

THE CHANGING CONSTRUCTION OF THE HUMAN BEING  
IN MEDICAL DISCOURSE CONCERNING MELANCHOLY: 1620-1750

by

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## Abstract

The latter half of the seventeenth century brought the scientific revolution and a new style and habit of thought. This thesis examines medical texts from the period 1620-1750 in order to relate the changes wrought by the scientific revolution to changes in the ways physicians envisioned the nature of the human being. In order to narrow the scope of this study, this thesis will focus on a particular ailment, melancholy. Melancholy was considered a disorder which affected all parts of a human being, however his or her components were subdivided. Thus, a physician's discussion of melancholy reveals his perception of how the human being was constructed. Robert Burton's Anatomy of Melancholy, first published in 1621, reflects the sum of classical and medieval understanding of the human being -- the soul, the body, and their interaction -- and it forms the basis of this study. The Anatomy serves as a touchstone by which to compare later texts. The other works studied are representative of their period, and they are thoughtful texts which describe physiology and melancholy at length.

This thesis begins by describing Burton's model of the human being, and then discusses the definitions of melancholy used by later medical authorities. The symptoms, causes, and cures which Burton attributes to melancholy are compared to those of later writers. The construction of the

human being which emerges from The Anatomy is related to that which emerges from later works, and the moral and social implications of this change are discussed.

In the eighteenth century, the human being is increasingly viewed as a collection of components, rather than the type of intrinsic whole which Burton perceived him or her to be. Human beings are discussed separately from their surroundings, rather than in conjunction with their position in society. The soul becomes insignificant to physicians as they begin to focus their attention solely on the concrete and tangible body.

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## Introduction

This thesis examines medical discourse of the period 1620-1750 in order to understand the nature and extent of the changes which occurred in the perceived nature of the human being. In particular, how did the scientific revolution, with its emphasis on the concrete and tangible, affect medical understanding of the body, the soul, and their interaction? To narrow the focus, this thesis chooses a single disorder, melancholy, for study. Melancholy had, since Hippocrates, been a subject of medical texts, and many medical writers of the seventeenth and eighteenth centuries discuss the illness at length. An historical consideration of the medical discourse related to melancholy provides a case study of how old models of the human being were modified in response to prevailing scientific ideas, how the soul's perceived relationship to the body changed, and how medical discourse and practice were altered as a result. A lengthier and more complete discussion would focus on medical discourse generally, but melancholy was so widely considered and so frequently discussed that a study of it alone is revealing.

### i -- Historical Overview

The nature of the human being as described in learned discourse changed markedly from the Middle Ages to the eighteenth century. Throughout the classical and medieval

periods, study of the soul, its nature, composition, function, and its relationship to the body, remained a constant and prominent consideration of humanistic thought. The soul, which was described as an intricate and complex system, was foremost in philosophical discussion about the human being. The human being was relatively insignificant except in the context of his or her relationship to God, and to a lesser extent, to society. Scholars and thinkers tended to view physical and earthly concerns as being of less interest than spiritual and celestial matters. The Renaissance is defined by a philosophical shift which brought about a greater emphasis on man, rather than God, and on earth, rather than heaven. Man himself as a temporal being became a legitimate object of study.

Despite this anthropocentric focus, however, learned individuals continued to consider the soul to be an inextricable part of a human being throughout the Renaissance, as had always been done before. Thoughtful analysis of the soul remained an important component of most disciplines, whether the particular subject was literature, ethics, natural philosophy, or medicine. However, the transition from the Renaissance to the Age of Reason brought another great philosophical shift, just as the evolution from the Middle Ages to the Renaissance had done previously. Learned individuals began to place a greater emphasis on the concrete, physical, and specifically rational aspects of a



human being. Scholars began to separate study of the soul from secular learning and to relegate it to specifically theological treatises.

The Renaissance brought about a new ordering of the place of the human being universe, raising humanity's importance while downplaying God's. The Age of Reason was dedicated both to a new ordering of humanity and of the universe. During the Renaissance, a physical link between heaven and earth remained, but the celestial and earthly spheres were riven completely during the Enlightenment. The idea of the human being as a material entity became more important than that of a human being as an ethereal soul encased within a prison of flesh.

To note this increased emphasis on reason in the Augustan period is not to say that rationality had not always been highly prized. Since the time of the Greeks, reason had consistently been viewed as more exalted than sentiment or feeling. However, Renaissance and medieval thinkers viewed the exercise of reason to mean that one would thereby make the correct moral and logical choices and not allow one's passions to rule. Reason was not specifically linked to scientific inquiry. What occurred during the scientific revolution is that reason began to be identified with the type of thinking now defined as classical deductive reasoning. Reason meant mathematical analysis, ostensibly unbiased, of tangible physical reality.

As a consequence of this emphasis on the real and tangible, scientific reason and objective logic were valued highly, while emotion, intuition, and subjective description were ignored or denigrated. Thinkers started to reject the natural philosophy of such classical authorities as Aristotle, and sought discoveries based on the scientific method with its emphasis on mathematical reasoning and precise description. When this type of reason was applied to understanding the nature of the human being, the old models inevitably changed. Because the scientific revolution emphasized physical reality, the soul's significance could not help but falter. Within a mechanistic world, as constructed by mathematicians and physicists such as Descartes and Newton, a human may have been somewhat more than a machine, but his or her mechanical aspects were the most important. Increasingly, the soul and the body were considered apart from each other, and the body became an object, like any other part of nature, subject to physical forces and chemical reactions.

This philosophical shift inevitably affected the discourse of medicine. Throughout the classical period and during the Renaissance, the physician had always dealt with the human being as a complete system, with a body, soul, and spirits. Both the theory and practice reflected this holistic approach. By definition, the workings of the soul could not be separated from those of the entire human being.

An examination of medical theory and practice demonstrates that understanding about the nature of the human being changed significantly once the scientific revolution was underway. Increasingly, medical writers, both in their anatomical explanations and in their prescribed cures, began to divide a human being into components, and to analyze the parts independently of one another. The body remained the domain of the doctors, who were increasingly proprietary in their claim to exclusive rights to treat it. At the same time, doctors tended to ignore the soul, to downplay its importance, or to consider it outside their realm. The human being was no longer viewed as an indivisible and intricate whole.

However, the soul did not fade entirely from medical consideration. In fact, its continuing role demonstrates that, in many respects, medicine was very conservative when it came to discarding long-held beliefs and cherished practices. When medical authorities from the Age of Reason did consider the soul in their work, though, they were always aware of naturalistic and rationalistic trends which discouraged old interpretations of the importance of the soul in the consideration of illness. The new construction of the human being which emerged was built on the old.

This study does not seek to establish that medicine developed a single, overriding understanding about the nature of the human being. Such generalization would fail to

capture the complexity of the many different theories and ideologies doctors put forward, particularly after 1650. As printing became easier, the number of medical treatises dramatically increased, and these texts were written by individuals with many different backgrounds and beliefs. This diversity guaranteed that no sharp division between old and new methods of medicine, between the ways of the Renaissance and those of the Enlightenment, can be drawn. The scientific revolution significantly affected traditional perceptions of what a human being is, but an examination of melancholy indicates that the changes were incremental rather than drastic, and that long-established notions maintained their hold even as their original rationale vanished.

Because medicine seems inherently scientific, and therefore indisputable, and because its stated aims are so magnanimous, viewing medical discourse as responsive to societal pressures and reflective of conflicts and changes in the society at large may seem to reduce its status and value. Medicine's capacity to both reflect and anticipate social change has often been overlooked. However, the background of many of the medical authorities cited and the history of medicine itself indicate that social constraints and beliefs have always held enormous sway as to what medical beliefs are accepted or rejected.

The eighteenth-century physician George Cheyne wrote with disappointment, that medicine was the least studied of

the liberal arts,<sup>1</sup> a fact which today is even more true. To Cheyne, medicine was part of the complement of humanistic studies, essential for a complete understanding of a human being. His classification may seem unusual today; study of classical literature seems little related to skeletal anatomy or virology. However, Cheyne's statement that medicine is little studied except by "those who practice it" has become even more true. For about the last two centuries medicine has been most often considered a forbidding and unapproachable science, near which no laymen dare venture. The province of the physician is clear: the treatment of all physical aspects of a human being fall unquestionably into his domain. This territory is clearly marked by both law and cultural mores.

In contrast, medicine as studied and practiced by classical authorities was a liberal art and part of every educated individual's education. Although Aristotle's general philosophical ideas are more often considered today than his medical theories, he also constructed a model of a human being which explained thinking and perception as well as illness and disease. His works were an essential part of the Renaissance medical curriculum.<sup>2</sup> Plato also sought to establish the physical basis of irrationality by discussing the nature of the bond between body and soul, and used medical terminology without hesitation. When these ancient philosophers discussed melancholy, they did so in a very

broad sense, without any separation of the physical, emotional, and spiritual aspects of the disorder.

During the early medieval period, the fields of medicine, religion, and philosophy continued to be very closely linked, since most scholarly study, including that of medical texts, was done in monasteries, and many priests also practiced as doctors. Throughout the medieval period, the Church sought to restrict clergy from practicing medicine, in part because many priests and monks, who had taken a vow of poverty, were collecting handsome fees.<sup>3</sup> Dividing medical and religious practice in this way was one of the factors which made further separation between physical and spiritual concerns inevitable.

Despite the fact that the soul remained a vital source of interest, tension between physicians and priests became more evident when the Renaissance brought with it a renewed interest in experimental science. Anatomists were considered suspect by the Church, and physicians were frequently portrayed in literature as amoral, unprincipled, and atheistic. Sometimes the advice of physicians contradicted religious scruples. Thus, Robert Burton in the Anatomy of Melancholy considered, but disavowed the use of witchcraft to cure disease, but Paracelsus and many of his contemporaries recommended it. Despite these tensions, however, the prevailing view was that any event or condition which affected any aspect of a human being, whether the body or

soul, would inevitably affect the entire human being. "A sound mind in a sound body" was more than an aphorism; it was believed to be an inescapable and undeniable truth. In general, physicians considered the soul an entity frequently subject to disease which could be treated by their art, while theologians often saw the body as suffering from ailments brought about by humanity's fallen condition, which necessarily had injured its soul. There was no division of illnesses into strictly mental or physical, purely physiological or psychological. Melancholy is perhaps the best example of a disease which crossed whatever divisions of the human being doctor and priest could devise.

## ii -- The Texts

This study of melancholy is directly based on the analysis of relevant primary texts, and seeks to determine by them changes in the understanding of the nature of the human being. Robert Burton's The Anatomy of Melancholy is the text which must form a central part of any inquiry into early modern approaches to melancholy. His work shaped his generation's understanding of melancholy, and its anatomical, medical, and psychological explanations of the body, the soul, and melancholic disorders are more than the equal of any contemporary text written by a medical authority. It provides a basis for comparison to later texts and it summarizes the history of melancholy and the soul's

relationship to it up to that point.

Burton's work is noted for its compendious and encyclopedic nature. It is a thorough and artful synthesis of most classical and medieval thought about the soul and its connection to the body. The Anatomy represents the culmination of scholarship on its subject. It is one of the last great works dealing with natural philosophy before the scientific revolution, and it is one of the last to show great deference to classical authors. Burton sought, in the medieval tradition, to synthesize completely the opinions of the medical, philosophical, and religious authorities who preceded him. The emphasis was not on fresh discovery, since they believed that previous authorities had already determined everything which was necessary to know, but on understanding that which had already been discovered. In The Anatomy, Burton does not attempt to use the new methods of hypothesis and experiment advocated by writers who come after him.

This determination to unite all knowledge often led to contradictions. The Anatomy of Melancholy is enriched by Burton's enormous weight of learning, but Burton struggles, often unsuccessfully, to incorporate those authorities who reflect disparate views on precisely the same topic. To expect consistency in a medical treatise of this period would be to impose modern ideas of linear logic. Modern authors have adopted the scientific method, and feel compelled to



present texts which demonstrate seamless and flawless reasoning throughout. Previous writers felt no such requirement.

Burton was a clergyman and a scholar, not a physician, and he explicitly recognized his limitations. He recommended a physician for those who were ill. However, following in the learned tradition of his predecessors who "took all knowledge as their province", he saw no impediment to studying medicine as assiduously as he did the classics or the Church Fathers.

George Cheyne's 1733 work The English Malady, like the Anatomy of Melancholy, deals exclusively with the subject of melancholic disorders. Cheyne was a prominent physician, and he was one of the first who sought to incorporate Newtonian mechanics into the practice of medicine.<sup>4</sup> Cheyne was brought up with a broad liberal education, for his parents' intention was that he should enter the Church. In his works, he considers the human being as a whole, but he makes clear that his primary concern as a physician is the physical body. Cheyne's own experience with melancholy, which he discusses at length, adds a personal note to the text. Other works by Cheyne such as his 1742 The Method of Cures in Diseases of the Body and Mind also discuss melancholic disorders and his understanding of physiology and psychology.

Cheyne is interested in scientific applications, but his style is descriptive and qualitative rather than rigorously

analytical. In contrast, Peter Shaw's 1728 work A New Practice of Physic attempts to bring a scientific viewpoint to the discussion of disease, and includes some discussion of melancholic disorders. Shaw edited Francis Bacon's writings, and Shaw clearly has a similar affinity for the scientific method. Thomas Apperley, author of the 1731 text Observations in Physick, Rational and Practical, was an admirer of Shaw's scientific orientation and he likewise discusses melancholy at length in his medical text.

Other medical writers are mentioned in this thesis where they make useful comments about the nature of melancholy, provide a detailed description of physiology, or describe a new approach to medicine based on scientific principles. The selection of these additional authors is inevitably somewhat arbitrary, and many more could have been profitably included. The writers discussed in this thesis were all within the mainstream of the medical practice of their day. The philosophical changes which occur over time can be more clearly seen through the selection of standard texts. The ideas of these authors were generally conventional, and were rarely contradicted outright by their peers. In their works, they discuss melancholy with interest and in a way that seems to reflect their philosophy of medicine generally.

The texts selected do not, however, provide a thorough overview of the subject. Analyses of works such as Culpeper's Directory for Midwives, which was written for a

less aristocratic audience than the other works selected, and which deals extensively with women's melancholic and hysteric disorders, would contribute a great deal to a further understanding of the way the nature of the human being changed after the scientific revolution.

This thesis examines the texts in a practical manner, with little analysis of the texts from a specifically theoretical point of view. A feminist, deconstructionist, or other ideological critique would likely be illuminating in a future study. However, other than for the Anatomy, these texts have not been a traditional subject of investigation in English studies, and hence simple close reading of the works suffices for the general background which this thesis seeks to provide. The main objective is explication.

### iii -- Structure and Focus of this Study

A clear understanding of the classical model of the human being is necessary in order to discuss how this conception had begun to change by the eighteenth century. Chapter One discusses Burton's view of the basic structure of the soul, the body, and the spirits. The Anatomy of Melancholy compiles a summary of classical and medieval knowledge and the text provides a standard against which to compare later writers.

Just as perceptions of what a human being is have changed, so too has the definition of melancholy.

"Melancholy" once referred to an ubiquitous and vaguely-defined disorder, but today it is but an obscure psychiatric term or, colloquially, a synonym for mild depression.

Chapter Two again uses the Anatomy of Melancholy as a starting point, this time to clarify the definitions which different medical authorities used. Burton represents the standard beliefs of his age, and the meaning which Burton attached to melancholy can be profitably compared to the meaning later writers ascribe to it. With time, the definitions of melancholy tended to be less ambiguous and more precise. The way in which science affected the definition of melancholy in the early eighteenth century is related to the way science affected the perception of the nature of the human being.

Chapter Three focuses on the different medical authorities' etiology and treatment of melancholy. Like the definitions physicians used, their understanding of the human being is reflected in their view about the causes of melancholy and the correct treatment for it. Whether the medical writer ascribed mainly physical causes to melancholy, or whether he saw spiritual difficulties as the source of the problem reveals his understanding of the nature of the human being.

Similarly, the cures prescribed often reveal the author's underlying philosophy. The recommended approaches to treatment sometimes aimed for mathematical precision and

accuracy in their formulation, while other suggested treatments had no specific rationale other than empirical effectiveness. Some doctors tended to favor a scientific approach, emphasizing deductive logic and careful analysis, while others favored a more intuitive method, focusing on the supernatural, on intuition, hearsay, and common knowledge. Some emphasized physical cures, while others advocated great changes in the mode of life. This thesis does not propose to itemize the many different treatments recommended for melancholy, but to discuss how these cures involved the soul and how they served to either increase or decrease the soul's perceived significance. A study of what medical authorities believed to be the causes of and the cures for melancholy, and the changes which occurred in these beliefs, will show how the soul was seen to interact with the other components of a human being, and how the perceived nature of the human being changed.

Chapter Four discusses the moral and social implications of these new conceptions of the human being. Melancholy was always a disease which occurred within a moral and societal context, and alterations in its definition, etiology, and treatment reflected wider societal changes. Earlier writers, including Burton, tended to view melancholy as a condition which affected both individuals and societies. Suffering from melancholy was not proof of wrongdoing, but the two were often viewed as related. The perceived relationship among

sin, guilt, and melancholy changed as the discourse about melancholy and the soul changed. In some cases the studied lack of moral comment about the soul and about melancholy reflected significant challenges to typical medieval beliefs about sickness and sin. The scientific revolution brought with it a narrower, individualistic focus in respect to disease, and medical writers tended not to consider the larger social implications which particularly concerned Burton and his predecessors. Paradoxically, the scientific revolution emphasized the individual, but at the same time the human being was increasingly viewed as a machine-like organism.

This thesis cannot provide a final summation of the eighteenth-century approach to the construction of the human being. The period 1620-1750 not only brought a general shift of thinking, but it also brought a multiplicity of new ideas and hypotheses. Just as new religious denominations and sects were springing up at a rapid rate after the Restoration, so too were schisms and schools of medical theory and practice. Previously, authority as stern and autocratic as that of the Church had, for the most part, dictated, within a narrow range, how the body and soul were constructed and how disease should be treated. As the seventeenth century progressed, some doctors held to traditional dogmas, but the sheer number of new possibilities drowned out the old ways of thinking. This preliminary

survey of texts can only provide a part of the answer to the general question of the way in which the construction of the human being following the scientific revolution compares to the pre-scientific understanding of the nature of the human being.

## Notes

1. A New Theory of Acute and Slow Fevers, 6th ed. (1744), i.
2. See C.B. Schmitt, "Aristotle Among the Physicians", The Medical Renaissance of the Sixteenth Century, eds. R.K. French, A. Wear, and I.M. Lonie (Cambridge: Cambridge University Pr., 1985), 1-15.
3. Nancy Siraisi, Medieval and Early Renaissance Medicine (Chicago: University of Chicago Pr., 1990), 42-43.
4. For example, in A New Theory of Acute and Slow Fevers, Cheyne uses mathematical theorems to describe the flow of fluids through the human body.



## Chapter 1

### Burton's Construction of the Human Being: Soul, Body, and Spirits

Burton, before beginning a proper account of melancholy, writes, "I hold it not impertinent to make a brief digression of the anatomy of the body and faculties of the soul, for the better understanding of that which is to follow."<sup>1</sup> Clearly, one cannot assume modern definitions of such concepts as the soul, spirit, and mind, or easily translate contemporary scientific understanding about the body into a pre-Enlightenment context. This chapter attempts to define briefly the model of the human being which scholars widely accepted and used during the first half of the seventeenth century.

#### i -- The Soul

The soul's importance in classical medical discourse reflects its importance in intellectual study as a whole. No construction has been more central to the history of western civilization than the idea that a human being consists of two parts, body and soul. The reality of the soul was as significant, if not more so, than the physical reality of the body. The concept of the Great Chain of Being indicates the relative importance which was attached to the soul. In the 1646 work, A Treatise of the Passions and Faculties of the Soule of Man, Edward Reynolds uses this theory when he emphasizes that

the body is inherently subordinate to the soul, and he refers to a commonplace analogy between the soul ruling the body and the prince ruling the commonwealth. If the chain is disturbed, the hierarchy reversed, sickness, chaos, and disorder will inevitably result.(4-5) In most medieval philosophy, the body was discussed insofar as it related to the soul, but one's physical self was not usually considered important by itself. Many more theological treatises were written during the Middle Ages than medical ones, and theology was a much more common scholarly pursuit than medicine.

The concept of the Great Chain of Being was based on pre-Copernican cosmology, and thus became increasingly discredited in the seventeenth century. However, authorities continued to be familiar with this idea, despite the scientific revolution, and most adhered to at least certain aspects of it. In the classical philosophy which Burton reiterates, the soul was seen as the rightful ruler of the human being, and all illness could be related to it in some manner.

Despite the soul's undisputed importance, philosophers argued about its essence, composition, origin, and purpose. Burton was familiar with these philosophical debates, and discusses some of them in his description of the nature of the soul. He does not dismiss any categorically. He usually does not endorse any of the theories he sets forth, and he does not clearly affirm a final position. Thus, Burton does not decide whether the essence of the rational soul is "fire, as Zeno held;

harmony, as Aristoxenus; number, as Xenocrates", "whether it be organical or inorganical," whether it is "seated in the brain, heart, or blood", or whether it is "mortal or immortal."  
 (I.1.2.9;142) He is content to state that "this controversy remaineth a pleasant, but a doubtful subject."

Despite these controversies about the essence of the soul, Burton, as well as other authorities, consistently believed the soul to lack physicality or substance. A few Greek and early Christian philosophers viewed the soul as material, but this belief was generally seen as heretical. The theory that all things were made of air, water, earth, and fire significantly influenced thought about the soul. The soul was closely associated with both of the celestial elements, air and fire. Although the body was composed of all four elements, the terrestrial elements, earth and water, which it contained prevented it from ascending upwards. The soul could ascend to heaven, for no weight would bear it down.

Burton's understanding of the soul, as it emerges from the various possibilities which he sets forth, represents a consensus of ideas borrowed from authority both ancient and contemporary. Burton states that the soul is divided into "three principal faculties, vegetal, sensitive, and rational, which make the three distinct kinds of living creatures: vegetal plants, sensible beasts, rational men." Significantly, "sensible includes vegetal, rational both." (I.1.2.5;135) The structure of the soul which Burton sets out is generally similar to that of other

authors. Juan Huartes, a well-known sixteenth-century Spanish physician, concurred almost completely. Burton differed somewhat from Timothy Bright, author of the 1580 Treatise on Melancholy, who believed that there were only two parts to the soul, the vegetative and the rational. Some authors such as Paracelsus believed there was a fourth soul, which corresponds to what Burton calls the "spirits". In all cases, though, the functions of the soul are divided among its various components.

The functions of each of these three divisions of the soul are well-defined. The vegetal faculty comprises the nutritive, augmentative, and generative sub-faculties. Thus, whatever properties nourish the organism, cause it to grow to its proper size, and allow it to reproduce, belong to the vegetal faculty of the soul. The idea that a plant shares one of the same types of soul with an animal and with a human being emphasizes the commonality of all living things, and it underscores the emphasis classical and medieval philosophers put on unity and connection.

According to Burton, animals and man are alike in that they both possess a sensible soul which allows "sense, appetite, judgement, breath, and motion." (137) This sensible soul comprises two parts, "apprehending" and "moving". The physical senses, sight, hearing, taste, touch and smell, are included under apprehending. The inward senses, "common sense, phantasy, and memory" are also included as aspects of the apprehending subfaculty. The moving faculty consists of the appetite and the ability to move about from place to place.

The rational soul is unique to human beings and has two chief parts: the understanding, "which is the rational power apprehending; [and] the will, which is the rational power moving" (I.1.2.9, 144). Distinguishing understanding and will from "common sense, phantasy, and memory" was a controversial subject among medieval and Renaissance philosophers, because of the obvious overlap between the mental powers attributed to the rational soul and those attributed to the animal soul. The rational soul corresponds most closely to the modern definition of the mind. This entity continued to be of great interest to eighteenth-century medical writers and scientists, even as the soul's other components faded from view. Descartes believed the soul to be exclusively rational, and believed that its presence was the sole feature which distinguished human beings from animals. Descartes' mechanical perspective can best be understood by his belief that animals were machines which human beings could theoretically produce.

Following the hierarchal patterns of the Great Chain of Being, the rational soul should rule over the other souls, just as the soul is to rule the body. "Divine reason" is a term which repeatedly appears in Renaissance texts. Rationality was given an exalted status because philosophers believed that it was in the exercise of the rational faculty that a human being was most like God. Not coincidentally, women and children, though possessed of rational souls, were commonly believed to lack the full use of this faculty. Although women most often lacked full

rational faculties, they were believed to possess strong sensible faculties which compensated somewhat for this shortfall.

However, the possession of this increased sensibility firmly established their inferiority. Newborn infants lacked all but vegetative capabilities, but as they matured, children acquired the use of both sensible and rational faculties. This three-fold ranking of human beings into men, women and children corresponds to the hierarchal structure of the tripartite soul and again affirms the idea of the Great Chain of Being.

## ii - The Body

Just as medieval notions of the soul maintained their hold even into the eighteenth century, so too did the model of the human body which was first defined by Hippocrates in the fourth century B.C. It would be well beyond the scope of this thesis to list all the ways in which modern medical science differs from that of the seventeenth century, but the basic structure of the body, as understood by Burton, bears repeating. Following Hippocrates, as well as a number of other early medical writers, Burton divided the body into two components, the fluid and the solid, those parts which are "contained" and those which are "containing". The solid organs belonged to one of three regions, the brain, the heart, or the liver. The brain controlled the head region, the heart controlled the chest, or middle belly, while the liver controlled the lower belly.

The solid organs contained the "liquid or fluent" spirits

and humours. The humours, again following traditional medical usage stemming from Hippocrates, were the blood, the phlegm, the choler, and melancholy. The blood was a "hot" and "sweet" humour, the phlegm was "cold and moist", the choler was "hot and dry" and the melancholy was "cold and dry". All four humors were "comprehended in the mass of blood." The melancholy humour was, of course, closely connected with the ailment of melancholy.

The ideal human being had all four humours in perfect proportions. But since every individual was manifestly imperfect, he or she could possess any of an innumerable set of possible combinations, and the particular balance was always subject to change. As is evident in the work of Chaucer, Shakespeare, and numerous other writers of the medieval and Renaissance periods, one's predominant humours were widely believed to determine one's personality and appearance, as well as to reveal the diseases to which one was subject. Burton and his contemporaries believed the humour theory to have a strong basis in fact, and not to be merely an explanatory model.

### iii -- Spirits: The Connection between Body and Soul

The "spirits" were another of the liquids, besides the humours, contained within the body. The spirits are perhaps the least known aspect of seventeenth-century physiology. Present-day thought and literature, both secular and religious, often refers to the concept of a spirit which is separate from the soul and which, in some ineffable way, is the essence of a human being.

That construction of "spirit" has no equivalent in seventeenth-century thought. For Burton, as in the authorities from which he quotes, the prevalent meaning of "spirits" is a very fine vapor essence or fumes which arises from the motion of the blood. Groenevelt, in his 1715 work, The Grounds of Physick, carefully distinguishes them from the humours or liquid taken into the body, calling the spirits "impalpable" because of their "great volatility," in contrast to the relatively stable, "palpable" humours. (73)

Burton, like his contemporaries, believed spirits to be generated by the movement of the blood. The speed and turbidity of this movement was dependent on such factors as exercise, diet, emotion, and temperature. If the blood moved sluggishly, there would be fewer spirits generated than there would be if it moved quickly or turbulently. Harvey's theory of circulation, first published in 1621, was not yet widely known or accepted when Burton was writing, but as it became better known that the blood circulated regularly, the original understanding of how spirits were generated seemed to have an even more substantial basis in fact.

The spirits, like the soul, were divided into "three kinds." They were the natural, vital, and animal, which arise, in turn, from the liver, the heart, and the brain. In hierarchal progression, the natural spirits have the lowest rank, for they carry out the actions of the vegetative soul, while the vital spirits act for the sensible soul, and the animal spirits, as the



conduits for the rational soul, have the highest rank.

The spirits were seen as being more gross than the soul, but more fine than the body, and were generally believed to serve as an intermediary between the body and soul. In almost all constructions of the human being done by different authors, the means by which the soul was able to act on the body was uncertain. John Harris, in the 1676 Divine Physician, echoes a number of contemporaries when he writes,

We cannot by the Reasons of humane Philosophy comprehend how Spiritual, and Corporeal Beings are linck'd together, and conjoyned in one; yet experience, and the effects demonstrate their joint influence, and concurrence in the production either of Health, or Diseases. (iii)

The most widely-accepted explanation was that the ultra-fine spirits, which partook both of the physical nature of the body and the incorporeal nature of the soul, served as, Burton describes them, as "a common tie or medium betwixt the body and the soul." (I.1.2.3, 129) The spirits were the instrument that allowed one to act as agent of the other.

#### iv -- The Human Being as a Whole

The human being as Burton represents him is hierarchically ordered in every aspect. The solid organs are linked most closely to the earthly element, and hence lack the purity of the incorporeal soul. The humours and spirits combine various proportions of the elements, and are therefore in the middle of the hierarchal structure. The human being himself is part of a grander scheme. However, Burton does not seem to be preoccupied

with the ranking order. He is more concerned with the balance of the entire organism. Later writers are also concerned with achieving the proper balance among various components, but they lack the same defined structure which Burton presents. Frequently, the physiological understanding which informs their discussion of melancholy is not explicitly stated.

Burton's construction of the human being and disease reveal a view of the body as somewhat less physical than a modern scientist would perceive it, and a soul which had a concrete reality greater than most contemporary thinkers would ascribe to it. Burton's description of a human being is important, not because it was universally accepted, but because it is a good representation of the consensus held by most educated individuals of the time. When setting forth new theories or ideas during and after the scientific revolution, medical authorities were responding to those who still held to traditional knowledge. To facilitate understanding, medical writers often used well-worn analogies, even if they were not exactly appropriate for explaining the new theories of physiology which had been developed. In order to analyze the changes which occurred, one must understand the base from which medical knowledge changed so radically.

The differences between contemporary and early modern constructions of the body are significant to a discussion of melancholy because the disorder cannot be easily translated into a twentieth-century equivalent. Melancholy had multitudinous

manifestations, and it was never seen as a disease which occurred apart from other disorders or difficulties. Burton describes melancholy in terms of its effects on every aspect of the human being. In Burton's work melancholy is a chameleon, forever changing its form, or a continually overhanging fog, seemingly present everywhere.

## Notes

1. Robert Burton, The Anatomy of Melancholy, eds. Floyd Dell and Paul Jordan-Smith (New York: Tudor Publishing, 1927), (I.1.2.1;127).

## Chapter 2

### Definitions of Melancholy: 1620-1750

Melancholy, in contemporary usage, has a rather vague meaning. Most often, the term is not used to refer to clinical depression, but rather a transient downturn in mood or a feeling of ennui. It is almost neutral in tone, and carries with it little implication of suffering or pain. The word is also used as an adjective to describe works of art or music which are muted or dark in tone and imagery. It currently has little psychiatric or medical significance.

However, the medical history of melancholy extends for a much longer period than does its relatively recent neglect. Melancholy had been a subject of medical discourse since at least Hippocrates. The word "melancholy" is derived from the Greek words "melas," meaning black, and "chole," meaning bile. As used by classical authorities, the term "melancholy" referred both to a cold, dry, and black humor contained within the blood, and to a disorder or complex of disorders with a variety of mental and physical symptoms. Black bile was linked to melancholic disorders, but was not the only possible cause.

After Hippocrates, such philosophers and physicians as Caelius, Augustine, Avicenna, and numerous medieval and Renaissance writers had also written at length about the illness. However, as Lawrence Babb's work, The Elizabethan

Malady indicates, the condition appears to have achieved particular prominence during the period from approximately 1580-1642. Ficino's 1489 De Vita came before, but Timothy Bright's 1580 Treatise on Melancholy, and several lesser-known works printed at this time were all concerned with the subject of melancholy.<sup>1</sup>

To Burton and his contemporaries, melancholy was a persistent illness which sapped its victim's strength. It enveloped the sufferer's entire being, and he could never escape from it completely. Melancholy was seen as a contributing factor to a host of other illnesses. An account of the historical definitions of melancholy can never provide a complete sense of the seriousness with which seventeenth-century individuals viewed the disorder and the pervasiveness with which it affected much of the learned upper classes.

#### i -- Burton's Definition of Melancholy

Burton was just one of a number of intellectuals of his time who claimed to suffer from melancholy. Aristotle had linked melancholy to wit long before, but the idea of the melancholy and productive scholar appears to have become particularly alluring during this time. Burton's work is indebted to that of Ficino, and the Italian courtier's work was largely concerned with melancholy as it related to scholars. Whatever the reasons, the disease became

increasingly fashionable around the turn of the seventeenth century, as is reflected by the sudden large increase in prominent self-admitted sufferers such as John Donne.

To Burton, melancholy cannot be fairly described as a mere disease. Melancholy was as much a personal inclination or attribute as a pathology. Many "sufferers" considered the most important aspect of melancholy to be the extra intelligence and thoughtfulness with which the ailment imbued them. Thoughts and images were believed to be better retained in a cold and dry brain, and a scholarly mode of life was believed to be a direct cause of melancholy. Burton makes clear in his introductory poem that to him melancholy is both a blessing and an affliction. In the introductory poem entitled "Author's Abstract of Melancholy," he alternately declares that "All my joys to this are folly,/Naught so sweet as Melancholy," and "All my griefs to this are jolly/Naught so sad as Melancholy." For Burton, melancholy is not always a discrete illness, but a state of being and a habit of mind.

Burton's own ambivalence about melancholy is fitting, given the medical uncertainty and controversy which surrounded the disorder. When attempting to classify "the species or kinds of Melancholy," Burton writes, "When the matter is diverse and confused, how should it otherwise be, but that the species should be diverse and confused?"

[I.I.3.4; 153] Burton provides clear examples of the

classical authorities' disagreement about the nature of melancholy in the subsection entitled, "Of the Matter of Melancholy." [I.I.3.3; 151-152] Some authorities viewed the melancholy humor as an integral part of a human being, but others saw it as inherently suspect. Many viewed black bile as being merely a corruption or adust of another humor, usually choler, and not itself a legitimate component of the blood. This corrupt humour would inevitably bring disease.

Other authorities believed that there was both a natural melancholy humor and corrupted bilious humors. If one possessed a surplus of the natural melancholy humor, he might be pensive and downcast, but not suffering from melancholy. Burton, characteristically, adopts both positions. He writes, paraphrasing Faventinus, "If natural melancholy abound in the body, which is cold & dry, so that it be more than the body is well able to bear, it must needs be distempered . . . & diseased." (I.I.3.3; 152) Faventinus also believed that the disorder can arise from "that other melancholy of choler adust, or from blood, [which] produceth the like effects." (152) Burton, in the tradition of medieval discourse, seeks synthesis between opposing theories, rather than clear-cut rejection of one or the other authority. He briefly describes the views of a multitude of authorities, but he does not choose one over the other. Inevitably, the nature of the human being as related by Burton becomes increasingly obscure and complex.



Burton does not view his explanatory role in the same manner as would scientists, which many of the later medical writers considered themselves to be. Burton is under no obligation to make the intricate and fragile theories of classical authority free of logical errors or inconsistencies. Paying homage to authority is as important as the ostensible subject of the text.

When subdividing melancholy, Burton is more definitive than he was when discussing the nature of the melancholy humor. He again mentions conflicting authorities on the different types of melancholy, but he appears to favor the one he describes as the "most received." [I.I.3.4; 154] Burton provides three categories. The first "derives from the sole fault of the brain, & is called head melancholy: the second sympathetically proceeds from the whole body, when the whole temperature is melancholy: the third ariseth from the bowels, liver, spleen, or membrane called mesenterium, named hypochondriacal or windy melancholy." But Burton admits that "it is a hard matter. . . to distinguish between these three species one from the other. . . .They can scarce be discerned by the most accurate Physician, & so often intermixed with other diseases, that the best experienced have been plunged." Burton notes that physicians did not agree amongst themselves as to whether certain patients suffered from melancholy, or if so, what type. What one physician termed

hypochondriacal melancholy, another diagnosed as asthma.  
(I.1.3.4; 154-155)

Burton's division of melancholy is related to Galen's division of the body into three important regions: the heart, brain, and liver. The heart controlled the whole body. Because later authors tended to be significantly less deferential to tradition, Burton's Galenic classification is used very little. The changes in medicine were not only the result of the triumph of the scientific over the descriptive, but of the new over the old. The divisions which Burton held so important, whether of the soul, the body, or the spirits, are also of little significance to later authors.

Besides dividing melancholy into three types, of the head, body, and hypochondries, Burton divided the symptoms of the disorder into two groups, those of "the Body" and those of "the Mind." This distinction is not so clear-cut as it appears. Burton writes that a person suffering from melancholy would either be "cold and dry," or if the humour was "adust," he would be "hot and dry." Burton quotes from Hippocrates, who wrote that melancholy persons display the following characteristics:

They are lean, withered, hollow-eyed, look old, wrinkled, harsh, much troubled with wind, and a griping in their bellies, or belly-ache, belch often, dry bellies and hard, dejected looks, flaggy beards, singing of the ears, little or no sleep, & that interrupt, terrible and fearful dreams." (I.3.1.1; 326)

Burton derives more physical symptoms from the authorities, including such ones as "mimical gestures that are too familiar, laughing, grinning, fleering, murmuring, talking to themselves, with strange mouths and faces." (326) He adds, "All their senses are troubled, they think they see, hear, smell, and touch, that which they do not." (327) Burton lists all of the above-mentioned symptoms as being "of the body." If a symptom had a physical manifestation, and could be visibly observed, Burton did not classify it as being "of the mind."

The mental symptoms of melancholy are strictly abstract. They include, most significantly, fear and sorrow, with the fears being improbable and irrational, and the sorrow occurring without apparent reason. Other symptoms of the mind include suspicion, jealousy, inconstancy, a tendency to fall in love easily, and timidity. (I.3.1.2; 327-338, passim) Burton's division of physical and mental symptoms is not related to the possible causes of the disorder. Clearly, it does not correlate to a modern division, which would include delusions and obsessive behaviors as mental disorders.

Burton's decision to put forth authorities' opposing viewpoints does not mean that he abandons any attempt to present a clear structure of the nature of the human being and the nature of melancholy. The synopsis at the beginning of the text is an obvious indication of the way Burton

carefully ordered his presentation. He presents multiple possibilities at each step of the analysis, but he clearly defines the major subdivisions. Thus, when Burton refers to the generally-accepted theory of the three-part soul, he makes reference to those who believed in two or four. When Burton describes the nature of melancholy, he mentions most extant theories. Because Burton presents so many theories without affirming any, his view of the nature of the human being and the nature of melancholy could seem confused. However, if the reader selects any of the possible constructions which Burton puts forward, this choice, standing alone, provides a coherent theory.

## ii -- Later Definitions of Melancholy

Burton's generalist, rather than medical, background was likely one reason why he provided such an extensive discussion of various definitions of melancholy. Medical authorities who came after Burton tended to use a comparatively circumscribed definition of melancholy. The description of the disease of melancholy differs depending on the doctor's philosophy and his particular understanding of how a human being was constructed.

Shaw, in his discussion of melancholy in his 1728 A New Practice of Physic narrowly defines the illness:

Affectio Hypochondriaca, otherwise called melancholy, is a change in the natural state of the mind, from some imaginary cause with regard to the person, attended either with anxiety, or a confident alacrity. (318)

Shaw draws a sharp distinction between mind and body. Although melancholy as described does have specific physical effects, the description makes clear that its mental aspects are most significant. Shaw is mathematically and scientifically oriented, and he is determined to define his terms with precision.

Shaw also precisely lists the symptoms of melancholy, rather than spreading them haphazardly through an extensive text like Burton does. He writes:

The concomitant signs of this distemper are indolence, tremors, fears, anxiety, despondency, indigestion, costiveness, a difficulty in respiration, a swelling in the throat threatening [sic] suffocation, the hiccup, and a short cough. Sometimes also there is a pain in the hypochondria. (319)

The symptoms are objectively and concisely described, with little comment. Shaw makes the illness seem less vague than Burton makes it, and he greatly restricts the scope within which one can diagnose melancholy.

Burton's definition, in comparison to Shaw's, seems loose and ill-defined. Yet, as previously discussed, Burton does not lack an overall structure in his discussion of physiology and psychology. He provides divisions and subdivisions of the human being and of melancholy. However, Burton does not clearly assign any particular symptom to a particular part. The components interact in such a manner to make such delineation impossible. Burton is always aware of the underlying structure which he sets forth, but it does

not rigidly determine the limits of his analysis.

Burton, because he was attempting to include so many possibilities in his encyclopedic work, would naturally tend to lose whatever precision he might otherwise have obtained. One of the most significant differences between pre-scientific and scientific medical writings is the greater insistence on exact definition in the latter. Part of the change which occurs in the construction of a human being rests solely in the fact that demands for a more "logical" structure necessitated drawing sharper contrasts between various components of a human being than would otherwise be the case. Shaw wants the scientific basis of his writing to be self-evident, and thus does not explore the range of contradictory possibilities as Burton does.

However, Cheyne, who also had a mathematical orientation, takes a different approach than Shaw in his description of the nature of melancholy. Cheyne's book about melancholic disorders, the 1733 English Malady, lists numerous symptoms. Cheyne, like Burton, considered himself a long-term sufferer. In the first of the three stages of the "English Malady", one suffers from the following symptoms:

All Lowness of Spirits, Swelling of the Stomach, frequent Eructation, Noise in the Bowels or Ears, frequent Yawning, Inappetancy, lethargick or watchful Disorders, in short every Symptom not already classed under some Particular limited Distemper, is called by the general name of Spleen or Vapours: of which there are various and different Symptoms, according to the different Constitutions, Tempers of Mind, and common

Diseases, Persons subject to such symptoms labour under.(194-195)

The use of the word "spleen" to describe this ailment fits well with previous descriptions of melancholy and hypochondria. Black bile was believed to originate in the spleen, and hypochondria was a medical term for spleen. Cheyne uses the words "vapours" or "spleen" to refer to the same complex of disorders which Burton means by "melancholy", and restricts the use of the term "melancholy" to refer either to the humour or a particular mental state.

In the second stage of the disorder which Cheyne calls spleen or the vapours, the symptoms include a "deep and fixed melancholy"(199), as well as delusions, insomnia, horror, and numerous others. The "deep and fixed Melancholy" in this instance has a much more specific meaning, referring to a purely mental state, than it does in Burton. However, the total syndrome which Cheyne describes is a melancholic disorder which correlates closely with windy, hypochondriacal melancholy. Like Burton, Cheyne is inclusive in his description. He specifically describes the syndrome as bringing in "every Symptom not already classed under some Particular limited Distemper." One might suspect that Cheyne, who uses mathematical models to describe the workings of a human being, and who is otherwise exact in his descriptions of illness, is using "spleen" as a catch-all term to take care of whatever disorders cannot be neatly

categorized.

The indeterminate meaning and the Protean characterization of the ailment variously described as melancholy, hypochondria, spleen, or vapours may be why this set of symptoms attracts so little scientific interest today. Modern doctors frequently "diagnose" patients who have no obvious pathology, but who experience troubling symptoms, as suffering from "hypochondria." Earlier physicians such as Cheyne also used this term to describe vague ailments, but the context was different. The disorder was more serious for being indeterminate, rather than less so, as it might be viewed today. Cheyne believed that vapours, if not treated and cured, would likely lead to much more serious illness. Their ambiguous nature made them more, rather than less significant.

However, Cheyne was not necessarily being unscientific by defining the "English malady" so broadly. He is specific elsewhere in his works when discussing disease. Creating a separate category for the grab-bag of ailments which do not fit within other illnesses at least makes clear what melancholy is not. Cheyne, by dividing the malady into three stages, and assigning a complex of symptoms to each, attempts to make the discussion as structured as possible.

Nicholas Robinson, in the 1725 text A New Theory of Physick and Diseases, also appears, like Cheyne, to see melancholic disorders as a catch-all for vague ailments. He



writes, "The grand symptom of a healthful body is a chearful mind, which results from the body being perfectly at ease,"(51) while "the lowest degree of health, whose indelible Character is a low Spiritedness, depends on the Contraction of the Vessels depres'd a little beneath their natural Standard"(52). He classifies "uneasiness" as the "lowest degree of pain" and associates it with the "vapours" in women and "hypochondria" in man. The sort of discomfort which Robinson describes cannot be objectively analyzed. However, Robinson makes the relationship between the mind and the body immediate and clear. The "body being perfectly at ease" causes a "chearful mind." As Robinson points out, medical writers were only beginning to incorporate scientific methodology and reasoning into their works.

Burton attempts to understand the entire human being as one system. He presents the full range of information related to melancholy which is available to him. He does not censor his writing to make it internally consistent, nor does he propose a single, overriding definition. His view of the interaction among the body and soul is often unclear due to his inclusion of so many points of view. In comparison, eighteenth-century doctors like Cheyne and Shaw had many more scientific and analytical tools at their disposal. They were also trained in the scientific method which emphasized close examination of the components rather than a general inspection of the whole, and which favored

tangible objects of study over ethereal. However, these doctors retained considerable allegiance to the old system of medicine. The models eighteenth-century physicians used to explain the nature of human beings retained many features of the older versions, and the changes were gradual and subtle.

For all of these medical writers, however, the definition of melancholy which was used is significant to a further understanding of how they chose, as physicians, to diagnose and treat the disorder. If the symptoms are as diffuse as Burton presents them to be, one is likely to require an assortment of the many possible cures which Burton suggests. If Shaw is correct in his narrow definition of melancholy symptoms, then his confidence in his limited selection of cures is likely justified.

## Note

1. Nicholas Breton's Melancholike Humours (1600) and Democritus, or Doctor Merry-man his Medicines Against Melancholy Humours (1607) by Samuel Rowlands are two examples.

### Chapter 3

#### Causes and Cures of Melancholy

The construction of melancholy which emerges from the Anatomy is that of an amorphous entity with innumerable characterizations. When defined as one of the four humours, melancholy was an inseparable component of a human being. As a condition and an affliction, melancholy could affect any and all parts or aspects of an individual. With both definitions, melancholy served to emphasize the fluid and inexact nature of the boundaries between the body and the soul. However, the uncertainty and imprecision present in Burton's definition of melancholy is magnified in his account of the causes and cures for the disorder. Progressive alterations in the way physicians described causation and cures reveal how scientific opinions about the interconnection of the soul and body changed throughout this period. The stated causes and cures are concrete evidence of how the authority sees the mind and body interacting.

As with his discussion of physiology, psychology, and the definition of melancholy, Burton's encyclopedic tendencies are very evident in his collection of possible causes and cures for melancholy. He includes almost every available theory about the disorder, whether ancient or recent. Again, Burton's views can be taken as fairly representative of the period, and he provides a standard of comparison to his successors.

In his discussion of the nature of the human being, Burton indicated that the soul and body were connected, invisibly, through the medium of the spirits. Modern thinking, as exemplified in the writings of Descartes, has a tendency to neatly divide the actions of the soul from the actions of the body, and see the physical body and the immaterial soul as independent entities within a single human being. Burton, in anticipatory disagreement with Descartes, cannot and does not distinguish between the soul acting on the body, and the body acting on the soul. He writes:

For as the distraction of the mind, amongst other outward causes and perturbations, alters the temperature of the body, so the distraction and distemper of the body will cause a distemperature of the soul; and 'tis hard to decide which of these two will do more harm to the other. (I.2.5.1; 318)

The soul and body are separate in Burton's definition of them, but they merge imperceptibly in the effect which they have upon one another.

Yet, while acknowledging the seamless connection between the two, Burton tends to the belief that the body works upon the soul more than the reverse, and quotes from Matthew, "the spirit is willing, but the flesh is weak." Thus, when describing the individuals who partake of the water of Aquitania, Burton writes,

And that the filth is derived from the water to their bodies. So that they that use filthy, standing, ill-coloured, thick, muddy water, must needs have muddy, ill-coloured, impure, and infirm bodies. And because the body works upon the mind, they shall have grosser

understandings, dull, foggy, melancholy spirits, and be really subject to all manner of infirmities. (I.2.2.1; 196)

Dull, foggy, and melancholy spirits are an indisputable result of imbibing muddy water. The link between body and mind is concrete, and not indefinite or tenuous. The physical quality of what one ingests directly affects the character of the soul, despite the soul's immateriality.

The medieval period tends to be associated with a philosophy in which the corporeal and incorporeal were closely linked. Religious beliefs were directly linked to tangible objects, such as icons, or bones and fabric belonging to saints. Burton indicates the extent to which he links the physical and ethereal when he describes the effects of envy by writing, "It crucifies their souls, withers their bodies, makes them hollow-ey'd, pale, lean, and ghastly." (I.2.3.7; 229-230) Again, the effects on the soul and the effects on the body cannot be differentiated. With his vivid description of the physical effects of emotional phenomena, Burton tends much more to a medieval conception of reality than a modern one.

Burton again demonstrates the connected nature of body and soul when he discusses idleness as a possible cause of melancholy. Idleness is an abstract concept, but he describes it in terms of its physical effects, using vivid visual imagery. Just as a still pond becomes stagnant, so too does a human being. Just as "fern grows in untilled

grounds, and all manners of weeds, so do gross humours in an idle body." An idle man's body will become filled with "phlegm, gross humours, and all manner of obstructions" (I.2.2.6; 211). The idleness can be "either of body or mind." Burton, just as when describing the effect of the water, does not delineate the boundaries between the soul and the body. If idleness is the cause of one's melancholy, it does not assist one to decide whether the cause is physical or mental.

Burton seems to differentiate between the mind and the body to a greater extent when he describes the effects of emotions, but even then he sees the physical effects as immediate and almost indistinguishable from the emotional precursors. Passions and perturbations of the mind can, "if reiterated," wear away at one's body just as "rain (saith Austin) doth a stone." However, these passions have an immediate physical origin. They arise when

to our imagination cometh, by the outward sense or memory, some object to be known (residing in the foremost part of the brain) which he, misconceiving or amplifying, presently communicates to the heart, the seat of all affections. (I.2.3.1; 219)

The spirits are then conveyed by secret channels to the heart. If the image is a pleasurable one, then a greater store of pure spirits is produced. However, if the image is sad, melancholy blood is generated, while anger brings about more choler. Burton writes:

If the imagination be very apprehensive, intent, and violent, it sends great store of spirits to or from the

heart, and makes a deeper impression, and greater tumult. . . . The first step and foundation of all our grievances in this kind is a distorted imagination, which, misinforming the heart, causeth all these distemperatures, alteration and confusion, of spirits and humours. . . and the principal parts are debilitated. (I.2.3.1; 219)

In one sense, the effect of the soul on the body is less than that of the body on the soul. Muddy water will immediately affect the spirits, but it takes repeated emotional disturbances to affect the humours. Perhaps Burton downplays the effect of the soul on the body because the physical effects of emotions, which he describes as a rush of spirits, cannot be so readily observed as impure, muddy water. Even so, Burton makes clear that both the body and soul are intricately linked to the generation of emotions, and he balances his discussion between these two parts.

Thus, when discussing the soul's effects on the body, Burton begins his explanation of the effect by describing how the soul is affected by the physical event of seeing an object. Burton repeatedly demonstrates his strong belief that the workings of the body and soul are inseparable. If their operations are divisible at all, the barrier can be instantly crossed. Any substance partaken of or any injury which occurs will directly affect the humours, which will affect the spirits, and both the humours and the spirits will work directly on the mind. Whether the soul affects the body or the body affects the soul, Burton places a



strong emphasis on the physical and the tangible. The soul is not described as a tenuous and ethereal component of a human being, but is given a more robust reality than it has in later medical literature.

i -- A Scientific View: Shaw and Burton Compared

In Shaw's work, the place of the soul in medicine does not appear to be subject to debate or controversy, merely because it is not mentioned. Burton does not finally resolve how the body and soul interact to create melancholy, but he does not negate the importance of either. Peter Shaw fully adopts all the hallmarks of the fully rational and scientific observer. In contrast to Burton, Shaw very narrowly defines the primary cause of "affectio hypochondria, otherwise known as melancholy," as being of physical origin. With this definition, he almost eliminates any role the soul might play in respect to physical ailments. He writes, "The general and material cause of this disorder is supposed to be indigestion, or a crude and viscid chyle, which brings an universal lentor upon the blood" (318-319). With such a statement, Shaw immediately suggests that his bias is towards a physiological understanding of melancholy.

However, while poor digestion is strictly a physical occurrence, it may itself have many causes. Shaw lists five particular possibilities:

1. A sedentary, studious and inactive life. 2. Feeding upon gross and viscid aliment, or taking in more than the stomach can digest. 3. Excess in venery; as also a retentio nimia seminis. 4. Too large evacuations of any kind; or a stoppage of such as are natural and necessary. 5. Extremes in the passions of the mind; as grief, sorrow, despondency, etc. (319)

The emotional causes, "extremes in the passions of the mind," seem almost an afterthought. Shaw does not suggest a way in which to regulate one's mind, although he provides cures for the other causes of melancholy. All of the other possible causes also derive from some sort of immoderation.

Burton lists all the causes which Shaw enumerates, among many others, but he differs in his approach. In contrast to Shaw, Burton clearly believes that melancholy cannot be understood completely in a rational way. He begins his discussion of causes by dividing them into two types: supernatural and natural. Immediately, Burton imparts an air of uncertainty and mystery into determining etiology, since the supernatural causes come either "from God and his angels, or, by God's permission, from the devil and his ministers." [I.2.1.2; 156] The will of these actors can never be fully known. Also, by dividing the possible causes in such a way Burton underscores the connection of body and soul, for the causes may be either tangible or intangible, but in either case the sufferer will experience the very real and material effects of melancholy. Of course, the sheer number of possibilities which Burton entertains necessarily would mean that isolating the

particular cause in a specific case would be very difficult.

Shaw is very much concerned with the cause of the disorder and brings a keen scientific mind to the task. He writes:

The cause of this disorder must be diligently inquired into; for 'tis that which ever ought to regulate the method of cure. Thus when it proceeds from profuse venery, a suppression of natural evacuations, etc. it must be treated with regard thereto; as also to the symptoms, or other diseases wherewith it may happen to be complicated. (321)

The ailment of melancholy becomes the focus of the physician's concern, rather than the patient himself, who is not mentioned here. This lack of personal interest in the patient is significant, for the soul had always been seen as the origin of one's unique identity. Even just with this discussion of causation, Shaw implies that the soul is of little importance to medical treatment.

Yet Shaw's rhetoric, so scientific and objective in tone, bears some similarity to Burton's discussion of the causes of melancholy. Burton begins by quoting Galen, and writes, "It is in vain to speak of cures, or think of remedies, until such time as we have considered of the causes."

Burton continues, writing:

The common experience of others confirms that those cures must be imperfect, lame, and to no purpose, wherein the causes have not first been searched. . . . Empiricks may ease, and sometimes help, but not thoroughly root out. (I.2.1.1; 155)

Burton recognizes that "it is a most difficult thing (I

confess) to be able to discern those causes whence they are, and in such variety to say what the beginning was." Burton accepts the significance of determining the causes, but he does not have a systematic methodology to find out what they are. The basic theory of cause-and-effect is hardly original to the scientific revolution, but the process of separating each one out individually is.

Unlike Burton, Shaw does not seem to think the task of determining the cause of melancholy is impossibly onerous. He has pared his text down to a few strong points, lending simplicity to his argument. He can then deal effectively with the various possibilities. The scientific revolution is often considered noteworthy because of the new discoveries which were made. However, the genius of the scientific revolution consisted as much in eliminating unnecessary facts from discussions of natural phenomena as it did in actually making new discoveries about them. Clutter and extraneous facts will only obscure understanding. A simple chain of cause-and-effect is much easier to comprehend and to analyze than a spider's web of complex interrelationships. In one sense, eliminating the soul from medical discourse made the task of describing the body much simpler. If the body can be readily understood as a machine, why complicate the matter? His encyclopedia of possibilities seems tedious when Burton is compared to later medical writers.

The fact that simplicity and clarity became highly valued in natural philosophy may be as good an explanation as any as to why the soul almost seems to disappear without a trace from scientific discourse. Notably, Shaw spends little time attacking other medical practitioners, whether lay or professional, who continued to hold to a more complicated, multi-factored view of melancholy, or disease in general. He is confident in his assertions, and does not deign to consider other possibilities. The increased clarity and simplicity can be deceptive, however, since they may only be ignoring the actual complexity of the situation.

Shaw again demonstrates his clear and objective focus when discussing cures. He lists a few cures in less than two pages, and then definitively states:

if the distemper yield not to the use of these means, recourse must be had to such as are prescribed for the hysteric disease. And if these likewise fail of success, the case may be treated as maniacal. (321)

Shaw suffers no crisis of confidence when he so quickly sets aside the matter. When a scientist is discussing a body in motion, in the sense that a physicist would understand the term, he is discussing something which is, in theory, as simple an object as a planet or a comet. He hardly need consider bizarre or improbable reasons for certain behaviors. The human body should be as predictable as any other physical body.

Shaw demonstrates his scientific objectivity by seeming to have no place for the hypochondriacal patient himself in his discussion. He certainly has no place for the soul, and he appears to regard the patient as an inanimate object which will respond to appropriate chemical measures made and administered to the highest standards of mathematical precision. The discussion of melancholic disorders is placed between entries discussing scurvy and obstructed perspiration.

The role which Shaw ascribes to the soul is mainly evident by omission. He recognizes a mind-body connection, but his cures are almost strictly physical, as are the purported causes. Shaw provides a good example of how medical writers objectified their subjects and chose to focus very narrowly on a set of symptoms rather than on the entire human being. The disconnectedness of soul and body is so complete that it need not be mentioned or justified.

#### ii -- Apperley and Burton

Shaw is referred to as an authority in Thomas Apperley's 1731 text, Observations in Physick, Rational and Practical. Shaw's scientific emphasis and lack of discussion of the soul are also features of Apperley's work. Apperley states that Shaw observed that the "rational Prescriber" and the "ignorant Practitioner" could be distinguished as follows:

A true Physician ever goes warily to work, and proceeds upon a just and solid Foundation: He first gets a Knowledge of the Seat and Cause of a Disorder; and at these he levels his Prescription: If the Case prove obstinate, he augments the Force of his Medicaments, and varies them as Circumstances alter, without acknowledging an End to his Art; he has always some promising Remedy in reserve, and can, from Rules of Analogy, directly attempt the Removal of Diseases unseen before. (126)

The patient is reduced to a case, and the prescription is not directed at him or her, but at the "seat and cause" of the disorder." Apperley admires the scientific and rational basis Shaw sets by using such a method. Apperley believed that the physician could only "merit Esteem, keep up the reputation of his Art, and rescue it from the Hands of Ignorance, Superstition and Boldness" (127), by a thorough study of pharmacy. Pharmacy was not simply a motley collection of receipts, but a "way of managing the various productions of Nature to the greatest Advantage." The cause is to be scientifically determined, and the cure scientifically administered. This approach cannot help but favor tangible reality, and the soul will be considered progressively less as such a philosophy of medicine is adopted.

Yet, the scientific method of physic so admired by Apperley was not completely foreign to Burton. In the Anatomy, Burton writes that medicines should be the remedy of last resort.

[They should be] left to be managed by discreet and skillful Physicians, and thence applied to man's use. To this purpose they have invented

method, and several rules of art, to put these remedies in order, for their particular ends. Physick (as Hippocrates defines it) is naught else but addition and subtraction; and, as it is required in all other diseases, so in this of melancholy it ought to be most accurate, it being (as Mercurialis acknowledgeth) so common an affection in these our times, and therefore fit to be understood. (II.1.4.3; 394)

Clearly, the idea that physic should be neatly and precisely defined is scarcely new to Apperley, or to the scientific revolution. Neither is the idea that a disorder could best be understood by close observation, and that various remedies, almost on an experimental basis, should be tried to effect a cure.

Despite their protests about the simplicity of medicine and the self-evident nature of bringing about cures, however, Burton and his predecessors do not actually define melancholy, or other diseases, in a concise and clear form, nor do they present cures in the manner of a list. Burton recognizes that presenting all known information about melancholy in such a manner could be a significant aid to understanding it and treating it. But whether he simply chose not to revise the Anatomy of Melancholy because of the labor involved in such a task as he suggests in his introduction, or whether he simply did not view the world in terms of linear relationships as Descartes taught modern thinkers to do, Burton does not present melancholy as a matter of "naught but addition and subtraction."

As mentioned earlier, Burton does not precisely define



melancholy, and he does not seem to see it as occurring as a result of simple cause-and-effect relationships. The model of melancholy which Burton sets forth is complex, and Burton evaluates various possibilities for the causes and cures in a qualitative, rather than quantitative, fashion. The scientific revolution removed non-quantifiable feelings and intuitive, but yet unproven, inferences from its calculations and theories, and thereby managed to severely limit the scope of its discourse.

Apperley, however, departs from a purely rational method of medicine, despite his admiration of Shaw and of scientific objectivity. Apperley's book tends to use anecdotal case studies, and the individuals behind them are not scored or tabulated in any way. He does not always describe diseases as discrete entities which have an existence apart from the patient. Apperley's use of case studies is not new, as that form had been used by numerous earlier doctors, including Hippocrates. However, Apperley combines these case reports with the use of scientific methods of deduction.

The title of Apperley's book, Observations in Physick, Rational and Practicall, strongly suggests his scientific bias. This approach is evident when he describes how one patient, suffering from Affectio Hypochondria, was cured by allowing him to eat 16-20 apples daily. Noting another writer for the case history, Apperley writes that

The long and plentiful Use of Apples at such times as the Stomach is most empty, does very much correct that vicious or preternatural Acid, to which Scorbutic, Hypochondriac and Hysteric Constitutions are obnoxious; sweetens and enriches the Chyle, facilitates its Assimulation with the Blood, and thereby accidentally fattens; resists Melancholy, and cheers the Spirits, by a more easy and regular Distribution of them; attemperates the Bile and Pancreatic Juice, taking off their troublesome Effervescence, when either through the Oiliness of the one, or too great Acidity of the other, it exceeds the Laws of Nature, and keeps the Body evenly soluble, beyond any of the most artful Compositions. (81)

Apperley clearly still holds to the theory of humors and spirits, despite the fact that many of his fellow physicians at this time no longer used the theory. He refers to the spirits and Melancholy together, indicating that he believes that melancholy is caused because the spirits are not distributed in an "easy and regular" way. Yet, his discussion of these increasingly archaic constructs such as humours and spirits is very scientific, at least in a rhetorical sense. He relies on the language of chemistry by using such terms as "distribution", "effervescence", "oiliness", "acidity", and "solu[bility]." Apperley later devises a scientific test to diagnose "hypochondriacal melancholy," noting that if a certain foodstuff, such as eggs or pudding, causes stomach upset, it is likely responsible for the disease. In Apperley's discussion of a number of diseases he rarely mentions factors other than strictly physical ones, and his cures are similarly physical in nature, just as his recommendation of apples is. He does

not mention the spirits in conjunction with the soul.

Apperley appears to depart from his emphasis on the physical component of disease when he again discusses melancholy at the end of his book. He describes melancholy as a disorder with both significant mental and physical components. Throughout most of the book he divides the body from the mind in order to discuss the body objectively, but he clearly does not believe that such an approach defines the whole of medicine. He writes:

Hypochondriac and melancholy Persons, and those who are naturally timorous and inconstant, are oftener sick than other People, by reason that they cannot moderate aright, or check the Passions of the Mind; and tho' the Diseases of such Men may at first View seem pernicious and incurable, yet they are wont to be easily cured; not by an overbearing Quantity of Medicines, but by agreeable Conversation, or the Pleasures of the Country, and frequent Riding; or else by a Way of Living, adjusted by a prudent Physician. Those who sicken upon the Disorder of the Mind, use chiefly to be seiz'd with the Diseases of the Stomach; as, among other Instances, appears from Persons with Grief. (192)

Apperley makes the same connection as Shaw did between melancholic and digestive disorders. Like Shaw, Apperley may believe that little need be said about the emotional component of treating melancholic diseases. Apperley's recommendations of agreeable conversation, country living, and frequent riding to alleviate symptoms may not seem worthy of scientific analysis. Apperley tends not to lay down rigid rules for diagnosis or treatment. He is not wholly consistent either, for he downgrades the importance

of medicine in this quotation, and seems to contradict what he said earlier about the importance of pharmacy.

Apperley, like Shaw, makes the soul of less importance in relation to melancholy simply by not discussing it. However, many of the cures suggested by Apperley and Shaw, particularly in respect to changes in one's mode of life, are very similar to those of Burton. However, Shaw, in particular tends to use pharmaceuticals which have little place in Burton's work.

### iii -- A Descriptive Approach: Cheyne and Burton

Like Shaw and Apperley, Cheyne was explicitly scientific in his approach to medicine. Cheyne was one of the first persons in England to learn the calculus, and he sought diligently to introduce mathematical principles into his medical works, going so far as to compare a human body to a rectangular cube for the purpose of analyzing the fluid mechanics of the body.<sup>1</sup> As discussed in Chapter One, his model of the body and soul is very mechanistic. He describes the human body as "this machine we carry about [which] is nothing but an Infinity of branching and winding canals, filled with Liquors of different Natures(EM, iii)." Not surprisingly, Cheyne favors a naturalistic approach to medicine. Despite his affinity for mechanical models, though, he finds a place for the psychological aspect of melancholic disorders as well.

Cheyne tends to see the causes of all illnesses, including melancholy, as physical in origin. In A New Theory of Acute and Slow Fevers he writes:

all the Distempers and Disorders of the Body of both are owing to a Vitiatio[n] of the Quality, Quantity, or Motion of the Fluids, or to a bad Disposition and Texture, a Distortion, Distention, Luxation, or Dilaceration of their Conduits, and the other Solid Parts of their Bodies.

Cheyne uses a solid-liquid model of the human body which is similar to that used by Burton and many other medical writers. Cheyne attempts to make this model more rigorous by including more descriptive and analytical words and attempting to apply mathematical theories to physiology.

And seeing all these are the Modifications and Qualities of material beings which have the Dimensions of Bodies, and are therefore Quanta; it necessarily follows that the only Method of examining the Effects and Causes of these Qualities, is by applying to them the Doctrine of Quantity, i.e. Geometry and Numbers; and it is altogether unaccountable, how the World has not been sufficiently aware of this, 'till within the last few years."(4-5)

However, Cheyne does not radically change the concept of the body itself. The New Theory of Acute and Slow Fevers is an earlier work in which Cheyne seemed excited by the knowledge he had gained from his friendship with Newton and one in which he felt compelled to apply his mathematical knowledge to his work. In that work, he proves a number of geometrical theorems in order to set forth his physiological ideas. He does not attempt the same abstract approach again, and his later medical works are more descriptive and

qualitative, as was the general practice.

Cheyne also maintains a link with earlier medical authority by referring to humours throughout his works. He sees the humours as directly affected by physical factors, as he describes when discussing the causes of diseases.

When, by Food of Ill Quantities, or an immoderate Quantity of even wholesome Food, the Humours are vitiated the Structure of the Animal Mechanism is such, that Nature (i.e. the Mechanism of the Body) is presently rous'd to struggle with all its Might, to attenuate (or concoct, as we commonly say) the gross and vitious Humours, and so bring them to a Healthy State (i.e. one most agreeable to Nature) and drive out, by the most proper outlets of the Body, what cannot be reduc'd to that State. This Struggle is the only proper and real Disease of the Body, arising from the Habit (for I say, nothing of those from external Injuries) the vast variety of particular Diseases spoken of by Physicians, being only so many particular or various Issues of this general Struggle of Nature. "(EM, 201)

To Cheyne, the body's struggle with unhealthy humours is sufficient to describe the entire range of diseases, including melancholy. Cheyne and Burton both see unhealthy humours as bringing the same ill results, but Cheyne is definitive in his analysis of the cause-and-effect relationship.

However, Cheyne's opinion is scarcely a new one, and is in fact quite similar to one expressed by Fernelius, a 16th-century physician who is quoted with approval by Burton, who writes:

[Diet is] a material cause, since that, as Fernelius holds, it hath such a power in begetting of diseases, and yields the matter and sustenance of them; for neither air, nor perturbations, nor any of those other evident causes take place, or work this effect, except

the constitution of body and preparation of humours do concur; that a man may say this diet is the mother of diseases, let the father be what he will; and from this alone melancholy and frequent other maladies arise. (I.2.2.1; 188)

However, Burton has a tendency, when discussing various causes of melancholy, to portray the particular cause he is describing at that particular point as the most important one. Whether it be heredity, or stars, or witches, or air, or any of a number of possible causes, it seems to be of overriding importance at the moment he is discussing it. Shortly thereafter in the text, however, Burton discards the possibility in favor of a new, and similarly compelling, hypothesis.

Cheyne, more than Burton, does classify improper or excessive food as the main culprit, although he does allow for other causes of melancholy, particularly those contributory to the main one of excess in food or drink. Cheyne believed, like Burton and many others, that melancholy was particularly a disease of the intelligent and sensitive man. A propensity to suffer from it was a mark of one's caste. In the 1742 Method of Cure for Diseases of the Body and Mind, Cheyne distinguishes between two types of men, about which he writes:

There are those whose eminence and dignity are in their heads, faculties, and spiritual nature, and those whose great use and design is to excel in the exercise and use of their bodies, limbs, and material organs; or, in one word, there are those who govern, and those who are govern'd, originally form'd and mark'd out by Nature, and their original Frame and indelible Signatures. (82)

The individuals who possess a fine and sensitive temperament are required to "forego gross and rank sensual pleasures" or they will suffer intolerably, "which is the case of all nervous Hypochondriacal and Hysterical Persons; most which were created Genii, Philosophers and Lawgivers." (Cure, 83) In Cheyne's view, the soul and body are both of the same type, whether delicate or robust.

Like Cheyne, Burton likewise links melancholy with learning, but for altogether different reasons than Cheyne does. Nowhere does Burton explicitly state that scholars are essentially different from other individuals, but notes that living a "solitary, sedentary life" (1,2,3,ss. 15, 260), studying "overmuch," and enduring the ill-usage of a hard-hearted tutor, can all be causes of melancholy. He considers excessive study to be the most common reason for melancholy among scholars, and he explains the physiological effects of this practice as follows:

Contemplation . . . drieth the brain and extinguisheth natural heat; for whilst the spirits are intent to meditation above in the head, the stomach and liver are left destitute, and thence come black blood and crudities by defect of concoction, and for want of exercise the superfluous vapors cannot exhale, etc. (I.2.3.15; 260)

Contemplation is a cause which affects both the body and mind. Study is a mental activity, but it causes immediate physical alterations in the sense that it alters the flow of humours. The brain, the liver, and the stomach, are all affected by each other.



Burton distinguishes scholars from other men in terms of what study does to an individual. For Cheyne these differences are inborn. By so clearly dividing those who use their minds for mental labor and those who use their bodies for physical labor, Cheyne fosters the notion of separation between the mind and body.

However, Cheyne emphasizes an interrelationship between the two by stating that he sees signs of physical illness in external personality traits.

When I see a gloomy, melancholy, heavy, stupid, thoughtless, joyless creature, much more a whimsical, anomalous or libertine, free-liveing or free-thinking Mortal, I conclude him in a bad state of health, under a dangerous bodily disease, or under a perpetual mal-regimen. . .sooner or later, I have always confirm'd in the justness of this opinion, having always found a real, chronical or acute, specify'd disease, to manifest itself at last, and become the crisis of what the oddities and enormities were the remote and elementary symptoms. (Cure, 84)

Mental symptoms will inevitably mean that severe physical symptoms will eventually follow. Cheyne theorized that melancholy was a particularly significant disease because the indeterminate symptoms which presented at first would turn into definite and severe ones if the disease was allowed to progress. Melancholy was not separate from other diseases, but was an initial stage of many, or even most, diseases.

In his negative portrayal of a melancholy person, Cheyne clearly emphasized that the mental and physical selves would affect each other. He was equally insistent

that good physical health would be reflected in one's mental state.

Calmness, serenity, cheerfulness and common sense (at least in things level to our natural capacities and education) and an esteem and love of virtue, and what promotes it, are the constant Attendants, and only infallible symptoms of perfect bodily, and intellectual, (or of sana mens in corpore sano) health. (Cure, 84-85)

Cheyne does not make clear whether the virtues he lists are a cause of good health, or the result of good health. By linking goodness and good health, he accepts the widely-held idea, also put forward by Burton, that disease could be understood as a punishment for sin. He states that lunacy, madness, despondency, and melancholy occur as a result of excess and intemperance, and he repeats the long-held notion of a "sound mind in a sound body." Cheyne, for the most part, still holds to much of the previous understanding of the combined roles of the soul and the body.

For Cheyne, as for Burton, melancholy was a deeply personal subject. Cheyne had suffered from it for a number of years, beginning when he first arrived in London as a young man. He ate "lustily" and "swallow[ed] down much Liquor". His health was "brought . . . to great Distress" within a few years, and he "grew excessively fat, short-breath'd, Lethargic and Listless" (327).<sup>2</sup>

Cheyne describes at length the many different diets and cures which he attempted. A few, such as a milk diet and a vegetarian diet, met with some success. However, Cheyne

also gave some thought to the spiritual side of his disorder as well.

Having had a liberal and regular Education... pious Parents (who, at first, had designed me for the Church) I had preserv'd a firm Perswasion of the great and fundamental Principles. (334)

Cheyne set out to study a number of religious writers beginning with the Church Fathers. He was unable to obtain the tranquility required for "the Cure of such numerous Diseases" until he resolved "to neglect nothing to secure my eternal Peace, more than if I had been certified I should die within the Day" (334).

However, Cheyne's attention to his soul merits only a slight mention when compared to the very detailed account of the treatments he undertook for melancholy and related disorders. He repeatedly emphasizes the different diets which he undertook. He mentions "the bark" (quinine) and the Bristol waters as having some curative effect as well, but his main emphasis is on food as a method of cure.

In The Method of Cure Cheyne likewise devotes his attention to matters of diet, rather than of religion or spiritual assistance. He recommends a vegetarian diet for those who do not have to perform physical labor, and recommends a bland regimen.

The body is to be tamed, brought to subjection and obedience, disciplined with "insipid, mild, cool, and watery" foods, while that which is "tasty, poignant, hot, salt, sharp, or stimulating; is pernicious, deleterious [sic] and morbific, and destructive of life and spirits." (87)

Cheyne implicitly links choice of the proper food with virtue. He writes, "Self-denial and serenity, vice and misery, luxury and pain, rebellion and punishment are natural, physical and necessary causes and effects." (88) Such evils as debauch, gluttony, and lechery upset the "nerves, fibres and lymphatics."

The connection between the soul and the body in Cheyne's work is not always apparent. However, Cheyne seems to consider the soul of greater importance than does Shaw, if only because he occasionally refers to it. Cheyne's medical work, despite his keen scientific interest, is not reductive in the same sense that Shaw is, and he emphasizes the totality of the human being much as Burton does.

#### iv -- The Technical Approach: Ball and Burton

Cheyne tends to favor an objective approach, although he does not adhere to it strictly. He does not produce such a rigid separation between soul and body as does Shaw, but he does not see the same interconnection which Burton does. However, even Shaw mentions the emotional component of medicine more than does John Ball, author of the 1769 New Compendious Dispensatory. This text presents a Table of Cures. After the entry "Hypochondriac and hysteric affections", approximately 50 different herbs or pharmaceutical items are named, but without any discussion whatsoever of their various merits. Madness and melancholy

are listed together as another entry, and Ball provides about 25 cures, with slightly more explication. "Bleeding, vomits, and purging" are to be the course of treatment, and the items suggested are to procure that end. However, in both cases, the patient himself or herself disappears completely from consideration.

Considering the division of body and soul seems singularly unhelpful in response to such recommendations. Ball discourages such thoughts by treating the patient as a passive receptacle for the various prescriptions. The soul is not specifically stated to be irrelevant to medical practice, but by implication it is. All known diseases and ailments are listed in alphabetical order, with no attempt to otherwise distinguish them in terms of their symptoms. The fact that the afflictions which seem, to a modern reader, predominantly mental, such as hypochondria, are listed among and between strictly physical afflictions such as the "hiccups" and "jaundice" suggests that Ball does not distinguish between what today would be divided into separate categories of mental and physical illness. Cures which are strictly physical in nature are applicable to every conceivable disorder.

However, Burton, when he discusses cures in the second part of the book, can take a tone which is similarly objective and without reference to the patient. In the subsection entitled "Preparations and Purgers", Burton

recommends the following treatments:

Lenitives are well-known, the Lenitive Electuary, the Diaphenicum, the Diacatholicon, &c. Preparatives are usually Syrups of Borage, Bugloss, Apples, Fumitory, Thyme and Epithyme, with double as much of the same decoction or distilled water . . . (II.3.1.3; 585)

The type of medical rhetoric which Ball uses is not unique to the early modern period. However, Ball's exclusive focus is.

v -- The Results of Striving for Rationality in Determining  
Causation and Cures for Melancholy

Shaw, Cheyne, and Ball clearly sought the appearance of scientific objectivity and precision, even if their final recommendations and even their immediate determination of causation were not so different from their predecessors. Physicians of the eighteenth century were eager to display their scientific learning. Thus, Nicholas Robinson, in his treatise, A New Theory of Physick and Diseases, begins by discounting the weight of authority and arguing for fresh discoveries, and specifically attempts to set his work on a scientific footing by discussing the "general laws of matter" as discovered by Newton. Robinson at once states that "the Mind can reason, think, and act without any Assistance from the Body," while at the same time stating that "the Actions of our Minds are in a great Measure dependent upon the Mechanism of our Body." However, he declares himself unable to determine "what Kind of

Mechanism"(13). The Passions are the "Medium that conjoins Matter and Thought," and Reason is the "Conductor of the Passions."

Robinson's theory of melancholy is not dissimilar from those of his predecessors, either. He states, "All Pain continuing long, and having immediate Contact with the Body, creates Grief of Mind and deep Melancholy; and all great Losses and Disappointments raise the same Passions." (11-12) "Fear, sadness, and the other dejecting Passions, depress the Motion of the Animal Fluids, hinder Nutrition, and make a ghastly Look all over the Constitution." (224) Emotions affect the body, and they do so through either the passions or the spirits, but Robinson is little further ahead than Burton was.

Despite this lack of real progress, however, eighteenth-century medical writers use the terminology of scientific objectivity, the language of mathematics, physics, and chemistry, to strengthen their speculative theories. For the most part, though, they are merely embellishing old ideas. When Robinson puts forward the theory, also espoused by Strothers in the 1718 Enodia, that the brain circulates the animal spirits in the same way as the heart circulates the blood, with systole and diastole, he is reasoning analogically. Such a method of reasoning is to be expected of the medieval philosopher, but he offers no scientific proof. The soul and body are not violently

wrenched apart in any revolutionary sense. The doctors continue to use the same terms, but attempt to quantify the language and make their theories sound more precise, even if they actually are not. Burton refers to the soul in part because he uses it to explain what is vague and uncertain. The soul represents what is unseen and apparently undiscernible. Eighteenth-century medical writers knew little more than Burton did about the internal workings of the body, but they used the language of science and developed hypotheses, usually presented as fact, to describe them and to account for them.



## Notes

1. A New Theory of Acute and Slow Fevers, 6th ed. (1744).
2. Cheyne was 30 stone (420 pounds) before embarking on the spartan regimen he outlines in his works. A.C. Corcoran, Mirror up to Medicine (Philadelphia: Lippincott, 1961), 238.

Chapter 4  
Moral and Social Implications of the Discourse  
Concerning Melancholy

The way in which medical discourse changed from the seventeenth to eighteenth centuries can be summarized by noting that scientific rhetoric was more frequently used and that the discourse tended to be more narrowly focused as time progressed. Burton saw the symptoms, causes, and cures of melancholy as being diffuse and various. The individual's position in and interaction with society was also important. In comparison, eighteenth-century medical authorities narrowed the scope of the disorder and paid little attention to the world outside the patient.

Ironically, this restricted focus did not mean that the patient was viewed in a more personal manner. He or she was, in fact, viewed in increasingly mechanical terms. When his or her physical self became the main subject of analysis, the soul became irrelevant. The disconnection of the body from the soul in eighteenth century medical writings which is apparent in the discourse surrounding melancholy followed the trend to a more individualized focus which began during the Renaissance. Although the Renaissance allowed a greater focus on humanity apart from God, philosophers of that time still tended to focus on the human being in the context of his or her place within society. Descartes' famous maxim "Cogito, ergo sum" is an

egoistic expression which places humanity in isolation rather than in relation to God and fellow human beings.

The way the construction of a human being and of melancholy changed after Burton reflects wider changes in the society at large. Determining whether the societal changes reflected or were the cause of changes in medical thinking is a conundrum. Just as the form of a human being was reconstructed in eighteenth-century medical writings, so too was his place in the social order. To Burton, melancholy represents societal dysfunction as much as individual inadequacies. Democritus, the philosopher who Burton takes as his alter ego, experienced a fit of laughing melancholy when confronted with the evils of society. Melancholy can be viewed as a natural reaction to the disordered world Burton presents in his introduction. The Great Chain of Being had long been the theoretical basis of hierarchy, and it explained the relationship among all creation. Not surprisingly, melancholy was often described as occurring because of a disruption in this chain. Whether the lower souls overruled the higher, or the body overruled the soul, or an individual overruled his superiors, melancholy was one of the unfortunate results which could occur.

However, in eighteenth century writings, melancholy is an individual concern, one which is discussed with little reference to other human beings or to the rest of society.

The medical writers of the later period were, of course, more narrowly specialized than was Burton, and would tend to focus on medicine more than social history. Nevertheless, melancholy ceases to be discussed as an inevitable phenomenon resulting from a disturbance of the natural order. The eighteenth century had its share of works which discussed political theory, so one cannot say that all scholars lost interest in relating the human being to society as a whole. However, disease tended to become a personal difficulty, and one that was directly related to one's personal deficiencies.

When eighteenth-century medical writers ceased referring to the soul in respect to melancholy, and in fact, all diseases, they necessarily lost a means of connection to the society at large. Reference to the soul inherently implies connection. The soul is eternal and links one to God. It generates emotions, which link one to other people. When the physical body is separated from the soul and considered separately, the body becomes a collection of pieces put together like clockwork.

Shaw and Cheyne reflect this mechanistic approach when they describe the body as a machine made of pipes, through which liquids flow in conformity to mathematical laws. Robinson's 1729 work, A New Theory of Physick and Diseases, begins with an exhortation on the necessity of learning Newtonian science. He indicates the extent to which he has

accepted a dualistic view of the body with the following explanation of the mind and body:

By a most clear Reflection, we perceive this Godlike Creature to consist of two Parts, Matter and Thought, or Soul and Body evidently distinct in all their Operations, ... and jointly constituting the Essence that denominates him a Rational Creature. The Mind can reason, think, and act without any Assistance from the Body . . . . The Mind contrives, forms, and intends that or this, just as it pleases, without any Information from the Body. (11)

Burton, in contrast, had a more holistic view of emotions, seeing them as generated in a complex interaction of the mind, body, and spirits. Burton saw the senses as intimately bound to memory and imagination, and would never set mind and body in opposition to each other in such a manner.

Despite this increasingly mechanical view of the body which is apparent in the 18th century, however, no physician attempted to completely discard past conceptions. The language of humours and spirits remained convenient. Commonly, physicians superimposed new scientific terminology on top of the older terms. The scientific revolution did not necessarily produce changes as significant as the term implies.

Significantly, most physicians did not completely discount the soul, either. They often attempted to quantify it as completely as they did the body. Reducing the soul to a mathematical entity can be seen as a first step towards

completely ignoring it. Groenevelt, in the 1715 work The Grounds of Physick, describes the exact configuration of the spirits which produces each emotion. He writes:

In Sorrow the Spirits move but faintly both in the Brain and Nerves, by which Means they flow but languidly into the Nerves of the Heart, and are not able to constringe it sufficiently for the Blood's due Expulsion. (138)

Love is defined in a similar fashion:

In Love, both the Blood and Spirits, as well as without as within the Brain, are pleasantly moved, the Body grows gradually warmer, the Pulse something quicker and livelier. (139)

The view which Groenevelt expresses does not significantly differ from that of earlier medical writers. However, he presents a list of the precise physiology of all the passions, and he is among the first to so concisely and exactly catalogue the passions.

Groenevelt wrote earlier (1715) than Cheyne, Shaw, or Robinson and none of the latter attempt the same sort of scientific exposition of emotion. Once the demarcation between matter and thought is made clear, tangible matter seems considerably more suitable for study. This bias persists today. As Simon Kemp points out, contemporary psychologists have gained little further understanding of the physiological mechanism by which the mind thinks thoughts, generates new ideas, and makes logical choices and moral decisions.<sup>1</sup> These questions were central to medieval and Renaissance enquiry, but are today considered either

irrelevant or impossible. The mind, defined by Aristotle as the rational part of the soul and still understood as such, remains in many respects as obscure as it ever was. The old ideas of the mechanism of thought based on humours and a three-part soul have been discarded, but have not been replaced with a new theory. The soul is first separated from the discussion of medical ailments, and then essentially disappears from medical discourse. In the first part of the eighteenth century, the soul had not yet disappeared.

An individual and mechanistic focus on the patient made him seem more responsible for his illness. Increasingly, medical writers defined melancholy as a disease of personal immoderation. Burton had, of course, sometimes defined it as such, but he also saw it as arising inevitably from the multitude of wrongdoings, such as commercial dishonesty, constant warring, among many others, which have always taken place continually. The state itself is disordered and melancholy.

Cheyne, Shaw, and Apperley, among others, consistently describe immoderation as a key factor in the cause, and moderation as a key element in the cure. Cheyne does mention that in England the "number confin'd for Lunacy and Madness . . . [had] reach'd to a Number I dare not name," but he attributes this fact to "Gluttony and Intemperance in fermented Liquors, and from unguarded Lechery" (90), rather

than a defect in English society itself. Shaw's listed causes of melancholy<sup>2</sup> are all related to immoderation of some type.

Despite this emphasis on immoderation, the tone of eighteenth century medical writings is not morally judgmental. In a time in which medical writers scarcely discussed the relation of an individual to the larger society and in which they diminished the the soul's role in medical discourse, physicians, not surprisingly, tended to downplay the significance of morality not only in respect to melancholy, but most diseases generally. The Anatomy of Melancholy, in contrast to later works, was meant as a morally instructive text. The reader was not given advice on melancholy solely for his own comfort, but to improve the state of his soul.

Historically, society tended to attach strong negative implications of evil and wrongdoing on the part of the sufferer of a disease. Eighteenth century texts, however, are rarely judgmental, even when dealing with venereal diseases. The advice given about moderation has no moral tinge to it, but is presented as a practical solution. Cheyne states that he has been "credibly informed" that Newton, when devising the laws of optics, "confin'd himself to a small Quantity of Bread, dureing all the Time, with a little Sack and Water"(81). The intent is not to harangue the reader, but to encourage him. Cheyne writes,



When I see a gloomy, melancholy, heavy, stupid, thoughtless, joyless Creature, much more a whimsical, anomalous or libertine, free-living or free-thinking Mortal, I conclude him in a bad state of Health, under a dangerous bodily Disease, or under a perpetual Mal-regimen. (84)

The description is very negative, but the sharp, heavy-handed moralistic tone of either certain medieval works or of later Calvinistic self-improvement books is not present here, or in other medical works of this period. Shaw steers clear of moral implications even more than does Cheyne. Of course, physicians were driven by other forces than their own personal philosophies. As Andrew Wear points out, physicians of this time were practicing in a competitive market, and they had to consider carefully the patients with whom they dealt. They would scarcely wish to offend paying clients. A diagnosis of moral insufficiency would likely do so.

In The English Malady, Cheyne does give some moral instruction. But since that work relies greatly on his own personal experience, and since he admits to having participated in a life of debauchery himself, he would obviously have greater latitude to criticize. Cheyne ascribes the main causes of melancholy to high living, excess drinking, and a rich diet. In one sense, the lack of attention which doctors such as Shaw or Cheyne give to moral matters tends to confirm what Timothy Bright had feared when he provided possible cures for melancholy:

[The success of cures] hath caused some to judge more

basely of the soule, then agreeth with pietie or nature, & have accompted all maner affection thereof, to be subject to the physicians hand, not considering herein any thing divine . . .but have esteemed the vertues them selves, yea religion, no other thing but as the body hath ben tempered, and on the other side, vice, prophaneness, & neglect of religion and honestie, to have nought else but a fault of humour. (A Treatise of Melancholie (1580), qtd. in The Medical Renaissance of the Seventeenth Century, 89)

Indeed, the advent of science is closely linked with increased secularization.

Doctors had long had a reputation for being amoral, and the lack of moral instruction in eighteenth-century medical texts cannot be completely attributed to the scientific revolution. However, advice which was oriented only to the physical ailment of an individual rather than his or her spiritual condition could likely be given with less fear of criticism in the eighteenth century than in earlier times.

The moderation recommended was not moral in nature in any event. Even Burton noted that one might be too abstemious as well as too indulgent. Melancholy can arise as much from being overscrupulous and conscientious, as from being depraved and sinful. Thus, a scholar, a nun, or a monk, the epitome of educational and religious dedication, may suffer as well as a libertine. Burton writes that shame is a cause of melancholy, but one that only afflicts "modest men" (229), since other men will only find amusement in it. Sorrow, as an originating cause of melancholy, can equally afflict all types of men.

The lack of interest in providing moral instruction demonstrated by eighteenth-century medical writers means that they do not discuss the eternal consequences of improper living. Cheyne mentions that he read from the Church Fathers in the midst of his infirmity, and advocates that others do likewise, but he does not seem to be thinking beyond the temporal implications of his advice.

Burton, in contrast, is deeply concerned with the eternal significance of the correct religious beliefs. He is concerned about whether or not one can legitimately use witchcraft to cure the ailment, or whether it would be wicked to do so, and he decides that witchcraft should not be used. He believes that melancholy is a natural result of "atheism, idolatry, heresy, [and] hypocrisy," and that these arise from "indulgence to corrupt affections." As Ruth Fox points out, Burton declines, for this ailment only, to give any cures.<sup>3</sup>

Burton believes that melancholy which does not arise from a problem of religious belief can be alleviated with some combination of the proffered cures, but despair which arises from a misunderstanding, wilful or inadvertent, of religious principles, or despair which results from excessive religious enthusiasm is "more than melancholy" and can seem intractable. He writes:

What physic, what chirurgery, what wealth, favour, authority can relieve, bear out, assuage, or expel a troubled conscience? . . . All that is single in other melancholy . . . concur in this, it is more than

melancholy in the highest degree; a burning fever of the soul.

Burton suggests attention to Scripture, as well as the remedies generally used for melancholy.

In Burton's discussion of most types of melancholy, the body and soul are affected together. But in the case of religious melancholy, the soul is the primary sufferer, and one can only be somewhat assuaged by the traditional remedies given elsewhere in the book. When eighteenth-century medical writers do not address the melancholy which Burton saw as arising from a troubled conscience or improper religious beliefs, they increase the separation which is already somewhat apparent in The Anatomy of Melancholy. Cheyne suggests that he suffered a personal spiritual crisis, but it is not differentiated from the rest of his melancholy sufferings. Religious melancholy had either ceased to be a problem in the eighteenth century, or writers considered it to have no scientific basis.

Similarly, love melancholy, which Burton places in the same category as religious melancholy, is of little concern to later medical writers. For Burton, love is not viewed as bad, if one's reason is not impaired by it. Burton's emphasis on religious melancholy and love melancholy reflects his concern with the larger society. In a time in which individuals' loyalty to their ruler was expected to supersede other attachments, any individual who became

excessively attached to a philosophy or person could be a threat. Because the treatment of disease tended to become so individually-based in the eighteenth century, religious and love melancholy, which are both based on outside relationships, are either seen as less important or else called by a different name.

Not only were love melancholy and religious melancholy of less significance in the eighteenth century, so too was melancholy in general. Burton's popularity had largely faded, and other than Cheyne, medical writers tended to place less emphasis on the disorder. Melancholy became one disease, rather than an umbrella term for many illnesses. A disease which was synonymous with uncertainty and ambiguity was a particularly apt disease for the seventeenth century man. Determining whether one suffered from melancholy required considerable self-absorption to decide if one suffered some or all of the vague symptoms which accompany it. Melancholy is the term Babb applies to the Elizabethan age generally. The uncertainty, the restlessness, the fatigue, and the ever-present threat of madness inherent in the disorder are indicative both of the illness and of the period.

Scholars view the Renaissance as a time of increased self-awareness and tend to credit the period with an upsurge in the idea that man could control his own destiny and environment, and that by his initiative and action he could

master anything. Thus, Machiavelli's The Prince suggested foolproof political strategies, and the technical inventions of da Vinci indicated that man could master the seemingly insurmountable elements. An increase in melancholy among those supposedly blessed with this newfound power and ability indicates the strain of this psychic adjustment. To the extent that melancholy is described as anxiety and uncertainty, such a connection is self-evident.

The scientific revolution is, in large part, an attempt to make order out of what could be seen as chaos. It is an attempt to eliminate uncertainty and increase predictability by using the tools of logic and analysis. The scientific revolution satisfied a desire for change and for new knowledge and methods of interpretation, while at the same time making the world seem an entirely more comprehensible place. In one of his sermons, Donne writes,

Young men mend not their sight by using old mens Spectacles; and yet we looke upon Nature, but with Aristotles Spectacles, and upon the body of man, but with Galens, and upon the frame of the world, but with Ptolemies Spectacles.<sup>4</sup>

No longer was the past to be venerated simply because it was past.

With this thirst for knowledge, however, came an explosion of information. While Burton, or Milton, for example, could lay fair claim to an encyclopedic knowledge of most subjects, scholars increasingly found specialization essential. While Aristotle could discuss science, poetics,

and philosophy with equal ease, no longer could an expert scientist also be an expert theologian or even an expert philosopher.

Thus, while Burton exemplifies the medieval penchant for commentary on and synthesis of a wide body of knowledge on vastly different subjects, and relied on authority to substantiate any point he wished to make, this method of discourse is out of style by the eighteenth century. A narrow focus becomes essential, and explicit documentation, rather than past reference, is required.

The gradual disappearance of the soul can be seen as a result of this specialization process as well. When one must streamline his inquiry, the soul may seem less significant. Shaw and Robinson do not explicitly disdain the soul, but simply seem to have no place for it.

Comparing the role the soul plays in the works of Burton to its role in the works of later medical writers may not give a completely accurate picture of what role the soul continued to play in other intellectual discourse of this period. Burton was one of the last great generalists. After him, knowledge expanded to such an extent that a thorough understanding of many subjects became nearly impossible. Eighteenth-century physicians were absorbed with their craft, and much less inclined to discuss abstract implications at length. Burton was not specifically a physician, although he clearly possessed a great deal of

medical knowledge, and hence would not necessarily be trained to think in the manner of a doctor. By the 1700s, however, scholars were less likely to dabble in the medical arts, for the professionalization of the practice of medicine had begun in earnest. Cheyne lamented the fact that in his day scholars no longer studied medicine as a liberal art. Cheyne had been educated in his youth with the intention that he become a clergyman, but his broad education was not the norm. An eighteenth-century gentleman and scholar with the classical education and repose which Burton possessed, in addition to the medical and scientific training which Cheyne and Shaw had gained, might have produced a work which could more fairly be compared to The Anatomy of Melancholy. However, the fact that no such individual appeared in the eighteenth century is itself an indication of the way in which the scientific revolution took hold.

A more thorough study of the way the nature of the human being changed would include an examination of philosophical and scientific texts from the period 1620-1750. Those authors who had backgrounds with the same broad education as Burton and the same wide-ranging interests would be particularly useful for comparison. This thesis has briefly referred to the significant influence of such scientists as Francis Bacon and Isaac Newton. Equally important, but unmentioned, were such philosophers as John



Locke and David Hume. A wide-ranging examination of how the human being was described and considered in philosophical, scientific, medical, theological, and literary discourse in the aftermath of the Scientific Revolution would be a monumental task, but it would be an informative and revealing history.

The changes which occurred from the middle of the seventeenth to the middle of the eighteenth century seem obvious when viewed over the space of centuries, but the transition from the medieval conception of the human being to the modern human being was gradual. At no time can one say that a revolution in thinking took place. However, alterations in the construction of the soul and melancholy can be seen as a triumph of progressivism over conservatism. According to Burton and his contemporaries, illnesses could be seen as a result of disturbing the Great Chain of Being. Alternatively, illness in the body was analogous to a disturbance in the state. Stability was prized, and innovation was suspect. By rejecting the metaphors used by Burton and others, scientists can be seen as having dealt a blow to the established social order. The implicit radicalism inherent in removing the human being from a universal and tightly-ordered framework and considering him in terms of a physical body plus a rational mind has not been fully considered.

The human being considered in most of the medical texts

discussed in this thesis, however, is the educated man. The way in which medical authorities viewed the nature of the female human being cannot be identified with their understanding of the male body, soul, and spirits. Similarly, the cares and concerns of the melancholy sufferer described in the Anatomy were not necessarily those of the English peasant. A more inclusive study of the nature of the human being in medical discourse which focused specifically on women and lower-class men would lead to a greater general understanding of seventeenth and eighteenth-century constructions of the human being.

Possible political and feminist interpretations of the nature of the human being as revealed in early modern medical discourse underscore the extent to which theories of physiology, psychology, and disease are socially constructed. Melancholy is a paradigm of the socially-constructed disease. To Burton and many succeeding medical authorities, its reality was undeniable. To modern physicians, however, melancholy is mainly an historical curiosity. Its lack of significance in modern medical discourse suggests that current understanding of physical and mental illness may also be affected by the scientific and philosophical theories which are presently in vogue. Claims to scientific truth must be considered critically in light of the underlying philosophy which they seek to promote. The perceived split between thought and feeling continues to be a central feature of scientific discourse.

## Notes

1. Medieval Psychology (New York: Greenwood Press, 1990), 73 and 163.
2. See pp. 51-52 of this thesis.
3. The Tangled Chain (Berkeley: University of California Press, 1976), 188.
4. Pearsall Smith, Logan, Donne's Sermons: Selected Passages (Oxford: Clarendon Press, 1919, 1964), 94.

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