancholia* are less specific than those for phrenitis. There is also confusion over the definition of *melancholia* in both authors. Aretaeus appears unclear about the part of the body affected by, and the cause of, *melancholia* while Caelius is unable to clearly differentiate *mania* from *melancholia*. With such confusion about the descriptions of the diseases, it is no wonder that the treatments for *mania* and *melancholia* are less clear than those for phrenitis. This confusion is probably present because phrenitis has a more concrete symptom – an acute fever. *Mania* and *melancholy* do not. Without a predominant and obvious symptom, it would be more challenging to

cure the patient. Both authors seem to be treating the other symptoms of the three types of madness as opposed to treating the insanity itself. Perhaps doctors of the time believed that these symptoms were causing the patient's madness, and so, by stopping the annoying or uncomfortable symptoms, they would be eliminating the source of the madness.

While an analysis of the phrenitis, *mania* and *melancholia* presented by each author was not the main goal of my examination, some interesting points emerged. The most striking difference between the definitions presented by each author lies in the definition of *mania* and the description of its relationship with *melancholia*. Aretaeus believes that *mania* is an intensification of *melancholia*, while Caelius believes that they are different disorders. Aretaeus' description of the relationship suggests a link to our modern bipolar disorder. Phrenitis, however, does not seem to have a clear modern equivalent. There were traces of a link to phrenitis in the *DSM-4*'s delirium, but this link was made more tenuous by the *DSM-5*'s deletion of symptomatic plucking from its definition for delirium. Currently, the most well-known types of mental illness, other than depression, are bipolar disorder (a disorder with a manic stage and a depressive stage) and schizophrenia.[603] Phrenitis and schizophrenia seem to have little in common. Schizophrenia instead seems linked to *melancholia*.[604] Both Aretaeus and Caelius note that suspicion was a symptom of *melancholia*, and of course, one of the major symptoms of modern schizophrenia is a feeling of being watched. *Melancholia* therefore is linked to both

[603] The other main categories of modern mental disorder are anxiety disorders and addictions.
[604] Eisendrath and Lichtmacher, "Psychiatric Disorders," 1016 as cited by Cilliers and Retief, "Mental Illness in the Greco-Roman Era," 135.

modern bipolar disorder and modern schizophrenia.[605] The reader is left to wonder how phrenitis, a mental illness that was so well-documented and so important in the ancient world, has simply disappeared from our modern classifications of mental disorders. This demonstrates perfectly the importance of the classifier on the conception of mental illness. It is very unlikely that human behaviour and mental illness has changed dramatically since antiquity. Instead, classification, which is an arbitrary social construct, is affected by the time period in which and the people by which it is produced. Even now, we can note these influences in the different versions of the *DSM*. Each year, different disorders are included based on societal influences. For example, homosexuality was included as a mental disorder at a time in which society did not accept it. It disappeared from the *DSM-3*.[606]

Aretaeus and Caelius have dramatically different views about the origins of diseases, including madness. As a result, they recommended treatment regimes designed to produce very different results. Aretaeus' treatments were designed to restore the body's humoural balance while those of Caelius were designed to produce a body poised between stricture and looseness. Yet, despite the different disease theories and stated aims of the remedies employed, the treatment regimes were nearly identical. This most likely is a reflection of the fact that the treatment options available to doctors in the ancient world were very limited. It may also reflect the fact that some of the treatments, while doing nothing to eliminate the

---

[605] There is a strong link between schizophrenia and mania, and even schizophrenia and depression, in the modern day, with patients already diagnosed with one of these illnesses being very likely to be diagnosed with one of the others. There is likely a continuum between schizophrenia and bipolar disorder (Richard Bentall, *Madness Explained* (London: Allen Lane, 2003), 70-71). This hints at the futility of the diagnostic process for mental illness.

[606] Richard Bentall, *Madness Explained*, 57.

underlying causes of the madness, may indeed have resulted in the elimination of some of the more obvious and unpleasant symptoms. Keeping a patient calm, restricting his consumption of wine, even bleeding to calm him down might have lessened the severity of the delirium and reduced the ravings of the individual affected with mental disorder. Experience in knowing what treatments were successful would have been important to both authors.

The same thing may be said of the debates surrounding the *DSM-5* today. Regardless of how mental illness is classified, whether on the basis of symptoms or on the basis of underlying causes, the treatment options for most mental illnesses remain fairly limited. With few exceptions, treatment will consist of drug therapy or counseling.[607] Just as classification and categorization of madness in the ancient world had little practical effect on its treatment of madness, it is possible that the new classification and categorization of mental illness in new *DSM-5* will have little to no practical effect on how serious mental illness is treated.

[607] Even when considering the most "scientific" of our treatments today, drug therapy, treatment is actually specific to symptom, not to a particular diagnosis. A drug will relieve a symptom, not a mental illness (Richard Bentall, *Madness Explained*, 93).

Bibliography

Adams, Francis. The Editor's Preface to *The Extant Works of Aretaeus, the Cappadocian,* translated by Francis Adams, v-xx. Boston: Milford House, 1856.

Aeschylus. *The Eumenides*. In *Aeschylus I: Oresteia*, translated by Richmond Lattimore. 133-171. Chicago: University of Chicago Press, 1953.

Aldhous, Peter, and Andy Coghlan. "A Revolution in Mental Health." *New Scientist* 218, no. 22916 (2013): 8-9.

American Psychiatric Association. "DSM-5 Development." Last modified 2012. Accessed June 17, 2013. http://www.dsm5.org/about/Pages/DSMVOverview.aspx.

Aretaeus. *The Extant Works of Aretaeus, the Cappadocian*. Edited and Translated by Francis Adams. Boston: Milford House, 1856.

Aristotle. *Nichomachean Ethics*. Cambridge: Cambridge University Press, 2000.

-----. *Problema 30.1*. In *Aristotle Problems II: Books XXII – XXXVIII*, translated by W. S. Hett, 155-169. London: William Heinemann, 1965.

Australian Psychological Society. "Diagnostic Dilemmas: DSM-5 Review and Development. " *InPsych*, (2012). Accessed June 15, 2013. http://www.psychology.org.au/Content.aspx?ID=4152.

Bentall, Richard. *Madness Explained*. London: Allen Lane, 2003.

Bertman, Stephen. *The Genesis of Science.* Amherst, NY: Prometheus Books, 2010.

Bosman, Philip, ed. *Mania: Madness in the Greco-Roman World.* Supplementum III of *Acta Classica,* edited by Louise Cilliers. Pretoria: Classical Association of South Africa, 2009.

C. Julius Caesar. *De Ballo Gallico.* Edited by T. Rice Holmes. Oxford: Clarendon Press, 1914.

Cancik, Hubert, and Helmuth Schneider, eds. *Brill's New Pauly: Encyclopedia of the Ancient World*, Vol. 1. Leiden: Brill, 2002.

Celsus. *De Medicina*. Translated by W. G. Spencer. Cambridge, MA: Harvard University Press, 1971.

M. Tullius Cicero. *Brutus: M. Tulli Ciceronis Scripta Quae Manserunt Omnia. Fasc. 4.* Edited by E. Malcovati. Leipzig: B. G. Teubner, 1965.

Cilliers, Louise, and François P. Retief. "Mental Illness in the Greco-Roman Era." In Bosman, *Mania: Madness in the Greco-Roman World,* 130-140.

Clark, Patricia. "The Balance of the Mind: The Experience and Perception of Mental Illness." PhD diss., University of Washington, 1993.

Copley, Frank O. Introduction to *Lucretius on the Nature of Things*, translated by Frank O. Copley, vii-xx. New York: W. W. Norton & Company, 2011.

Dodds, E. R. *The Greeks and the Irrational.* Berkeley: University of California Press, 1973.

Dioscorides. *De Materia Medica*. Edited by Max Wellmann. Berlin: Weidmann, 1958.

Doward, Jamie. "Psychiatrists Under Fire in Mental Health Field." *The Observer*, UK edition, sec. News: Society: Mental Health, May 12, 2013. Accessed May 30,

2013. http://www.guardian.co.uk/society/2013/may/12/psychiatrists-under-fire-mental-health.

Drabkin, I. E. Introduction to *Caelius Aurelianus On Acute Diseases and On Chronic Diseases,* translated by I. E. Drabkin, xi-xxvi. Chicago: The University of Chicago Press, 1950.

Euripides. *Heracles*. In *Euripidis Fabulae, Vol. 2*, edited by J. Diggle, 115-175. Oxford: Clarendon Press, 1981.

Frances, Allen. "Newsflash from APA meeting: DSM-5 has flunked its reliability tests." *Psychology Today*, May 6, 2012. Accessed June 18, 2013. http://www.psychologytoday.com/blog/dsm5-in-distress/201205/newsflash-apa-meeting-dsm-5-has-flunked-its-reliability-tests.

-------. "The New Crisis in Confidence in Psychiatric Diagnosis." *Annals of Internal Medicine: Online First*. Accessed June 18, 2013. http://annals.org/ on 06/18/2013.

Galen. *On the Affected Parts*. Translated by Rudolph E. Siegel. Basel: Karger, 1976.

------. *On Antecedent Causes*. Translated by R. J. Hankinson. Cambridge: Cambridge University Press, 1998.

------. *On Barley Soup*. In Grant, *Galen on Food and Diet*, 62-67.

------. *On the Causes of Disease*. In Grant, *Galen on Food and Diet,* 46-61.

------. "*On the Causes of Symptoms II*." In *Galen: On Diseases and Symptoms*, translated by Ian Johnston, 236-264. Cambridge: Cambridge University Press, 2006.

------. *On the Powers of Foods, Book 1*. In Grant, *Galen on Food and Diet*, 68-108.

------. *On the Powers of Foods: Book 2*. In Grant, *Galen on Food and Diet*, 109-153.

------. *On the Powers of Foods, Book 3*. In Grant, *Galen on Food and Diet*, 154-190.

------. *On the Sects for Beginners.* In *Three Treatises on the Nature of Science*, translated by Richard Walzer and Michael Frede, 3-20. Indianapolis: Hackett Publishing Company, 1985.

Grant, Mark. *Galen on Food and Diet.* New York: Routledge, 2000.

Harms, Paul. "The Logic of Irrational Pharmacological Therapies in Aretaeus of Cappadocia, Scribonius Largus and Dioscorides of Anazarbus." PhD diss., University of Calgary, 2010.

Harris, W. V., ed. *Mental Disorders in the Classical World*. Vol. 38 of *Columbia Studies in the Classical Tradition*, edited by William V. Harris. Boston: Brill, 2013.

Hause, W., and H. Temporini, eds. *Rise and Decline of the Roman World, Part II, Principate*, Vol. 37.1. Berlin: Walter de Gruyter, 1993.

Hippocrates. *Affections*. In *Hippocrates, Vol. 5*, translated by Paul Potter, 1-94. Cambridge, MA: Harvard University Press, 1988.

-----. *Airs, Waters, Places*. In *Hippocrates, Vol. 1*, 65-138.

-----. *Aphorisms*. In *Hippocrates, Vol. 4*, 97-222.

-----. *Coan Prenotions*. In *Hippocrates, Vol. 9*, translated by Paul Potter, 103-270. Cambridge, MA: Harvard University Press, 2010.

-----. *Epidemics 1 and 3.* In *Hippocrates, Vol. 1*, 66-288.

-----. *Epidemics 2*. In *Hippocrates, Vol. 7*, translated by Wesley D. Smith, 18-91. Cambridge, MA; Harvard University Press, 1994.

-----. *Hippocrates, Vol. 1*. Translated by W. H. S. Jones. London: William Heinemann, 1962.

-----. *Hippocrates, Vol. 2*. Translated by W. H. S. Jones. London: William Heinemann, 1959.

-----. *Hippocrates, Vol. 4*. Translated by W. H. S. Jones. London: William Heinemann, 1959.

-----. *Internal Affections*. In *Hippocrates, Vol. 6*, translated by Paul Potter, 65-256. Cambridge, MA: Harvard University Press, 1988.

-----. *Nature of Man*. In *Hippocrates, Vol. 4*, 1-42.

-----. *Prorrhetic 2*. In *Hippocrates, Vol. 8,* translated by Paul Potter, 213-294. Cambridge, MA: Harvard University Press, 1995.

-----. *Regimen 2*. In *Hippocrates, Vol. 4*, 297-366.

-----. *Regimen in Acute Diseases*. In *Hippocrates, Vol. 2*, 57-126.

-----. *Regimen in Health*. In *Hippocrates, Vol. 4*, 43-60.

-----. *The Sacred Disease*. In *Hippocrates, Vol. 2*, 127-184.

Homer. *The Iliad.* In *Homeri Opera in five volumes*. Oxford: Oxford University Press, 1920.

Hughes, Julian C. "If Only the Ancients Had Had DSM, All Would Have Been Crystal Clear: Reflections on Diagnosis." In Harris, *Mental Disorders in the Classical World*, 41-58.

Insel, Thomas. "Transforming Diagnosis." *Director's Blog* (blog), April 29, 2013. Accessed June 18, 2013. http://www.nimh.nih.gov/about/director/2013/transforming-diagnosis.shtml.

International DSM-5 Response Committee."Is the DSM-5 Safe?" Accessed June 14, 2013. http://dsm5response.com/statement-of-concern/.

Jones, W. H. S. Introduction to *Hippocrates*, Vol. I, translated by W. H. S. Jones, ix-lxix. London: William Heinemann, 1962.

Jouanna, Jacques. "The Typology and Aetiology of Madness in Ancient Greek Medical and Philosophical Writing." In Harris, *Mental Disorders in the Classical World,* 97-118.

Kingston, Anne. "Normal Behaviour, or Mental Illness?" *Maclean's*, March 19, 2013. Accessed June 01, 2013. http://www2.macleans.ca/2013/03/19/is-she-a-brat-or-is-she-sick/.

Lloyd, G. E. R. Introduction to *Hippocratic Writings*, edited by G. E. R. Lloyd, 9-60. London: Penguin Classics, 1983.

McDonald, Glenda. "Mapping Madness: Two Medical Responses to Insanity in Later Antiquity." In Bosman, *Mania: Madness in the Greco-Roman World*, 106-129.

Nutton, Vivian. *Ancient Medicine*. 2nd ed. New York: Routledge, 2013.

-----. "Roman Medicine, 250 BC to 200 AD." In *The Western Medical Tradition: 800 BC to AD 1800,* edited by Lawrence I. Conrad et al., 39-70. Cambridge: Cambridge University Press, 1995.

Oberhelman, Steve M. "On the Chronology and Pneumatism of Aretaios of Cappadocia." In Hause and Temporini, *Rise and Decline of the Roman World, Part II, Principate*, 941-966.

Ogden, Daniel. *Magic, Witchcraft and Ghosts in the Greek and Roman Worlds: A Sourcebook*. 2nd ed. New York: Oxford University Press, 2009.

Paris, Joel. "DSM-5: Handle With Care." *The Neuropsychotherapist*, April 25, 2013. Accessed June 10, 2013. http://www.neuropsychotherapist.com/dsm-5-handle-with-care/.

Parry, Wynne. "Normal or Not? How coffee drinking may brew a mental disorder." *LiveScience*, May 28, 2013. Accessed June 21, 2013. http://www.livescience.com/34765-coffee-drinking-is-mental-disorder-dsm.html.

T. Maccius Plautus. *Plauti Comoediae: Aulularia*. Edited by F. Leo. Berlin: Weidmann, 1895.

Pliny. *Natural History in Ten Volumes, Vols. 4, 6 and 7*. Translated by H. Rackham and W. H. S. Jones. London: William Heinemann, 1966-69.

Pormann, Peter E. *Rufus of Ephesus: "On Melancholy*." Tübingen: Mohr Siebeck, 2008.

------. "Text and Translation." In Pormann, *Rufus of Ephesus: "On Melancholy,"* 25-80.

Prioreschi, Plinio. *Roman Medicine*. Omaha, NE: Horatius Press, 1998.

Pull, Charles B. "Too Few or Too Many? Reactions to Removing Versus Retaining Specific Personality Disorders in DSM-5." *Current Opinions in Psychiatry*, no. 1 (2013): 73-78. Accessed June 17, 2013. http://www.medscape.com/viewarticle/776854_print.

Scarborough, John. *Roman Medicine.* Ithaca: Cornell University Press, 1969.

------. "Roman Medicine to Galen." In Hause and Temporini, *Rise and Decline of the Roman World. Part II, Principate*, 3-48.

Siegel, Rudolph E. *Galen on Psychology, Psychopathy*, *and Function and Diseases of the Nervous System: An Analysis of his Doctrines, Observations and Experiments.* New York: Karger, 1973.

------. Commentary in *On the Affected Parts*, by Galen, trans. Rudolph E. Siegel, 198-223. Basel: Karger, 1976.

Simon, Bennett. "'Carving Nature at the Joints': The Dream of a Perfect Classification of Mental Illness." In Harris, *Mental Disorders in the Classical World*, 27-40.

Smith, Sir Willliam, ed. *A Dictionary of Greek and Roman Biography and Mythology.* Boston: Little Brown Company,1859.

Stroumboulopoulos, George. "Caffeine Withdrawal is now Officially a 'Mental Disorder.'" *Strombo* (blog), June 6, 2013. Accessed June 23, 2013. http://www.cbc.ca/strombo/health/caffeine-withdrawal-is-now-officially-a-mental-disorder.html.

Tavris, Carol. "How Psychiatry Went Crazy." *The Wall Street Journal*, U.S. Edition, sec. Life and Culture, May 17, 2013. Accessed June 16, 2013. http://online.wsj.com/article/SB10001424127887323716304578481222760113886.html.

Thumiger, Chiara. "The Early Greek Medical Vocabulary of Insanity." In Harris, *Mental Disorders in the Classical World,* 61-95.

Toohey, Peter. "Madness in the Digest." In Harris, *Mental Disorders in the Ancient World*, 441-460.

------. *Melancholy, Love and Time: Boundaries of the Self in Ancient Literature.* Ann Arbor: University of Michigan Press, 2004.

van der Eijk, Philip J. *Diocles of Carystus*: *A Collection of the Fragments with Translations and Commentary*, Vol. 1. Leiden: Brill, 2000.

------. "Rufus' *On Melancholy* and its Philosophical Background." In Pormann, *Rufus of Ephesus, On Melancholy*, 159-178.

P. Vergilus Maro (Vergil). *Bucolics, Aeneid, and Georgics Of Vergil*. Edited by J. B. Greenough. Boston: Ginn & Co., 1900.