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I hereby recommend that the thesis prepared under my supervision by Jane M. Zininger, M.A.

entitled A Critical Study of Robert Burton's "Anatomy of Melancholy"

be accepted as fulfilling this part of the requirements for the degree of Doctor of Philosophy

Approved by:

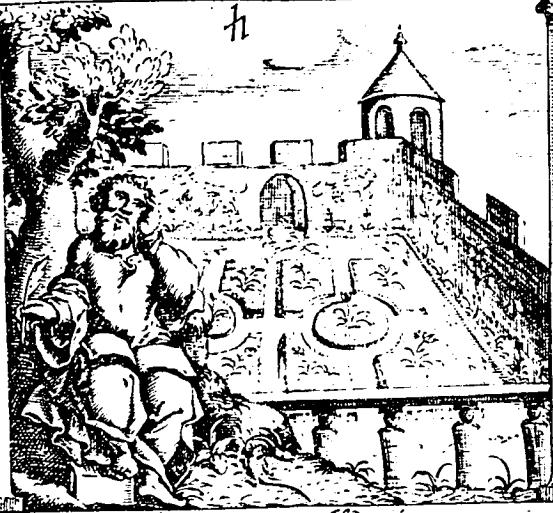
F. Michael Keenan

Robert Shafer

P. V. Kreider



Scititia



Democritus Abderitis



Solitudo



Inamorato

THE
**ANATOMY OF
 MELANCHOLY.**
*What it is, with all the Kindes causes
 symptoms, prognosticks, & severall cures of it.*
 In three Partitions, with their severall
 Sections, members & sublections
*Philosophically, Medicinally,
 Historically, opened & cut ye.*
 BY
Democritus Junior
*With a Satyricall Preface, Concluding
 to the following Discourse.*
 The sixth Edition, corrected and
 augmented by the Author.
Omne tulit punctum, qui miscuit utile culci.



Hypochondriacus



Superstitiosus



Democritus

Junior



Maniacus



Borago

Oxford
 Printed for
 Henry Cripps.
 1651

C. h.

Blon. fe.



Helianthus

ANALYSIS OF MELANCHOLIA
A Critical Study of Robert Burton's
The Anatomy of Melancholy

A Dissertation

Submitted

In partial fulfillment of the
Requirements

For the degree of

Doctor of Philosophy

June, 1950

Jane M. Zinninger

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A Critical Study of Robert Burton's The Anatomy of Melancholy

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Preface

Although so eminent a physician as the late Sir William Osler was profoundly impressed with the medical as well as the literary value of Robert Burton's The Anatomy of Melancholy, few investigators have examined this book save as a literary oddity. The typical late nineteenth- and early twentieth-century attitude toward Burton is that he was a curious old scholar who evolved through six editions a single book distinguished chiefly for "romantic quaintness." The few studies which have considered the psychological aspects of The Anatomy have, for the most part, expended greater interest on Burton the man than on the book which he wrote. In the best of these studies, Bergen Evans' The Psychiatry of Robert Burton (New York, 1944), the major interest is centered on those ideas of Burton which are consonant with contemporary theories; hence, no really satisfactory examination of Burton's psychological principles has appeared, nor has Burton's relation to his own age been considered.

This study is concerned with Burton's conception of the abnormal state of melancholia, its relation to the thought of his own age, and its limitations in the light of theories now accepted. The text of the sixth (posthumous) edition has been selected as representing Burton's final corrections and emendations. The edition long considered definitive, that of the Rev. A. R. Shilleto (London, 1893), has been shown by later scholars to have been drawn from the seventh rather than the sixth edition and to contain numerous errors. For this investigation,

therefore, the text of the Oxford, 1651 edition has been used. Two modern editions have also been employed, the Everyman's Library edition in three volumes (London, 1932) and the all-English version of Floyd Dell and Paul Jordan-Smith (New York, [1927]). Unless clearly indicated otherwise, all citations are from the Oxford, 1651 edition.

No attempt has been made to compile a complete bibliography either of Burton's sources or of commentaries about him and his work. In the former case, the task is well-nigh impossible; Paul Jordan-Smith in Bibliographia Burtoniana (Stanford, 1931) has identified many of Burton's sources, and occasional single reports have provided additional information of this type. As yet, however, not all Burton's sources have been identified, nor have all those identified been located. In the second instance, most of the critical material about Burton, particularly that of the period prior to the third decade of the present century, is primarily concerned with literary analogues or stylistic evaluation. As such, these studies are not germane to the present investigation. Bergen Evans has given an extensive and valuable critical bibliography of works of this kind in The Psychiatry of Robert Burton, though he has omitted such a serious recent discussion as that by Hardin Craig in The Enchanted Class (New York, 1936) and several pertinent periodical articles, including Edward Rimbault's comparison of Burton with Bright's A Treatise of Melancholie in Notes and Queries (Ser. I, Vol. IX, 1854).

Only a highly selective bibliography appears here, including sixteenth- and seventeenth-century treatises about melancholy, whether

available to Burton or not, which illustrate beliefs current during the period in which and for which he wrote. In certain instances, medieval writers still strongly influential in Burton's time are included. Only those secondary sources actually used for this investigation have been cited in the bibliography.

It is a pleasure to acknowledge the penetrating and helpful criticism of Dr. F. Michael Krouse, not only in reading the manuscript but also throughout the entire period during which this investigation was pursued. I wish also to thank Dr. Robert Shafer and Dr. P. V. Kreider for their careful reading of the manuscript and Dr. Milton Rosenbaum for advice about matters pertaining to contemporary psychiatry. I am particularly grateful to the staff of the Cleveland Branch of the Army Medical Library, especially Dr. William Jerome Wilson and Dr. Dorothy Schullian, for their courteous and efficient help in making available rare sixteenth- and seventeenth-century medical books. I should also like to thank Dr. Ernest Gohn, of the University of Chicago, for advice about bibliographic matters, particularly of theological and philosophical works of this period; and finally, the staff of the library of the University of Cincinnati, especially Miss Jane Bertenshaw and Mr. William Harrison.

CHAPTER I.

'Tis not to be denied, the world alters every day, Ruunt urbes,
regna transferuntur, &c. variantur habitus, leges innovantur,
as Petrarch observes, we change language, habits, laws, customs,
manners, but not vices, not diseases, not the symptoms of folly
and madnesse, they are still the same. And as a River we see,
keeps the like name and place, but not water, and yet ever runs,

Labitur & labetur in omne volubilis aevum;

Our times and persons alter, vices are still the same and ever
will be; look how Nightingals sang of old, Cocks crowed, Kine
lowed, Sheep bleated, Sparrows chirped, Dogs barked, so do they
still; we keep our madnesse still, play the fools still, nec
dum finitus Orestes, we are of the same humors and inclinations
as our predecessors were, you shall finde us all alike, much
at one, we and our sons,

Et nati natorum, & qui nascuntur ab illis,

And so shall our posterity continue to the last.

The Anatomy of Melancholy is precisely what its title
implies: an analysis of the mental disease known as melancholia.
Burton's style and method have apparently obscured this fact from many
investigators unfamiliar with the Renaissance modifications of such
scholastic practices as proof by cumulative citation from multiple
authorities, argument by presentation of opposing viewpoints, and
elaboration of both the main thesis and its ancillary arguments by
involved and wholly deliberate digressions. Despite evidences of
humor in parts of the book, there is no justification for regarding
it as anything but an earnest discussion of a prevalent mental
ailment. The present study is an analysis of that discussion in

the light of the author's avowed purpose. It is necessary to determine, first of all, what Burton's ideas about melancholy were, and then, by comparing them with those of his contemporaries who published treatises about mental disease (or about both physical and mental disease), to consider whether his ideas reflect, or in any way approximate, opinions the seriousness of which is not open to question.

Burton makes explicit in his prefatory remarks, "Democritus Junior to the Reader," that his purpose is serious and scientific:

My purpose and endeavor is, in the following discourse to anatomize this humor of melancholy, through all his parts and species, as it is an habit, or an ordinary disease, and that philosophically, medicinally, to shew the causes, symptoms, and several cures of it, that it may be the better avoyded. Moved thereunto for the generality of it, and to do good, it being a disease so frequent ...as few there are that feel not the smart of it.¹

He finds himself qualified to undertake such a discussion because this disease affects both the soul and the body, and he is "by my profession a Divine, and by mine inclination a physician."² Moreover, "in the theorick of physick I have taken some pains, not with an intent to practise, but to satisfie my self, which was a cause likewise of the first undertaking of this subject."³

¹ The Anatomy of Melancholy (Oxford, 1651), p. 76. Hereafter this book will be referred to as the Anatomy. Page references denote pages in the prefatory "Democritus Junior to the Reader." References to the text will be by partition, section, member, and subsection, because editions vary so widely in pagination and no standard edition is available.

² Anatomy, p. 16.

³ Ibid.

Despite Burton's assertion of a serious intent, his book has been read since the early seventeenth century as a work of literature rather than as a scientific treatise. Several interrelated factors may be deemed responsible for so marked a shift in emphasis. During Burton's own lifetime, the method of writing he used was being assailed by Sir Francis Bacon. The two men were almost exact contemporaries; yet Bacon is generally regarded as more "modern" than Burton. Bacon, both in The Advancement of Learning (1605) and in the later De Augmentis et Dignitate Scientiarum (1623), levelled specific criticisms against the medical treatises of the time. He finds that "medicine is a science...more professed than laboured, and yet more laboured than advanced; the labour having been...rather in circle than in progression. For I find much iteration, but small addition."⁴ His remarks on mental health, however, revert to beliefs less advanced than those of Burton, for Bacon considers that "the diseases and infirmities of the mind...are no other than the perturbations and distempers of the affections."⁵ His attitude and direct, clear method of expression make his writing seem more consonant with modern works, while Burton's style savors of quaintness and his ideas are thereby obscured.

⁴ Sir Francis Bacon, The Advancement of Learning (Oxford, 1900), p. 137. In the later De Augmentis, he expands this criticism with specific references to the contemporary discussions of diets, exercise, etc. Cf. Works, edited by James Spedding, R. L. Ellis, and D. D. Heath (Boston, 1864), volume IX, for a translation of Book VII of the De Augmentis.

⁵ Sir Francis Bacon, The Advancement of Learning, Book II, loc. cit., p. 207 f.

A second and perhaps more obvious reason for the lapse of The Anatomy from serious perusal as a scientific treatise is the conspicuous limitation of its physiology. It is difficult to consider seriously a medical book whose thesis rests partly, though not entirely, on an obsolete and incorrect assumption as to the nature of the human body and its diseases.

The most important single factor in the shift of emphasis with regard to this book is its genuine and undeniable merit as an example of a certain style of British prose. The parts of the book most frequently read today are the prefatory "Democritus Junior to the Reader" and the famous section, "Air Rectified. With a Digression of the Air." These two passages represent the most ornate prose in the entire work. As the physiology basic to Burton's ideas was rendered obsolete by later discoveries, his prose, equally obsolete, was regarded as an unusually fine example of a manner of writing no longer extant. His long digressions and often humorous and genial attitude veiled his initial purpose when his position could no longer be regarded as scientifically tenable. Sir William Osler noted that the book provided more than its scientific title promised:

In reality the anatomy of man in all possible relations, it is easy to read the secret of its salvation. The panorama of human life is sketched in broad, firm outlines by a man of keen humour and kindly satire....page after page is laden with what Milton calls 'horse loads of citations'....⁶

Comparison of Burton's book with medical and theological treatises of his own time readily shows how great was his literary gift.⁷ His prose

⁶ Sir William Osler, "Burtoniana," Oxford Bibliographic Society Proceedings and Papers, I, 217.

⁷ Melancholy was as often regarded as the province of the clergyman as of the physician; hence, theological treatises are comparable examples to Burton's work.

is rich and varied; his manner winning rather than pedantic. He is fully aware of his digressions as he embarks upon them, and they are clearly marked as such in his analytic synopses of the individual partitions of the book. He finds that such digressions "do mightily delight and refresh a weary Reader, they are like sawce to a bad stomach, and I do therefore most willingly use them."⁸ His style is deliberately ornate and is best described in his own words:

So that as a River runs sometimes precipitate and swift, then dull and slow; now direct, then per ambages; now deep, then shallow; now muddy, then clear; now broad, then narrow; doth my stile flow: now serious, then light; now comical, then satyrical; now more elaborate, then remisse, as the present subject required, or as at that time I was affected. And if thou vouchsafe to reade this treatise, it shall seem no otherwise to thee, then the way to an ordinary Traveller, sometimes fair, sometimes foul; here champion, there inclosed; barren in one place, better soyl in another: by woods, groves, hills, dales, plains &c. I shall lead thee per ardua montium, & lubrica vallium, & roscida cespitum, & glebosa camporum, through variety of objects, that which thou shalt like and surely dislike.⁹

Not only is his description apt: the style of this passage exemplifies the manner used in the greater portion of the book. Despite Burton's assertion that The Anatomy is "a confused lump...writ with as small deliberation as I do ordinarily speak,"¹⁰ conscious art in writing is apparent throughout the book. Nouns and adjectives are piled one on another like Pelion on Ossa, parallelism is evident in phrases as well as clauses, and quotations abound, both English and Latin. Burton cites

⁸ Anatomy, Part. I, Sec. 2, Memb. 3, Subsect. 1.

⁹ Ibid., p. 13.

¹⁰ Ibid., p. 12. On the subject of rhetorical device in Burton, see Hardin Craig, The Enchanted Glass (New York, 1936), pp. 163-69.

the classical poets as frequently as he does medical writers, heathen philosophers almost as often as the Bible. His eclecticism seems to know no bounds.

Toward the close of "Democritus Junior to the Reader," Burton warns that his style is to be far different in the main body of the treatise. This preface, paginated separately from the rest of the text in all editions printed in Burton's lifetime as well as in the first posthumous edition, was clearly regarded as a place for the author to indulge in gracious and ornate pleasantries. Yet it is here that Burton gives expression to what a recent study has shown to be a soundly conceived ideal commonwealth.¹¹ Even this interpolation is treated by Burton as a deliberate and satiric digression. He apologizes, but his words, "Solvite me, pardon, (o boni) that which is past, and I will make you amends in that which is to come; I promise you a more sober discourse in my following Treatise,"¹² can be regarded as true only in a limited sense. There is certainly no complete abjuration of stylistic devices; rather, the direction is mapped out carefully and the river of words allowed to flow on as before.

So carefully wrought is the style of The Anatomy, and so penetrating, though kindly, its satire, that eighteenth-century readers, lacking the profound concern of Renaissance men with its subject,

¹¹ J. M. Patrick, "Robert Burton's Utopianism," PQ, XXVII, 347-58.

¹² Anatomy, p. 78.

found Burton's book merely congenial reading. This opinion has persisted to the present time, and until very recently, Burton's claim to immortality lay solely in his style of writing. The combination of the writer's genial warmth and his elaborate, almost artificial, way of expressing his native kindness and penetrating insight produces a unique work of literature. The charm of the book has, indeed, obscured its primary significance and the meaning which it bore to the avid readers of Burton's own time who so eagerly snatched up each edition as it appeared.

These first readers who found Burton's subject so intriguing that six editions were required in twenty-five years were fully cognizant of the purpose of the book from the moment they glanced at the title. Burton had not only elected to discuss the dominant complaint of an age startled and depressed by incontrovertible evidence that the old order was no longer inviolably static, but he had also promised by his very title to analyze its causes, symptoms, and cure. However complex his discussion or fantastic his illustrations, the organization of the book follows the indication of the title in a simple and logical fashion. Each aspect discussed is subsumed under some larger topic, and all are brought into a compact relationship in the synopses prefixed to each of the three individual partitions. Digressions are clearly marked as such, as are the returns to the subject. Osler finds The Anatomy" orderly in arrangement, 'serious in purpose, and weighty beyond belief with authorities."¹³ Of the second partition he says,

¹³ Sir William Osler, "Burton, the Man, His Book, His Library," Oxford Bibliographic Society Proceedings and Papers, I, 183.

"the author has collected all the known information about the treatment of mental disorders....There is scarcely a medical author of note who is not quoted."¹⁴

Osler further points out, however, that the anatomy and physiology expounded are those of the early part of the seventeenth century, and he expresses surprise that there is no mention in the later editions of Harvey's discovery of the circulation of the blood.¹⁵ Burton's understanding of human anatomy is apparently based on the work of Andreas Vesalius, whose De Humani Corporis Fabrica was published in 1543. As a work of descriptive anatomy, Vesalius' treatise is still considered remarkably sound, its chief errors being those of omission rather than commission. Vesalius' principal deficiencies stem from his physiological beliefs rather than from his anatomical observations. For example, after a careful and accurate description of the anatomy of the liver, he says:

The liver, concocting the best part of that chyme, changes it into blood, obtaining a twofold refuse of its concoctions, such as we see in all wines and other similar concoctions. One is thicker than the other and, because it is considered, as it were, the dross and offscouring of the blood, is commonly called the black bile.¹⁶

In his description of the anatomy of the cardio-respiratory system

¹⁴ Ibid., p. 175 f.

¹⁵ Ibid. The third edition of The Anatomy was published in 1628, the same year as Harvey's treatise.

¹⁶ Andreas Vesalius, The Epitome of Andreas Vesalius [Basel, 1543], translated by L. R. Lind (New York, 1949), p. 43.

and of the brain, Vesalius is again confused by his attempt to apply the doctrine of πνεύμα or "spirits" to the observable anatomical structures.¹⁷ Vesalius' conformity to the doctrine of humors and spirits in the presence of careful anatomical dissections is less surprising when one considers that humoral pathology as the cause of human disease was a theory in good repute until the time of Rudolf Virchow (1821-1902) and the rise of the modern bacteriological explanation. Even in Harvey's De Motu Cordis, the deductive proof of the circulation of the blood in contradistinction to Galen's theory does not require a concomitant abandoning of the Galenic doctrine of the spirits. Harvey states that "spiritous blood is none the less blood, as no-one denies that the blood, even that which flows in the veins, is filled with spirits."¹⁸ Harvey's reasoning was not instantly accepted, nor, when accepted, was it always fully understood. Sir Kenelm Digby, writing forty-one years later than Harvey's publication, commends his discovery and discusses it rather fully. As the discussion progresses, however, it is quite apparent that Digby retains the idea that "spirits" are located in the heart and have an important function in the animal.¹⁹ Burton, though in error, was in good medical company in his anatomical and physiological beliefs.

¹⁷ The Greek words transliterated physicon, zoticon, and psychicon more clearly express the relationships of the three kinds of "spirits" than do the comparable Latin-derived terms natural, vital, and animal spirits.

¹⁸ William Harvey, Exercitatio Anatomica de Motu Cordis et Sanguinis in Animalibus (1628), translated by Chauncey Leake (Springfield, 1941), p. 12. Italics mine.

¹⁹ Sir Kenelm Digby, Of Bodies and of Mans Soul (London, 1669), Ch. 26, passim.

The scientific value of The Anatomy is clearly historical, but the justified emphasis on the literary aspect of the book has veiled and rendered suspect its scientific merit. Many readers may find it strange that a psychological treatise should be illustrated with historical and literary citations. Yet Vergil and Herodotus, Xenophon and Cicero, Ovid and Homer yield case-histories and illustrations of symptoms as well as philosophical lore and historical fact. So intertwined are the medical and literary threads in this book that they can hardly be separated. It may reasonably be argued that the intertwining of the two factors is responsible for the survival of Burton's book and the neglect accorded his more single-minded contemporaries.

The Anatomy of Melancholy has usually been treated unfairly by literary historians and critics because they have tended to overemphasize the book's literary merit at the expense of ignoring the scientific material which it embodies. Despite the fact that the former aspect is admittedly the more obvious of the two chief components, evaluations which ignore both the author's intentions and the genuine significance of his subject-matter can hardly be termed sound criticism. Certainly both aspects must be considered together if satisfactory and just conclusions about the book are to be reached. The prevailing opinion that The Anatomy of Melancholy is a "museum which we enter in a mood of idle curiosity"²⁰ considers but half of the total picture which Burton's book presents. Primary interest has too long been centered on Burton's qualities as a literary stylist or on his personality as revealed

²⁰ John Middleton Murry, "Burton's 'Anatomy of Melancholy'," Living Age, CCCIX, 592.

through his writings.²¹

Sir William Osler first called attention to the seriousness of Burton's work and its value as a medical treatise in 1914, but over twenty years elapsed before any serious investigation of the psychological principles advanced in The Anatomy was published.²² Two such studies appeared in 1936,²³ and one in 1944.²⁴ Miller's brief article was the first explicit examination of Burton's beliefs about psychology: he cited Burton's statements copiously, but did not evaluate the book as a whole. Hardin Craig's study, though directed primarily at the limitations and achievements of Renaissance science and the effect which this conception of science had on Elizabethan literature, affords the soundest evaluation of Burton yet published. Craig was primarily concerned with the importance of the scholastic tradition and method in hindering the progress of thought, and with the lack of precise instruments as hampering the depth and extent of scientific achievement. He

²¹ Such commentators as E. N. Andrade, "Master of Melancholy," New Statesman XVI, 79 f; Barrett Wendell, "Development of Prose: Raleigh, Burton and Browne," The Temper of the Seventeenth Century in English Literature (New York, 1904), pp. 184-206; and Charles Whibley, "Robert Burton," Literary Portraits (London, 1920), pp. 267-308 reflect this trend. Edward Bensly's account of Burton in the Cambridge History of English Literature (Cambridge, 1932), IV, 277-290, properly emphasizes the literary value of The Anatomy, as does Douglas Bush, English Literature in the Earlier Seventeenth Century (Oxford, 1945), especially pp. 280-86.

²² Sir William Osler, "Burton's Anatomy of Melancholy," Yale Review, III, 251-71. This article was reprinted with additions in the proceedings of the Oxford Bibliographic Society, cited above. Merritt Hughes, "Burton on Spenser," PMLA XLI, 545-67, treated Burton as a serious commentator on Spenser's The Faerie Queene, but made no attempt to evaluate his intrinsic value as a psychologist.

²³ J. L. Miller, "A Discussion of Burton's Anatomy of Melancholy," Annals of Medical History VII, 44-53; Hardin Craig, The Enchanted Glass (New York, 1936), especially pp. 243-50.

²⁴ Bergen Evans, The Psychiatry of Robert Burton (New York, 1944).

indicated that Burton "epitomizes the learning of the Renaissance, reflects the catholicity of the time in the breadth of his interests,"²⁵ but his conclusion was unsympathetic to Burton's achievement.

Bergen Evans' study is the only publication devoted entirely to an examination of the medical aspects of The Anatomy of Melancholy. It is important to note that Evans' title indicates that his interest was directed toward those facets of Burton consonant with modern psychiatry, rather than toward the psychology on which Burton built his work. Almost a quarter of Evans' study is concerned with Burton the man; in the remainder of the book, he gleaned from The Anatomy those of Burton's ideas which he believed to agree with or to anticipate modern views. He made no attempt to consider the validity of Burton's work in terms of the age for which it was written, not did he inquire into the wider question of the psychology on which the analysis of mental disease was then founded.²⁶ His study thus has a sharply circumscribed range which no more takes into account all the relevant factors than do the purely literary evaluations which regard the content of the book as little more than whimsical.

²⁵ Craig, op. cit., p. 250.

²⁶ Psychiatry is that branch of medicine which diagnoses and treats mental disorders: neuroses and psychoses. Psychology is the science which deals with the study of the mind in all its aspects. Psychiatry is a comparatively recent division of medicine; psychology is pre-Socratic. To discuss Burton's psychiatry is anachronistic as well as unjustifiably selective; to discuss his psychology is a more valid undertaking. Evans' occasional errors in interpretation of Burton's ideas result from his failure to correlate Burton's terminology with the concepts of his own time; therefore, Evans sometimes identified statements by Burton as consonant with modern psychiatry when they rather express medieval or Renaissance beliefs which modern psychiatry rejects.

The emphasis on psychiatry rather than psychology may result, aside from the upsurge of modern interest in this controversial subject, from Burton's own remarks in "Democritus Junior to the Reader." The "melancholy Divine of Christ Church" early shows his sound therapeutic knowledge about melancholia by alleging as a reason for writing his book:

I write of melancholy, by being busie to avoid melancholy. There is no greater cause of melancholy then idlenesse, no better cure then business, as Rhasis holds: and howbeit: stultus labor est ineptiarum, to be busied in toyes is to small purpose, yet hear that divine Seneca, better aliud agere quam nihil, better do to no end than nothing.²⁷

He continues:

When I first took this task in hand, & quod ait ille, impellente genio negotium suscepi, this I aimed at; vel ut lenirem animum scribendo, to easy my minde by writing, for I had gravidum cor, foetum caput, a kind of impostume in my head, which I was very desirous to be unladen of, and could imagin no fitter evacuation then this. Besides I might not well refrain, for ubi dolor, ibi digitus, one must needs scratch where it itches. I was not a little offended with this maladie...& for that cause...I would expel...one sorrow with another...make an Antidote out of that which was the prime cause of my disease.²⁸

Burton also adduces more objective reasons for his work. He finds that the subject had previously been inadequately, though often, discussed, and asserts that "a dwarf standing on the shoulders of a Giant may see farther then a Giant himself; I may likely add, alter, and see farther then my predecessors."²⁹ Another reason for writing is his hope of awakening his contemporaries to the reality and the seriousness of

²⁷ Anatomy, p. 5.

²⁸ Ibid.

²⁹ Ibid., p. 8.

mental disease: "if we labor of a bodily disease, we send for a physician; bur for the dseases [sic] of the minde we take no notice of them....Every man thinks with himself Egomet videor mihi sanus, I am well, I am wise, and laughs at others."³⁰

Burton is particularly careful to justify his own treatment of a subject about which so many other writers have already published. Further, he must justify his cento as such, for he realizes as well as any scholar that "Facilia sic putant omnes quae jam facta, nec de salebris cogitant, ubi via strata."³¹ He frankly admits his indebtedness to earlier writers, but maintains that he has "wronged no authors but given every man his own."³² He accounts himself a scholar intent upon synthesizing his vast reading for the profit of others: "the composition and method is ours only, & shews a Scholar."³³

The list of writers to whom Burton is indebted is a prodigious one; even today some of his references have not been identified or located. Beginning with Plato and Aristotle, Hippocrates and Galien, Burton cites such non-Christian philosophers and physicians as Seneca and Cicero, Rhazes and Oribasius. He quotes such patristic writers as Augustine, Gregory, Cyprian, and Tertullian, such medieval scholastics as Averroes, Aquinas, Albertus Magnus, and Duns Scotus. His reference

³⁰ Ibid., p. 39.

³¹ Ibid., p. 10. Burton ascribes this citation to Lipsius.

³² Ibid., p. 8.

³³ Ibid.

to Renaissance thinkers and physicians is phenomenally great: Erasmus, Charron, Vives, Montaigne, to mention a few of the former; Bright, Guianerius, Jason Pratensis, Laurentius, Lemnius, Montanus, Vesalius-- the list could be extended almost indefinitely.³⁴ He treats his borrowings casually, remarking, "Here and there I pull a flower."³⁵ He claims with complete justice that not only has he given credit where it is due, but also

apparet unde sumptum sit (which Seneca approves) aliud tamen quam unde sumptum sit apparet, which nature doth with the aliment of our bodies incorporate, digest, assimilate, I do conquocquere quod hausi, dispose of what I take.³⁶

The assimilation is far more significant than the indebtedness, for Burton has completely shifted the emphasis in many of his borrowings. Despite the close parallel which Edward Rimbault indicated between Burton and Timothy Bright,³⁷ the total effect produced by each book differs completely from that of the other. Bright expresses the orthodox Christian belief that the rational soul is immortal and incorruptible,

³⁴ See Paul Jordan-Smith, Bibliographia Burtoniana (London, 1931) for an extensive investigation of Burton's sources. Much material of this nature is to be found in individual notes published from time to time. Edward Bensly's reports in N&Q, ser. 9, XI-XII; ser. 10, I-VIII, X, XI (1903-09) passim, are among the best of the earlier reports. The index of the all-English edition of The Anatomy, edited by Floyd Dell and Paul Jordan-Smith (New York [1927]) identifies briefly many of Burton's citations.

³⁵ Anatomy, p. 13.

³⁶ Ibid., p. 8.

³⁷ Edward Rimbault, "Burton's Anatomy of Melancholy," N&Q ser. 1, IX, 191-92.

that apparent mental disease indicates merely disease of the organs by which perceptions are conveyed to the soul (or rational power). Burton, on the other hand, refuses to answer the question about the immortality of the soul qua rational power, but he clearly indicates his belief that it can be afflicted by disease, for he considers will a part of reason and will to admit of derangement by the passions.

Comparison of Burton's citations, which are frequently inaccurate, with their sources reveals the degree of independence which he possesses. As often as Burton cites such medical authorities as Antonius Guianerius or Jason Pratensis or Andreas Laurentius, his work reveals a temper so alien from theirs as to make quite clear his beliefs, even though as a cautious scholar he is unwilling to arbitrate between conflicting authorities. Careful correlation of The Anatomy with other treatises of the period produces the impression that Burton has mentally made his choice in cases of conflict and that he conveys it by indirection. For example, in discussing diet, he lists the foods interdicted by various authorities, and follows this discussion with, first, a subsection to the effect that moderation in all food is more important than regulation as to kinds of food, and second, with another subsection to the effect that habit, appetite, or particular exigencies cause exceptions to all rules. The effect of the two latter passages is virtually to annul the dicta of the first.³⁸

³⁸ Anatomy, Part. I, Sect. 2, Memb. 2, Subsections 1,2,3.

Burton's method of assimilating the material which he has found in the course of his wide reading emphasizes the differences between his book and his sources rather than the similarities. Repeated references to an individual author or book by no means imply that Burton is in agreement with him. What Burton deems important, he uses to good advantage; when he disagrees with his authority, he omits or minimizes the particular point. Guianerius, for example, one of Burton's frequently cited medical authorities, discusses in his treatise "*Mania atq; Melancholia*," linking the two throughout his discussion. In his first chapter he makes the explicit statement, "*interdum melancholiā & interdū maniā hanc passionē appellamus.*"³⁹ Burton merely cites Guianerius as one of a long list of writers who fail to distinguish between the two conditions; he then proceeds to define the differences between them. Although he is not always so explicit in his opinion, he is not so slavish as his numerous references and citations might indicate; his is clearly not a mere scissors-and-paste study.

Having selected his material both from the treatises of others and from his own observations, Burton organised his subject into three main partitions, as advertised in the frontispiece. Each partition is provided with an elaborate synopsis which represents a conscientious outline of the material discussed in the partition. The first division of the book is concerned with the definition of melancholia, its causes and symptoms; the second deals with the cure of this ailment; the

³⁹ Antonius Guianerius, Practica...et Omnia Opera (Venice, 1508), fol. 21^v, col. 2.

third presents a separate discussion of the special form of the disease known as love-melancholy. Simple typographical alterations reveal these synopses to be minutely detailed outlines of the order of discussion.

Thus the main headings in the outline of the second partition, in modern form, would be:

Cure of melancholy.

1. General
 - a. Unlawful
 - 1) Magicians
 - 2) Spells, incantations
 - b. Lawful
 - 1) Prayer
 - 2) By nature, which works through
 - a) Physician
 - b) Patient
 - c) Physick, which consists of
 - (1) Diatetic remedies (diet refers to habits and climate as well as to the more limited modern conception)
 - (2) Pharmaceutical remedies
 - (3) Chirurgical remedies.
2. Particular to the three kinds of melancholy.
 - a. Head melancholy
 - 1) Diet
 - 2) Pharmaceuticals
 - 3) Surgery
 - b. Melancholy of the whole body
 - 1) Diet
 - 2) Pharmaceuticals
 - 3) Surgery
 - c. Hypochondriacal melancholy
 - 1) Diet
 - 2) Pharmaceuticals
 - 3) Surgery

Burton's minute analysis is reminiscent of the scholastic penchant for logical classification. The modern reader finds such divisions logical rather than practical and can better understand the content of The Anatomy by considering first the general conception of the disease of melancholia, whether regarded as a mental, physical, or

moral affliction (Chapter II of the present study), and then proceeding to an investigation of Burton's views as to the particular and general causes, symptoms, and methods of treatment of the disease (Chapter III). Comparison of Burton's statements with those of other writers to reveal both his dependence and independence prepares one for consideration of his historical position as a medical writer (Chapter IV). After such an analysis, it is possible to offer a more just evaluation of the book in terms of the author's intention as well as his fulfillment (Chapter V).

This deviation from Burton's arrangement is dictated by consideration of the revisions of physiological belief between his time and the present era. The arrangement necessary to him is superfluous and to a certain degree meaningless today. Burton's compilation of authorities is significant today only insofar as it suggests touchstones for comparison of his achievement and as it shows the extent of his research. His multiple citations were, after all, intended to give dignity and stability to his work as well as to adorn it. They represent the justification for every statement which Burton allowed himself to make. It is his unwillingness to make explicit commitments in the presence of conflicting authorities that marks him as a scholastic writer; it is his implicit choice between such alternative views that indicates his Renaissance empiricism.

His compilation is far from being a dry-as-dust document. As indicated previously, Burton was not above implying his position by a judiciously worded observation or a humorous comment. He occasionally

departs from the prevailing tendency of most of his authorities to devise rigid categories. Where such a predecessor as Bright sharply distinguishes between physical melancholy caused by disruption of the natural balance of the humors in the body and spiritual depression caused by consciousness of sin (even though admitting that the two conditions might coexist in one individual), Burton emphasizes the psychosomatic relationship. Bright denies that the soul can be corrupted by disease; Burton finds that physician and divine together achieve the cure of a disturbed person, the former curing the soul through the body and the latter the body through the soul. Religion and medicine must go hand in hand for an absolute cure. Melancholy is "a common infirmity of body and soul, and such a one that hath as much need of spiritual as a corporal cure."⁴⁰

In choosing the via media between absolute adherence to orthodox belief and complete reliance on empirical evidence, Burton is a typical man of the Renaissance. He cannot doubt some things which appear as absurd as others for which he has the utmost scorn. He tends to cling too closely to tradition; yet his work reveals that he cast aside almost as many of the superstitions of his age as he retained. His limitations and errors appear the more gross because they form the framework into which his valid observations are fitted.

Despite its errors and limitations, The Anatomy of Melancholy has survived as a book still read, albeit by few and for a reason which

⁴⁰ Anatomy, p. 16.

would have increased its author's belief that "all fools are mad, though some madder than others. And who is not a fool, who is free from melancholy?"⁴¹ Nevertheless the longevity of the book must be ascribed to its literary qualities; to its ornate and sonorous prose as well as its revelation of the author's personality.

Despite recent animadversions, it is usually regarded as axiomatic that literature should communicate some thought or feeling from writer to reader. In Burton's time, communication was primarily informative rather than emotional. Behind the artful expression of his warmth and kindly wit, Burton reveals a keen intellect and a sense of scholarship sounded by Renaissance standards. Though his style has apparently concealed the fact from most of his readers, Burton's purpose in writing The Anatomy was serious. His method of assimilation is at once a delightful record of the working of an exceptionally intelligent and questioning mind and a compendium of ancient and contemporary opinion about the causes, symptoms, and cure of the disease of melancholia. Burton's own humanitarianism led him to see more clearly than most of his contemporaries that in dealing with the mentally disturbed, "we ought not to be so rash and rigorous in our censures, as some are; charity will judge and hope the best; God be merciful unto us all."⁴²

⁴¹ Ibid., p. 18.

⁴² Ibid., Part. I, Sec. 4, Memb. 1.

Chapter II

It is an ordinarie thing for such as are sound, to laugh at this dejected pusillanimity, and those other symptomes of melancholy, to make themselves merry with them, and to wonder at such, as toys and trifles, which may be resisted and withstood, if they will themselves: but let him that so wonders consider with himself, that if a man should tell him on a sudden some of his especiall friends were dead, could he choose but grieve? or set him upon a steep rock, where he should be in danger to be precipitated, could he be secure? his heart would tremble for fear, and his head be giddy. P. Byarus Tract. de pest. gives instance...in one that walks upon a plank; if it lye on the ground, he can safely do it: but if the same plank be laid over some deep water, in stead of a bridge, he is vehemently moved, and tis nothing but his imagination, forma cadendi impressa, to which his other members and faculties obey. Yea, but you infer, that such men have a just cause to fear, a true object of fear; so have melancholy men an inward cause, a perpetuall fume and darkness, causing fear, grief, suspicion, which they carry with them, an object which cannot be removed, but sticks as close, and is as inseparable as a shadow to a bodie, and who can expell, or over-run his shadow?

Burton's initial definition of melancholy not only is typical of those found in medical texts of his time, it is derived from them. "The Name is imposed from the matter, and Disease denominated from the materiall cause; as Bruel observes, *Μελαυχολία*, quasi *Μελαυχολία*, from black Choler. And whether it be a cause or an effect, a Disease, or symptome...I will not contend about it."¹ He continues: "The common sort define it to be a kinde of dotage without a fever, having for his

¹ Anatomy, Part. I, Sect. 1, Memb. 3, Subsect. 1. Hereafter, Roman numerals will be used to indicate the partition, and successive Arabic numerals for section, member, and subsection, respectively.

ordinary companions fear and sadness, without any apparent occasion."²

Dotage, he continues, is a state in which "some one principal facultie of the minde, as imagination, or reason is corrupted, as all melancholy persons have."³

Burton mentions, but displays little interest in, the division of melancholy into natural and unnatural. Natural melancholy was supposedly caused by a superabundance of the melancholy humor, the "dregs of the blood." Unnatural melancholy was caused by adustion of any of the four humors, though many writers, as Burton points out, denied that pituita or phlegm could be corrupted by adustion.⁴ Unnatural melancholy could also result if the major portion of the food consumed was utilized by, and converted into, the melancholy humor rather than being formed into blood.

He displays greater interest in the division of melancholy into material or immaterial. Material melancholy is natural and arises from the humors; immaterial melancholy is "adventitious, acquisite, redundant, unnatural, artificial."⁵ Burton finds natural melancholy "almost an

² Ibid., I, 1,3,1.

³ Ibid. This definition is almost a verbatim rendering of the English translation of Andreas Laurentius, A Discourse of...Melancholike Diseases (London, 1599), p. 87. Burton's own copy, from which he presumably drew, is in Latin; hence the wording is fortuitous.

⁴ Adustion is the process of drying by excessive heat.

⁵ Anatomy, I, 2,3,3.

inseparable accident"⁶ from old age. Artificial melancholy, which may be a result of heredity, environment, physical illness, or temperament, is "more frequent in such as are of a middle age. Some assigne 40 years."⁷

The most useful division of the disease is the threefold classification according to the site of the body primarily affected. According to this traditional division, found in the medical texts of the period,⁸ melancholy is regarded as affecting primarily either the head (or brain), the entire body, or the hypochondriac region. Burton's description indicates more clearly than most that "head melancholy" is an affection of the brain, either organically or in its operations, with excessive fear and sadness, sometimes delusions, and occasionally hallucinations;⁹ while melancholy of the whole body indicates physical as well as mental derangement. Hypochondriacal or "windy" melancholy is a term applied to disturbances of the digestive system severe enough

⁶ Anatomy, I, 1,3,2. Cf. the modern view of involuntional melancholy as a result of changes in hormone balance in persons of advanced age in A. H. Maslow and B. Mittelman, Principles of Abnormal Psychology (New York [1941]), pp. 467-70.

⁷ Anatomy, I, 1,3,2.

⁸ E.g., Guianerius, op. cit., fol. 22, col. 2; Laurentius, op. cit., p. 88; Jason Pratensis, De Cerebri Morbis (Basel, 1549), p. 268 f.; Nicholas Piso, De Cognoscendis et Curandis Praecipue Internis Humani Corporis Morbis (Frankfurt, 1585), p. 169.

⁹ Burton's identification of the brain as the source of the imagination, will, and other mental powers was a current belief. The fact that modern neurosurgeons have found that division of the frontal lobe of the brain from the rest aids in the cure of some kinds of mental illness shows that such an identification has some basis in reality.

to cause mental distress.¹⁰ Whatever the kind or species, the imagination is always and primarily affected in this disease; melancholy of the brain is a chronic and settled condition, while bodily manifestations are frequently intermittent in nature. This qualification of Burton's suggests the present attitude that bodily reactions, of whatever nature, are merely different manifestations of the same basic mental phenomenon. Burton insists that sharp distinctions cannot be made:

It is a hard matter, I confess, to distinguish these three species one from the other, to express their several causes, symptoms, cures, being that they are so often confounded among themselves, having so much affinity [sic], that they can scarce be discerned by the most accurate Physicians; & so often intermixt with other diseases, that the best experienced have been plunged.¹¹

Melancholy, as both Renaissance and modern observers recognize, may be normal or abnormal.¹² A normal degree of depression is a qualification of human life:

¹⁰ This emphasis may indicate intuitive perception of the peculiar effect of mental distress on alimentary processes, a topic of much contemporary interest.

¹¹ Anatomy, I, 1,3,4. Cf. Sigmund Freud, "Mourning and Melancholia," Collected Papers (London, 1925), IV, 152: "Even in descriptive psychiatry the definition of melancholia is uncertain; it takes on various clinical forms (some of them suggesting somatic rather than psychogenic affections) that do not seem definitely to warrant reduction to a unity."

¹² According to Renaissance theory, the humors might be so mixed as to indicate no more than the temperament of the individual. Throughout the present study the definition of temperament given in the NED as Sb. II, 6 will be understood: "In medieval physiology: the combination of the four cardinal humours...of the body, by the relative proportion of which the physical and mental constitution were held to be determined." The modern definition "natural disposition" still carries this connotation. Cf. Stephen Batman, Batman vpon Bartholome (London, 1582), book IV, ch. 6, fol. 29; Jakob Bohme, Of the Fouer Complexions (London, 1662), p. 9 f.; Laurentius, op. cit., ch. III; Timothy Bright, A Treatise of Melancholy (New York, 1940), ch. I. Modern psychiatrists recognize various degrees of abnormal depression as well as normal anxiety. Cf. Freud, op. cit., esp. p. 152 f.; A. H. Maslow and B. Mittelman, op. cit., pp. 451-58.

We are not here...to finish our course without all offence, with such constancy, to continue for so many ages: but subject to infirmities, miseries, interrupt, tossed and tumbled up and down, carried about with every small blast, often molested and disquieted upon each slender occasion, uncertain, brittle, and so is all that we trust unto.¹³

What is a normal reaction for one person may not be so for another:

For that which is but a flea-biting to one, causeth insufferable torment to another; & which one by his singular moderation, and well composed carriage can happily overcome, a second is no whit able to sustaine; but upon every small occasion of misconceived abuse, injury, grief, disgrace, loss, cross, rumor, &c., (if solitary, or idle) yeelds so far to passion, that his complexion is altered, his digestion hindred, his sleepe gone, his spirits obscured, and his heart heavy, his Hypochondries [sic] misaffected; winde, crudity, on a sudden overtake him, and he himself overcome with Melancholy.¹⁴

Burton states clearly and explicitly that although he recognizes and sympathizes with human sorrows and discouragements, he does not intend to deal with the melancholy disposition. He recognized the connection of unhappiness with depressive states: "it falleth out oftentimes that these Dispositions become Habits, and many Affects contemned...make a disease."¹⁵ His discussion is concerned with melancholy as a settled condition, not a temperamental inclination:

This Melancholy of which we are to treat, is an habit, morbus soticus, or Chronicus, a Chronick or continuate disease, a settled humor, as Aurelianus, and others call it, not errant, but fixed; and as it was long increasing, so now being (pleasant, or painful) grown to an habit, it will hardly be removed.¹⁶

¹³ Anatomy, I, 1, 1, 5.

¹⁴ Ibid.

¹⁵ Ibid. Sigmund Freud's "Mourning and Melancholia," loc. cit., on which modern conceptions of the disease are based, contains an evaluation of melancholia derived from the study of normal grief.

¹⁶ Anatomy, I, 1, 1, 5.

The disease of melancholy was variously regarded as a physiological, a psychological, or an ethical affliction. The immense preoccupation of Renaissance theologians and physicians with the relationship between soul and body permitted a wide range of interpretation of efficient and final causes. Confusion is further increased by the fact that, for the Renaissance, the word soul might mean either, or both, of two things. It could denote merely the animating essence of the individual human being, in the theological sense of spirit as opposed to body, or it might indicate a literal translation of the Greek word $\psi\alpha\chi\eta$ as used by Aristotle.¹⁷ When he defines the rational soul in his digression on anatomy, Burton expresses the narrower conception, stating his agreement with the Patristic authorities that the soul is a spiritual substance, immortal, and divinely created ex nihilo.¹⁸ Elsewhere throughout the book, except when discussing a specific faculty of the soul, his use of the word soul may be considered roughly equivalent to the modern

¹⁷ Throughout the late sixteenth and early seventeenth centuries, the confusion resulting from attempts to correlate Aristotelian psychology and Christian theology, notably the treatment by the tremendously influential Thomas Aquinas, is reflected in medical as well as theological books. Cf. Laurentius, op. cit., ch. II, and Bright, op. cit., chapters IX, X for discussions of the soul drawn from theology in medical treatises. The "rational soul" of Aristotle is exalted as the peculiarly human faculty inspired into the individual by God. The two "lower" powers of the soul, common to man and the beasts, and particularly the "passions" or emotions, are regarded either as intrinsically evil (Stoic position) or neutral but lawless (the orthodox Christian view). Cf. Thomas Wright The Passions of the Minde (N.p., 1601), ch. II, p. 14; Thomas Rogers, The Anatomie of the Minde (London, 1576), sig. Biii; Jean Senault, The Use of Passions, Preface; Pierre Charron, Of Wisdom, (London, 1697), book I, especially ch. VII. With such an emphasis on the relationship of the powers of the soul, ethical considerations assume significant proportions in the discussions of mental health and well-being.

¹⁸ Anatomy, I, 1,2,9.

technical term psyche.¹⁹

Burton refuses to speculate as to the nature of the soul: "what she is we cannot apprehend."²⁰ He likewise disclaims any understanding of the relationship of its faculties one to another: "How these three principal faculties are distinguished and connected, Humano ingenio inaccessum videtur, is beyond humane capacity."²¹ He nowhere attempts to propound or defend any theory of the relationship of soul and body, though he shows throughout his entire book that he is clearly aware of their interdependence. Both are subject to the illness he is discussing; mental disease is as real as is physical.

Some make a question, graviore morbi corporis an animi, whether the diseases of the body or mind be more grievous, but there is no comparison, no doubt to be made of it...the diseases of the mind are far more grievous.-- Totum hic pro vulnere corpus, body and soul is misaffected here, but the soul especially.²²

Although Burton apparently considers the psychological aspect of melancholy the most interesting, he does not fail to recapitulate the

¹⁹ The Aristotelian division of the soul into vegetal, sensitive, and rational powers is roughly equivalent to the modern recognition of conative, affective, and cognitive powers within the psyche. The chief difference lies in the modern insistence that the three powers are indissociable, whereas Renaissance thinkers interpreted the Aristotelian division as indicating separate and distinct faculties of a simple (i.e., indivisible) soul. Occasionally, as Burton notes, (Anatomy, I, 1,2,5), they extended this concept to believe in three distinct souls. This opinion, however, was not the orthodox view; most writers, as Burton also notes, loc. cit., believed in one soul with three distinct faculties.

²⁰ Anatomy, I, 1,2,5.

²¹ Ibid.

²² Ibid., I, 4,1.

classical theories about the predominance or corruption of the melancholy humor in men disposed to this ailment. He restates the ancient doctrine of the importance of order and balance within the microcosm:

For our body is like a Clock, if one wheele be amisse, all the rest are disordered, the whole fabrick suffers: with such admirable art and harmony is a man composed, such excellent proportion, as Lodovicus Vives in his Fable of man hath elegantly declared.²³

He reiterates the standard comments about diet, climate, exercise, and other environmental factors as tending to increase or decrease the amount or porportion of the melancholy humor. Nor does he neglect the effect which distemperature of the spirits may have upon the brain.²⁴ He agrees with an imposing array of authorities that melancholy affects the brain primarily, but insists that it is "per consensum sive per essentiam,"²⁵ rather than in the actual substance of the brain.

Burton's conception of melancholy as a physiological disturbance is largely derivative from medical writers of the sixteenth century,²⁶ but one important divergence should be noted. In such medical treatises, physiological disruptions are described as producing mental perturbations such as fear or sadness; the usual explanation is that the soul

²³ Ibid., I, 1,3,2.

²⁴ Distemperature is the deviation from the normal temperature, quantity, or consistency of any bodily fluid or "spirits."

²⁵ Anatomy, I, 1,3,2. Burton's note.

²⁶ He recapitulates, with slight or no variation, the material found in Laurentius, op. cit., ch. V, Piso, op. cit., pp. 168-175, Jason Pratensis, op. cit., pp. 258-70, Guianerius, op. cit., fol. 22, col. 2. He does not always agree with these opinions, but he is scrupulous in presenting them in full detail.

receives a false report because the physical organs which convey sense-impressions to the mind are diseased. In almost a dozen medical texts of this general period, there is only one mention of the reverse process: of the power of mental derangement to produce bodily symptoms other than manifestations of passion.²⁷ Burton shows an awareness, albeit not always clearly expressed, that mental disease is frequently attended by physiological change: "the minde most effectually works upon the Body, producing by his passions and perturbations, miraculous alterations; as Melancholy, despair, cruel diseases, and sometimes death it self."²⁸ Philosophical and theological writers assert the supremacy of man's soul over his body, and some physicians find that disturbance of the brain (physiological in origin) may be manifested as a local skin eruption or some such visible lesion. Burton, however, shows a realization that specific physical alterations in the entire body may result directly from mental disease or imbalance.

It is with mental imbalance that Burton is largely concerned. In dealing with the age-old observation that depressed persons are frequently exceptional in their mental ability as well as in sensitivity,

²⁷ Bright, op. cit., John Bulwer, Pathomyotomia (London, 1662), Guianerius, op. cit., Heurnius, De Morbis qui in Singulis Partibus Humani Capitis Insidere Consueverunt (Leyden, 1594), Jason Pratensis, op. cit., Laurentius, op. cit., Levinus Lemnius, The Touchstone of Complexions (London, 1633), Montanus, Consultationum Medicarum (Basel, 1565), Paracelsus, De Morbis Amentium, Samtliche Werke (Munich, 1930) II, and Piso, op. cit. do not consider the possibility. Francis Helmont, The Spirit of Diseases (London, 1694), over fifty years after Burton's death, makes a statement similar to that of Burton. Cf. infra, chapter IV, page 98.

²⁸ Anatomy, I, 2,3,1.

he repeats the usual explanation that excessive mental effort dries the natural moisture of the brain, producing a cold dry temperature in place of the cold moist phlegm usually present, but he also makes an empirical observation which has no relation to the physiological considerations:

So busie, nice, curious wits, make that unsupportable in all vocations, trades, actions, employments, which to duller apprehensions is not offensive, earnestly seeking that which others as scornefully neglect. Thus through our foolish curiosity do we macerate ourselves, tire our souls, and run headlong...into many needless cares, and troubles...and, when all is done...to what end?²⁹

Burton, conceiving of melancholy, the physiological disease, in terms conventional in his time, reiterates the medieval beliefs about distemperature of the humors and spirits or superabundance of the melancholy humor. He offers several comments based on empirical observations which are not derived from the typical medical treatises of his time. These acute individual perceptions, however, are virtually lost amid the great mass of derivative material. Such is not the case with his discussion of the psychological aspect of the disease. He does not clearly delineate this non-physical melancholy, but his awareness of its existence is unusual for his time. In his remarks dealing with the psychology of the depressed person without ethical comment, Burton is unique. Philosophers and theologians deal copiously with the ethical considerations of the emotions; physicians with physiological disturbances; Burton shows insight, however limited, into the possibility of actual disease not related to any specific bodily organ, yet external to the sphere of ethical judgment. He notes, for example, that melancholy may

²⁹ Anatomy, I, 2,4,7.

or may not concur with the passion of despair, and discusses the differences between the two in a manner which is quite at variance with the somewhat allied discussion by Bright to which he refers.³⁰

Burton regards all melancholy as a disease primarily affecting the imaginative power of the soul. In severe or chronic cases, reason is also involved. The description of love-melancholy is representative of Burton's opinion about melancholy in general:

'Tis imaginatio laesa; and both imagination and reason are misaffected; because of his corrupt judgement, and continuall meditation of that which he desires, he may truly be said to be melancholy. If it be violent, or his disease inveterate...both imagination and reason are misaffected, first one, then the other.³¹

Love-melancholy is a division of the disease recognized by many writers, and Burton's treatment is closely parallel to that of Jacques Ferrand,³² whose book Burton explicitly states he had not seen until after the printing of his own third edition.³³ There is considerable difference in attitude between the two, however, for Burton is more concerned with the total picture of love-melancholy, distinguishing it from what he regards to be normal love; while Ferrand, in the manner of earlier

³⁰ Ibid., III, 4,2,3. Burton lists differences between the mental disease and the emotional state; Bright, op. cit., differentiates the physiological disease from the passion resulting from expectation of eternal damnation.

³¹ Ibid., III, 2,1,2. The imaginative power is usually regarded as residing in the sensible faculty of the soul. Cf. Anatomy, I, 1,2,7.

³² De La Maladie D'Amour ov Melancholie Erotique (Paris, 1621). An English translation was published as EROTOMANIA (Oxford, 1640). The first edition of this book was printed in 1612.

³³ Anatomy, III, 2,2,1.

writers,³⁴ deals with physiological causes and the conspiracy of the senses, especially those of sight and hearing, to corrupt the divine reason.

A still more significant departure from the usual discussion, and one which displays Burton's attitude toward the disease of melancholy as a whole, is his discussion of religious melancholy as a separate species. In view of the medieval conception of love as being either human or divine, according to its object, Burton's division of religious melancholy as a part of love-melancholy seems quite logical. For the medieval commentators, however, love of God is a virtue of which there can be no excess, while mortal love becomes a disease once it passes certain sharply circumscribed limits. Burton, an Anglican clergyman with the most profound contempt for what he deemed the excesses and superstitions of the Church of Rome, found an entirely new species of melancholy in religious fanaticism. This disease is one common to many faiths, for, as Burton sagely remarks, "Nihil est quod tam impotenter rapiat homines, quam suscepta de salute opinio; siquidem pro ea omnes gentes corpora & animas devovere solent, & arctissimo necessitudinis vinculo se invicem colligare."³⁵ His chief

³⁴ Guianerius, op. cit., Jason Pratensis, op. cit., and Laurentius, op. cit. treat love-melancholy much as does the later Ferrand. This aspect of the disease, embodied as it is in what amounts to a separate treatise, is outside the scope of the present investigation.

³⁵ Anatomy, III, 4,1,3. Rendered by Dell and Jordan-Smith in their all-English edition of The Anatomy (New York [1927]), p. 898, as: "There is nothing so intemperately sweeps man along as an accepted opinion as to salvation; for it, forsooth, all nations are wont to sacrifice their bodies and souls, and bind themselves together in strictest bond of poverty." The religious fanatic as a mental patient is quite another matter from the victim of conscience described by Bright, op. cit., ch. 32.

concern is with the power of belief to cause melancholy -- a purely psychological interpretation.

In general, Burton discusses the psychological manifestations of melancholy as parts of a disease which may have originated in the non-moral domination of the rational power by the lower faculties of the soul but which, when seen as aspects of the established disease, are usually beyond ethical evaluation. He believes as strongly as any of his age that in the moral individual the emotions are governed by the reason:

Those natural and vegetal powers are not commanded by Will at all; for who can adde one cubit to his stature? These other may, but are not: and thence come all those headstrong passions, violent perturbations of the Minde; and many times vitious habits, customs, feral diseases; because we give so much way to our Appetite, and follow our inclination, like so many beasts.³⁶

He returns to this theme to suggest the force of these emotions against which man contends and to enumerate the weapons with which emotional excess can be fought:

Good discipline, Education, Philosophy, Divinity (I cannot deny) may mitigate and restrain these passions in some few men at some times, but most part they domineer, and are so violent, that as a torrent, (torrens velut aggere rupto) bears all down before, and overflows his banks, sternit agros, sternit sata, they overwhelm Reason, Judgment, and pervert the temperature of the Body.³⁷

Some persons permit their emotions to domineer and are

so far from repressing rebellious inclinations, that they give all encouragement unto them, leaving the raynes, and using all provocations to further them: bad by Nature, worse by Art, Discipline, Custome, Education, and a perverse will of their own, they follow on, wheresoever their unbridled Affections will transport them, and do more out of custome, self-will, than out of Reason.³⁸

³⁶ Anatomy, I, 1, 2, 11.

³⁷ Ibid., I, 2, 3, 1.

³⁸ Ibid., I, 2, 3, 3.

Such persons justly deserve moral censure. Some, however, are not to be judged so harshly, because those who have suffered from great extremity and long continuance of true melancholy "know not what they do, deprived of reason, judgement, all, as a ship that is void of a Pilot, must needs impinge upon the next rock or sands, and suffer shipwrack."³⁹

Burton feels no ethical concern over those who suffer from the disease, though he does believe that they are originally at fault in incurring their misfortune. He is more at pains to discuss the emotions at some length insofar as they may, if inordinate in degree, become habits, and so conduce to the inveterate disease. Although he notes Aquinas' divisions of the passions, he prefers to formulate his own categories, with certain important differences.

He accepts the traditional distinction of the passions⁴⁰ into irascible and concupiscible, but he denies that they can be regarded as separable and distinct in the individual: "these Concupiscible and Irascible Appetites are as the two twists of a rope, mutually mixt one with the other, and both twining about the Heart."⁴¹ In a similar spirit, he alters the Thomistic category of the eleven basic passions,⁴²

³⁹ Ibid., I, 4, 1.

⁴⁰ Passions, perturbations, and affections, sharply distinguished by some writers, are not consistently differentiated by Burton. All three correspond roughly to emotions as the term is now understood. Passions were not regarded as necessarily intense, but rather connoted a passive state in which the sensitive (affective) power of the soul was moved to action.

⁴¹ Anatomy, I, 2, 3, 11.

⁴² St. Thomas Aquinas, Summa Theologica, trans. Fathers of the English Dominican Province (London, 1914-1924), II, i, Q. xxii.

reducing the number to six, of which four are related to the other two by temporal considerations. Thus love is absolute, while joy and desire indicate whether the loved object is present or anticipated; while hatred is similarly served by sorrow and fear.⁴³ This division accords with the line of reasoning followed by other thinkers of the period,⁴⁴ as does Burton's later statement that "love and hatred are the first and most common passions, from which all the rest arise, and are attendant."⁴⁵ His eulogy of love shows his recognition of its many aspects as a basic impelling force:

Amor mundum fecit, Love built Cities, mundi anima, invented Arts, Sciences, and all good things, incites us to vertue and humanity, combines and quickens; keeps peace on earth, quietness by sea, mirth in the windes and elements, expells all fear, anger, and rusticity: Circulus à bono in bonum, a round circle still from good to good; for love is the beginner and end of all our actions, the efficient and instrumental cause.⁴⁶

Application of his own humane emphasis to traditional pronouncements is the hallmark of Burton. There is virtually no opinion of importance about melancholy which he does not recapitulate or at least refer to. These opinions, however, are assimilated by a man whose primary interest is in human beings rather than in abstract theories.

⁴³ Anatomy, I, 2, 3, 3.

⁴⁴ Cf. Senault, op. cit., part I, treatise I, discourse 2; Thomas Wright, op. cit., ch. VI.

⁴⁵ Anatomy, III, 1, 1, 2. This emphasis accords with the modern belief that the primary tendencies or drives in all individuals are creative and destructive, or love and hate. See Karl Menninger, Love Against Hate (New York [1942]) for an account of the ramifications of this theory.

⁴⁶ Anatomy, III, 1, 1, 2.

Upon more than a few occasions he indulges in long lists of symptoms, causes, or cures, or recounts a charming legend or a wry tale, only to conclude by pointing out that distinctions are useful and illustrations are refreshing but that the actual conditions vary from one individual to another. His elaborate and systematic categories are intended to classify the various components and aspects of the disease, but he firmly believes that the combination of causes varies widely from one patient to the next, and concomitantly the symptoms and method of treatment must vary.

Burton believes that melancholy is a disease both of mind and of body, in which the physiological, psychological, and ethical factors are all important. The confusion among these factors, or rather, aspects, results from Burton's belief that they usually interact to produce the disease. He concludes his discussion of the causes of melancholy by showing how many factors interplay to produce this condition:

Thou seest in what a brittle state thou art, how soon thou maist be dejected, how many severall waies, by bad diet, bad ayre, a small loss, a little sorrow or discontent, an ague, &c. how many sudden accidents may procure thy ruine, what a small tenure of happinesse thou hast in this life, how weak and silly a creature thou art....
Qui stat videat ne cadat.⁴⁷

The Anatomy of Melancholy, in setting forth the author's conception of melancholy, testifies to the multitude of interpretations of the term which were current during the late sixteenth and early

⁴⁷ Ibid., I, 2, 5, 5.

seventeenth centuries and to their common basis in Galenic physiology, Aristotelian psychology, and Christian theology. Burton recapitulates the major contentions and interpretations, differing from the general trend of the period only in his greater emphasis on the non-physical rather than the purely physiological aspects of the disease. Although he was concerned over the ethics of human life and the rule of man's actions by his God-given reason, he does not find the mentally sick person a fit object of moral judgment or censure. Rather, he believes melancholia to be a disease primarily of the imagination, secondarily involving the reason, with or without concomitant somatic illness. This conception is founded on existing medical beliefs, but it does not represent the usual theories about the disease current in the time in which and for which Burton was writing. In order to see more clearly the similarities and differences, it is necessary to examine with some minuteness the beliefs about melancholy which Burton actually held: to consider in detail his ideas about the causes, symptoms, and cure of the illness.

CHAPTER III

What Physicians say of distinct species in their books, it much matters not, since that in their patients bodies they are commonly mixt. In such obscurity therefore, variety and confused mixture of symptomes, causes, how difficult a thing is it to treat of several kinds apart; to make any certainty or distinction among so many casualties, distractions, when seldome two men shall be like affected per omnia?

Because melancholy affects both the mind and the body, and because the disease is extremely complex and varies from one individual to another, it is indeed a prodigious task to determine the causes, symptoms, and treatment of this illness. Burton, however, believes in putting first things first:

It is in vain to speak of cures, or think of remedies, untill such time as we have considered of the causes, so Galen prescribes Glauco: and the common experience of others confirms, that those cures must be unperfect, lame, and to no purpose, wherein the causes have not first been searched.¹

The causes of melancholy may be general, or they may be particular to each of the three kinds of the disease. General causes may, moreover, be natural or supernatural. Due allowance must be made for the temper of the seventeenth century in considering the latter. To deny the power of the supernatural in Burton's day would expose one to a charge of atheism or blasphemy, for Scripture expounds quite clearly

¹ Anatomy, I, 2, 1, 1.

that bodily disease may be a punishment by God for sin, or may, with Divine permission, be an affliction by Satan, either directly or through intermediaries. This much Burton firmly avers, but he denies that witches or magicians, charms or spells, can cause melancholy except in superstitious persons already susceptible to malign influence. His long digression on the nature of spirits is based on many authoritative opinions, but he concludes that although others assert the power of evil spirits "by obsession, or possession, or otherwise, I will not determine, 'tis a difficult question."²

Burton's conclusions about the supernatural causes of melancholy are remarkably temperate for his age. He finds overwhelming evidence for the existence and influence of supernatural power on man, and he notes the contrary opinion of Weyer as being in the minority.³ Despite the space devoted to demonology, Burton concludes that of supernatural causes of melancholy, God alone, and by His permission Satan, are actual causes, and that other manifestations of non-human influence can be no more than temptations and illusions to which melancholiacs are peculiarly susceptible.

Having so dismissed the question, he proceeds to natural causes, noting first the influence of the heavens. His opinion that "they do incline, but not compel; no necessity at all: agunt non cogunt: and so gently incline, that a wise man may resist them; sapiens

² Anatomy, I, 2, 1, 2.

³ Ibid., III, 2, 1, 1. Cf. Gregory Zilboorg, A History of Medical Psychology (New York [1941]), who extols the advanced ideas of Weyer.

dominabitur astris: they rule us, but God rules them,"⁴ agrees with his position regarding the freedom of the will: "we say that our will is free in respect of us, and things contingent, howsoever in respect of Gods determinate counsel, they are inevitable and necessary."⁵ Both opinions are required by orthodox Christianity; Burton mentions them and then proceeds to the factors of age and heredity. The melancholy of old age is virtually unavoidable, and Burton merely notes it briefly. Hereditary melancholy affords him greater interest. In his ideal commonwealth, he makes eugenic regulations for marriage,⁶ and his reason for so doing is made quite explicit in his discussion of the causes of melancholy:

For now by our too much facility in this kinde, in giving way for all to marry that will, too much liberty and indulgence in tolerating all sorts, there is a vast confusion of hereditary diseases, no family secure, no man almost free from some grievous infirmity or other.⁷

He then states, "I need not...make any doubt of Melancholy, but that it is an hereditary disease,"⁸ and qualifies this pronouncement by noting that alternate rather than successive generations may be affected.

The statement that melancholy "doth not alwayes produce the same, but

⁴ Anatomy, I, 2, 1, 4.

⁵ Ibid., I, 1, 2, 11.

⁶ "Democritus Junior to the Reader," p. 66.

⁷ Anatomy, I, 2, 1, 6.

⁸ Ibid.

some like, and a symbolizing disease,"⁹ is interesting in the light of the modern view that mentally or emotionally unstable parents frequently, if unconsciously, frustrate their offspring, and thus conduce to an instability in the second generation which may or may not be of the same type as that suffered by one or both parents.

All other general causes Burton classifies as necessary, not necessary, or contingent. Burton has little to say about contingent causes, which are either precedent bodily diseases or organic lesions. In noting the influence which bodily diseases may have on mental health, he merely reiterates the prevailing dogma of the period:

Now this body of ours is most part distempered by some precedent diseases, which molest his inward organs & instruments, and so per consequens cause melancholy, according to the consent of the most approved Physicians.¹⁰

Necessary causes are those which "we cannot avoyd...but they will alter us, as they are used, or abused."¹¹ They are six in number, and are often discussed by others as well as Burton as the "six non-natural things."¹² The six are: diet, retention and evacuation, air, exercise, sleeping and waking, and passions and perturbations of the mind. Burton's discussion is in large part derivative, varying chiefly

⁹ Ibid.

¹⁰ Ibid., I, 2, 5, 1.

¹¹ Ibid., I, 2, 2, 1.

¹² The term is used by Guianerius, op. cit., fol 25, col. 1, and by other medical writers of Burton's time. Five of the six are mentioned as causes of disease as early as Bartholomaeus Anglicus, De Proprietatibus Rerum (first appeared, 1360; Burton's copy, 1517) which was translated into English, with augmentations, as Batman vppon Bartholome (London, 1582).

in emphasis. His guiding principle here as elsewhere is moderation; there is "nothing so good, but it may be abused."¹³

Moderation is the most important single aspect of diet, for there is not so much harm proceeding from the substance it self of meat, and quality of it, in ill dressing and preparing, as there is from the quantity, disorder of time and place, unseasonable use of it, intemperance, overmuch, or overlittle taking of it.¹⁴

Although he lists all the food forbidden by various authorities with a touch of humor -- for virtually every known edible substance has been interdicted by some authority -- he finds that "custom doth alter nature it self."¹⁵ Personal cravings or aversions qualify dietary principles, as does the simple practical consideration of what one can obtain or afford. In discussing the second non-natural thing, Burton begins, "of Retention and Evacuation, there be divers kindes, which are either concomitant, assisting, or sole causes many times of melancholy."¹⁶ He concludes this subsection by urging moderation in the use of various methods for relieving retention because excessive purging may cause other diseases as grievous as melancholy.

Burton's treatment of air and sleeping and waking is quite conventional. Excessive sleeping or wakefulness is equally bad; moderation in both should be sought. Air, which to the Renaissance means climate, is important because of the influence which it exerts on both

¹³ Anatomy, I, 2, 2, 6.

¹⁴ Ibid., I, 2, 2, 2.

¹⁵ Ibid., I, 2, 2, 3.

¹⁶ Ibid., I, 2, 2, 4. Modern theory insists that constipation, amenorrhoea, etc., are symptoms rather than causes of this disease.

physical and mental processes. The dictum, "the Air works on all men more or less, but especially on such as are melancholy, or inclined to it,"¹⁷ is found in other treatises;¹⁸ even the observation that bad weather affects men's dispositions, making them peevish and disconsolate, is attributed to Levinus Lemnius.

Exercise in moderation is advised by Burton as well as his sources, while immoderate exercise, especially on a full stomach, is uniformly condemned on physiological grounds. Burton's main emphasis, however, is on the defect of exercise as a cause of melancholy:

"Nothing begets it sooner, encreaseth and continueth it oftner then idleness."¹⁹ Moreover, "idleness of the minde, is much worse then this of the body; wit without employment, is a disease, Aerugo animi, rubigo ingenii: the rust of the soul, a plague, a hell it self."²⁰

The reason is that though the body may be without employment, "the minde can never rest, but still meditates on one thing or other, except it be occupied about some honest business, of his own accord it rusheth into melancholy."²¹ The idle are always discontented and weary of life, no

¹⁷ Ibid., I, 2, 2, 5.

¹⁸ E.g., Bright, op. cit., p. 30; Guianerius, op. cit., fol. 22, col. 2.

¹⁹ Anatomy, I, 2, 2, 6.

²⁰ Ibid.

²¹ Ibid.

matter what their worldly advantages. "He that knows not how to spend his time, hath more business, care, grief, anguish of minde, then he that is most busie in the midst of all his business."²² Concomitant with idleness is solitude, which is dangerous chiefly because it tends to the building of daydreams which eventually become preferable to reality or even supplant it, disrupting normal occupations. Vain imaginations must not, however, be confused with serene meditation. Burton condemns only those who cannot or will not use their leisure to advantage.

Of all the six non-natural things, "to him that shall require which is the greatest, every one is more grievous then other, and this of Passion the greatest of all."²³ Burton does not doubt that the principal cause of melancholy is inward, that disruption of the divine intention that reason should rule the rest of the soul and the body is the chief cause of mental disease. No man is free from perturbations, but if they maintain dominance over reason, melancholy can result. Although the individual is himself responsible for default from the divine intention that man should be governed by his reason,

this strong conceit or imagination, is astrum hominis, and the rudder of this our ship, which reason should steer, but overborn by phantasie, cannot manage, and so suffers it self, and this whole vessel of ours to be over-ruled, and often overturned.²⁴

²² Ibid.

²³ Ibid., I, 2, 3, 1.

²⁴ Ibid., I, 2, 3, 2.

Burton ascribes the disease of melancholy finally to one cause: "great is the force of Imagination, and much more ought the cause of melancholy to be ascribed to this alone, then to the distemperature of the body."²⁵ Man is not always entirely responsible for this force; in some persons the fantasy, "through inward or outward distemperatures, defect of Organs, which are unapt or hindered, or otherwise contaminated...is likewise unapt, hindred, (sic), and hurt."²⁶ Because

imagination is the medium deferens of passions, by whose means they work and produce many times prodigious effects; and as the phantasie is more or less intended or remitted, and their humours disposed, so do perturbations move, more or less, and take deeper impression,²⁷

consideration of the passions is particularly important in discussing melancholy.

The passions most at fault in this disease are discussed individually. Principal among them are traditionally fear and sorrow, both of which are regarded as symptoms as well as causes. Among other emotions which can cause melancholy, Burton lists shame and disgrace, envy and hatred and their offshoots emulation and desire for revenge, anger (more closely allied to mania than to melancholy), discontents, and finally self-love, immoderate pursuit of pleasure, and the tendency of mankind in general to be pleased by nothing. Of the passions as

²⁵ Ibid., I, 2, 3, 1.

²⁶ Ibid., I, 2, 3, 2.

²⁷ Ibid.

such, he has little to say; the absence of moral judgments with regard to them is conspicuous when the accounts by his contemporary theologians are considered. Those passions which he considers particularly significant in melancholy are more fully discussed with their usual causes; love and jealousy, for example, are reserved for the final partition of the book, where love-melancholy is specifically discussed. This treatment suggests that Burton, though he feels obliged to repeat the traditional discussion of the passions, does not regard the mere presence of an emotion, however powerful, as a cause of melancholy. Emotions are common to all men; it is only in conjunction with a diseased imagination that they become contributory causes of mental disease. Emotional imbalance is contrary to nature; but, Burton implies, it is not spontaneous as often as it is secondary to some other cause. He shares the ethical evaluation of the passions given by philosophers and theologians of his age and reiterates the physicians' opinions about their supposed physiological effects (fear, for example, contracts the spirits), but he does not apply ethical judgments to men whose disease stems from the passions save to assert that they "crucifie their own souls."²⁸

"Ferre quam sortem patiuntur omnes, Nemo recuset, If it be common to all, why should one man be more disquieted than another?"²⁹

Burton gives no explicit answer. The solution is partly found among the non-necessary causes which he lists. These are external aggravations, and while some of them can be avoided, as the necessary causes can be

²⁸ Ibid., I, 2, 3, 3.

²⁹ Ibid., II, 3, 1, 1.

ameliorated, others are accidental and beyond individual control. Necessary causes affect all men; non-necessary causes affect only certain individuals. Burton thus makes a distinction between two kinds of efficient causes: contributory causes which are the lot of all mankind but vary in their power to affect the individual, and accidental causes which are particular to the individual but likewise vary in their potency to cause this disease. Both sorts are in turn distinct from the final cause: a diseased imagination which may influence and distort both judgment and will.

Earliest among the accidental occurrences which can cause melancholy are a bad nurse and a bad education. Burton is concise but emphatic in his discussion of the importance of childhood experiences. Over-severity on the part of parents, tutors, and schoolmasters can have disastrous effects on the development of the child. Threatening, whipping, and striking may result in the children's becoming

so disheartned and cowed, that they never after have any courage, a merry hour in their lives, or take pleasure in any thing. There is a great moderation to be had in such things, as matters of so great moment, to the making or marring of a childe.³⁰

Attempting to frighten children into obedience may make them "much the worse for it all their lives."³¹ Pampering children, on the other hand, encourages them to pursue their own ruin. Ignoring their education, their general upbringing and well-being, may result in their growing up

³⁰ Ibid., I, 2, 4, 2. Modern psychiatry stresses the experiences of early infancy as being even more important than those of the period with which Burton is concerned.

³¹ Ibid.

to "rue it, curse their parents, and mischief themselves."³² Education of children is a matter of the greatest consequence, and the most important among the non-necessary causes of melancholy, because it alone can be regulated and profitably directed.

Other non-necessary causes are accidental, and most are unavoidable. These include bitter jests or scoffs at the expense of those already sensitive or maladjusted, servitude or imprisonment, poverty or want, and "an heap of other Accidents."³³

Fears, both panic fears and terror resulting from witnessing some dreadful occurrence, are important causative factors particularly potent in the case of children. Fear, described as a passion from which the sufferer is "never free, resolute, secure, never merry, but in continual pain,"³⁴ may result from many causes. Some fears stem from actual experiences:

Many cannot endure to see a wound opened, but they are offended; a man executed, or labor of any fearful disease, as possession, Appoplexies [*sic*], one bewitched: or if they read by chance of some terrible thing, the symptoms alone of such a disease, or that which they dislike, they are instantly troubled in minde, agast, ready to apply it to themselves, they are as much disquieted as if they had seen it: or were so affected themselves.³⁵

Other fears have a less tangible source: "Timor mortis, morte peior, the fear of death, is worse then death it self."³⁶ Fear may also result

³² Ibid.

³³ Ibid., I, 2, 4, 7.

³⁴ Ibid., I, 2, 3, 5.

³⁵ Ibid., I, 2, 4, 3.

³⁶ Ibid., I, 2, 4, 7.

from shame and disgrace, for

Many men neglect the tumults of the world, and care not for glory, and yet they are afraid of infamy, repulse, disgrace, (Tul. offic. l. I.) they can severely contemn pleasure, bear grief indifferently, but they are quite battered and broken with reproach and obloquy.³⁷

Fears, finally, can be the cause of delusions: "What they fear they conceive, and faign unto themselves."³⁸ Fear is more than a mere emotion; it is a reaction to outward circumstances more potent in some persons than in others. Here, as in connection with the other passions, "these our melancholy provocations...according as the humor it self is intended, or remitted in men, as their temperature of body, or Rational soul is better able to make resistance; so are they more or less affected."³⁹

Among the accidental causes of melancholy, "loss and death of friends may challenge a first place."⁴⁰ Sorrow, "the mother and daughter of melancholy, her Epitome, Symptome, and chief cause...They beget one another, and tread in a ring,"⁴¹ may result from any of a series of accidents. Most grievous of these is the death of loved ones:

They that are most staid and patient, are so furiously carried headlong by the passion of sorrow in this case, that brave discreet men otherwise, oftentimes forget themselves, and weep like children many months together, as if that they to water would, and will not be comforted.⁴²

³⁷ Ibid., I, 2, 3, 6.

³⁸ Ibid., I, 2, 3, 5.

³⁹ Ibid., I, 1, 1, 5.

⁴⁰ Ibid., I, 2, 4, 7.

⁴¹ Ibid., I, 2, 3, 4.

⁴² Ibid., I, 2, 4, 7. The italicized phrase Burton put in boldface black-letter and ascribed in a footnote to Chaucer.

In fact, Burton says, a man dies as often as he loses his dear ones;⁴³ their death is the most bitter accident of temporal life. He remarks that "there is another sorrow, which ariseth from the loss of temporal goods and fortunes, which equally afflicteth...loss of honor, office, of good name, of labor, frustrate hopes, will much torment."⁴⁴ Like fear, sorrow as a passion is for Burton a symptom rather than a cause of melancholy; the cause of the fear or sorrow being the more immediate cause of the disease. His treatment of the various emotions is similar to the two just cited; a third example from among the more important passions in the disease of melancholy may serve to illuminate further his general attitude.

Love, as a precipitant of melancholy, is not so much an emotion as a desire or a striving. Although his discussion of love-melancholy in Partition III gives the impression that he regards love not romantically but as an essentially physical desire, he actually implies a far wider interpretation: "love is a desire of enjoying that which is good and fair,"⁴⁵ i.e., is an impelling urge toward anything apprehended as good. Inordinate desire, whether or not physical, is a cause of melancholy because

⁴³ "Homo toties moritur, quoties amittit suos." Ibid., II, 3, 5.

⁴⁴ Ibid., I, 2, 4, 7. Loss of the love-object, whether human or inanimate, is a precipitating factor in the development of melancholia, according to present theories as well as to Burton.

⁴⁵ Ibid., III, 1, 1, 2.

these things in themselves are pleasing and good...necessary, comely, and fit to be had; but when we fix an immoderate eye, and dote on them over much, this pleasure may turn to pain, bring much sorrow, and discontent unto us, work our finall overthrow, and cause melancholy in the end.⁴⁶

Love-melancholy has wide ramifications; not only does Burton describe the inamorato of his frontispiece in terms similar to those used in other accounts of the disease, he also envisions many variations and complications of a related nature. Instead of merely describing jealousy as an accompaniment to love-melancholy, for example, he described the pathologic progression of jealousy as a disease in itself. The jealous man

hunts after every word he hears, every whisper, and amplifies it to himself...with a most unjust calumny of others, he misinterprets every thing is said or done, most apt to mistake or misconster,⁴⁷ he pryres into every corner, follows close, observes to an hair.

Burton includes in both the first and the third partitions an explicit account of sexual frustration as a cause of melancholy. He finds that a great many gynecologic disorders, as well as sexual perversions and aberrations in both men and women, result from enforced celibacy or lack of normal outlets. His frank words are most sincere in their vehemence. Throughout the entire book Burton makes references to the maladjustment of the individual to society, and in this regard particularly he condemns the existing conditions and customs respecting marriage.

⁴⁶ Ibid., III, 1, 2, 2.

⁴⁷ Ibid., III, 3, 2.

Another division of love-melancholy is religious fanaticism based on superstition. There are many subdivisions of this malady, but all are similar in their cause. A consequence of severe religious melancholy is that conscience tortures many who

either out of a deep apprehension of their unworthiness, and consideration of their own dissolute life, accuse themselves and aggravate every small offence, when there is no such cause, misdoubting in the mean time Gods mercies, they fall into these inconveniences.⁴⁸

Burton does not deny the virtues of conscience, but he finds that in the melancholy, who are abnormally sensitive, it tends to assume a power of authority over the individual which rightly belongs only to God.⁴⁹

Despair is a complication particularly related to religious melancholy, and one which Burton is at pains to differentiate from melancholy proper; they often, but do not always, concur; and despair is more often beyond cure than is melancholy. There are many sorts of despair, but the abnormal type is defined from Cicero as being a sickness of the soul without hope of amelioration. This is frequently the result of the accusations of conscience, though sometimes it results from melancholy itself: "Because they cannot obtain what they would, they

⁴⁸ Ibid., III, 4, 2, 3.

⁴⁹ This phenomenon is described in modern accounts of depressive psychosis; however, present psychiatric belief emphasizes the unconscious rather than the conscious aspects of the conscience (superego). See William Menninger, "Depressions," Diseases of the Nervous System, II, 247; Otto Fenichel, The Psychoanalytic Theory of Neurosis (New York [1945]), p. 393. Burton's treatment is far more enlightened than, e.g., that of Bright, op. cit., chapters 32 through 36, who approves conscience though finding only the sin against the Holy Ghost unforgivable and recommending awareness of that fact on the part of melancholiacs.

become desperate, and many times either yeeld to the passion by death it self, or else attempt impossibilities, not to be performed by men."⁵⁰ Like the other emotions, despair when connected with the disease of melancholy results from causes accidental rather than integral to the individual.

Melancholy, Burton finds, does not result from any single well-defined cause but occurs in response to many and various interacting factors. Its final cause is a diseased imagination which in turn distorts the judging (or reasoning) and the willing faculties. Certain physiological and hereditary tendencies may predispose to, and "accidents" such as a misdirected childhood or misfortunes in adult life may precipitate, the actual illness. Individual variants determine the form which the disease will take. After discussing all the components in greater or less detail, Burton concludes:

These causes if they be considered, and come alone, I do easily yield, can do little of themselves, seldome, or apart (an old oke is not felled at a blow) though many times they are all sufficient every one: yet if they concur, as often they do, vis unita fortior; Et quae non obsunt singula, multa nocent, they may batter a strong constitution; as Austin said, many grains and small sands sink a ship, many small drops make a floud, &c. often reiterated; many dispositions produce an habit.⁵¹

⁵⁰ Anatomy III, 4, 2, 2. Burton's despair corresponds to the sort of melancholy recognized by his contemporaries as being a non-physiological mental disease. Cf., e.g., Bright, op. cit., chapters 32 through 38. Burton regards despair as one sort of mental derangement under the general heading of melancholy; Bright finds it the only non-physical species of the disease.

⁵¹ Anatomy, I, 2, 4, 7.

As the causes of melancholy vary, so do the symptoms. A

great occasion of the varietie of these symptomes, proceeds from custom, discipline, education, and severall inclinations, This humour will imprint in melancholy men the objects most answerable to their condition of life, and ordinary actions, and dispose men according to their severall studies and callings.⁵²

Proteus himself cannot change into as many forms as the symptoms of melancholiacs can vary from one to another. Bodily symptoms are easily discerned; the nature of the melancholy humor being dry, cold, and black, its predominance in the body must evoke certain reactions. According to sixteenth- and seventeenth-century interpretations, with which Burton in large part concurs, bodily symptoms vary in accordance with the humor responsible for the disease. Inability to sleep, disturbance of digestion and elimination, and a listless and dejected appearance predominate among the physical signs of melancholy. This grouping of symptoms into what is now termed a syndrome remains a valid analysis of the chief physical symptoms, even though corrected explanations for them now obtain.⁵³

Burton observes that symptoms are quite apparent in some patients, yet hardly to be discerned in others. In some persons the condition seems chronic, in others, intermittent. Some melancholiacs seem normal in many respects and display their malady only if their particular phobia is touched upon. Some bear their illness concealed

⁵² Ibid., I, 3, 1, 4. The italicized remark derives from Laurentius, op cit., as is acknowledged by Burton.

⁵³ Cf. William Menninger, op. cit., p. 246, for a modern restatement of this pattern of symptoms.

with themselves, appearing normal to all but the closest observers. Some are, in modern terminology, manic-depressives: "though they laugh many times, and seem to be extraordinary merry (as they will by fits) yet extream lumpish again in an instant, dull, and heavy, semel & simul, merry and sad, but most part sad."⁵⁴ Not all symptoms are to be found in one person; on the other hand, the melancholiac may have other diseases not related to his mental condition. According to the definition of melancholy, fear and sorrow are integral to the disease. Burton finds, however, that according to Hippocrates, "some indeed are sad, and not fearfull; some fearfull and not sad; some neither fearfull, nor sad; some both."⁵⁵ Burton himself concludes that melancholiacs" are not always sad and fearful, but usually so: and that without a cause, timent de non timendis."⁵⁶

Ennui is a common symptom; nothing pleases melancholiacs; now they wish to live, now to die. They are "discontent, disquieted, perplexed upon every light, or no occasion, object: often tempted, I say, to make away themselves."⁵⁷ Suspicion and jealousy, often groundless or in exaggeration of some slight, are common general symptoms. Melancholiacs cannot understand a jest but regard all that is said in good earnest. They are inconsistent in all their actions; however,

⁵⁴ Anatomy, I, 3, 1, 2.

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

once they have reached a conclusion, they are obstinate. Their judgment is perverse; they abuse their friends, yet placate their enemies. They are fearful of trifles, yet reckless in danger. They are diffident and unsociable; if pressed,

though they do talk with you, and seem to be otherwise employed, and to your thinking very intent and busie, still that toy runs in their minde, that fear, that suspicion, that abuse, that jealousy, that agony, that vexation, that crosse, that castle in the ayr, that crochet, that whimsie...whatsoever it is. Nec interrogant (saith Fracastorius) nec interrogatis rectè respondent, They do not much heed what you say, their minde is on another matter; ask what you will, they do not attend, or much intend that busines they are about, but forget themselves what they are saying, doing, or should otherwise say or do, whither they are going, distracted with their own melancholy thoughts.⁵⁸

Melancholiacs may be listless, lack peace of mind, be unable to attend to any one thing. Symptoms range in severity from depression with suspicion and fear to actual delusions or hallucinations. The disease, once established, cannot be dismissed as imaginary; to say that symptoms are "all in the mind" does not remove them from the mind.

Do what they may, they cannot be rid of it, against their wills they must think of it a thousand times over, Perpetuò molestantur, nec oblivisci possunt, they are continually troubled with it, in company, out of company; at meat, at exercise, at all times and places, non desinunt ea, quae minime volunt, cogitare.⁵⁹

This inability to forget the chief grievance, whatever it may be, is not only a perpetual torment which causes the victims to be a burden even to themselves; in severe cases it prevents eating and sleeping, so

58 Ibid.

59 Ibid.

that the physical being is brought to death's door merely by the soul-grinding of the disease. Not only is this horror constantly with them, but

they murmur many times against the world, frinds [sic], allies, all mankinde, even against God himself in the bitterntsse [sic] of their passion, vivere nolunt, mori nesciunt, live they will not, die they cannot. And in the midst of these squalid, ugly, and such irkesome dayes, they seek at last, finding no comfort, no remedy, in this wretched life, to be eased of all by death.⁶⁰

Having discussed the general symptoms ranging from discontent to actual suicide, Burton applies them to the particular species of the disease. If symptoms referable to the head predominate, the diagnosis is head-melancholy; if digestive disorders accompany the mental distress, hypochondriacal melancholy is present; universal complaints referable to both head and body denote melancholy of the whole body. The most telling sign of love-melancholy, as distinct from the other kinds, is an alteration in pulse-rate in the presence of the beloved. Symptoms of maids' and widows' melancholy are gynecological disorders. Particular symptoms, with but few exceptions, are merely appropriate groupings of the general symptoms.

Burton's analysis and description of the signs of melancholy differ from others of the time chiefly in being more detailed. His emphasis is on the non-physical signs, as his graphic representation of a typical case shows:

Fear and Sorrow supplant...pleasing thoughts, suspicion, discontent, and perpetuall anxiety succeed in their places; so little by little, by that shooing horn of idleness, and voluntary solitariness,

⁶⁰ Ibid., I, 4, 1.

Melancholy, this feral fiend, is drawn on, & quantum vertice ad auras Aethereas, tantum radice in Tartara tendit...a cankered soul macerated with cares and discontents, taedium vitae, impatience, agony, inconstancy, irresolution, precipitate them unto unspeakable miseries. They cannot endure company, light, or life it self, some; unfit for action and the like. Their bodies are lean and dried up, withered, ugly, their looks harsh, very dull, and their souls tormented, as they are more or less intangled, as the humour hath been intended, or according to the continuance of time they have been troubled.⁶¹

It is the immense variety of individual symptoms rather than logical classification of them that is important. The most significant feature is the diversity and confusion of all symptoms, "which I have been the more curious to expresse and report, not to upbraid any miserable men, or by way of derision (I rather pittie them) but the better to discern, to apply remedies unto them."⁶²

Burton begins his recommendations for the treatment of melancholy with the following assertion:

Inveterate Melancholy, howsoever it may seeme to be a continue, inexorable disease, hard to be cured, accompanying them to their graves most part, as Montanus observes, yet many times it may be helped...or at least...it may be mitigated and much eased. Nil desperandum. It may be hard to cure, but not impossible for him that is most grievously affected, if he be but willing to be helped.⁶³

After firmly rejecting both the invocation of saints and the pursuit of cures by charms and amulets, Burton proceeds to cures which he terms "lawful." These are twofold: by prayer and through nature. Both must be sought together, because God works indirectly, and physicians are

⁶¹ Ibid., I, 3, 1, 4.

⁶² Ibid.

⁶³ Ibid., II, 1, 1, 1.

His ministers. The physician is important and necessary, but he alone is impotent; prayers are also of importance, because the destiny of all is in the hands of God, but cures are wrought by natural means and not by miracles.

First, the patient must obtain the services of a skillful and honest physician; self-treatment is dangerous. The physician must be one in whom the patient has complete confidence; otherwise all endeavors will be useless. Even a charlatan in whom the patient has faith can accomplish more than a true physician whom the patient does not trust.

Next, the melancholiac must desire his own cure:

From the Patient himself the first and chiefest remedy must be had; for if he be averse, peevish, waspish, give way wholly to his passions, will not seek to be helped, or be ruled by his friends, how is it possible he should be cured? But if he be willing at least...and desire his own good, no doubt but he may be magnam morbi deponere partem, be eased at least, if not cured.⁶⁴

He must also be willing to disclose his condition fully; false shame is a dangerous obstacle to recovery from this malady. Finally, medicines are to be employed, but strictly according to the rules of medical art.

Burton devotes comparatively little space to medicinal or surgical cures. He believes they should be used sparingly, and, for the most part, he discusses them according to conventional classifications. Medicines directed at the melancholy humor are purgatives (either emetics or cathartics), alteratives (designed to alter the complexion of the humor), or correctors (supposed to ease pain); the sole surgical remedy, to all intents and purposes, is phlebotomy. Burton states

⁶⁴ Ibid., II, 2, 6, 1.

that he intends to cite only the most important of the prescriptions which he has encountered. Nearly all these remedies consist in herbs and compounds virtually unknown or deemed worthless today; some of the opiates and milder cathartics he recommends are interesting insofar as they are directed toward easing the symptoms associated with melancholia. Burton's moderation is striking in comparison with the extreme measures recommended by most of his contemporaries; he is distinctly opposed to radical remedies and quite suspicious of the value of phlebotomy, considering the age in which he lived. Particular cures of each of the species of melancholy are in large measure special applications of therapy discussed generally.

Far more important to Burton is the rectification of the "six non-natural things"; particular attention is directed toward mental perturbations. His dietary principles are dictated by common-sense: moderation and simplicity of food and due consideration for individual tolerances are primary. Evacuation should be normal, with mild assistance when necessary. All bodily secretions should be evacuated regularly; this concept is the point of departure for an exhortation to marriage as an outlet for physical frustration, a dictum repeated in the treatment of love-melancholy. Burton takes this occasion to urge external cleanliness:

'Tis very good to wash his hands and face often, to shift his clothes, to have fair linnen about him, to be decently & comely attired, for sordes vitiant, nastiness defiles, & dejects any man that is so voluntarily, or compelled by want, it dulleth the spirits.⁶⁵

In discussing air, Burton suggests the best site for a house, but if no selection can be made, advises as to the exposure of the

⁶⁵ Ibid., II, 2, 2.

patient's room. The room should be cheerful and well-ventilated, and green, yellow, white, or red are the best colors for it.⁶⁶ These surroundings are important in connection with inducing sleep, for clean linen and quiet, pleasant surroundings are valuable for this purpose as well. Abundant restful sleep must be procured, by artificial means if necessary. Only a light meal is permitted before retiring, conversation should be directed away from dreadful sights or occurrences, and music and reading are recommended.

Any sort of exercise will serve so long as it is moderate and keeps the patient occupied. Burton offers a digression on sports and another on the benefits of travel. Gardening is a good avocation; even the theatre is a lesser evil than melancholy. Idiocy being so potent a cause of this disease, there can be no better treatment than some employment which will distract the patient. Both body and mind must be exercised: "He that tenders his own good estate, and health, must let them draw with equal yoke, both alike, that so they may happily enjoy their wished health."⁶⁷ Unless the particular case of melancholy was caused by overmuch study, diligent application to the learning of some art or science is recommended. In short, anything that will occupy both mind and body and divert the patient from continual brooding is desirable in the treatment of this malady.

⁶⁶ These colors are recommended by Burton's favorite source (Laurentius, op. cit., p. 105) although Burton fails to acknowledge this particular debt.

⁶⁷ Anatomy, II, 2, 4.

Thus far, Burton's discussion of the rectification of five non-natural things is more conventional than original. He has merely used traditional comments as the point of departure for display of a wealth of empirical wisdom and literary love. His detailed suggestions and observations serve more to clarify the statements of others on these subjects than to indicate any original ideas or methods.

Most important in this disease, "whosoever he is that shall hope to cure this malady in himself or any other, must first rectifie these passions aud [sic] perturbations of the minde; the chiefest cure consists in them."⁶⁸ Passions are admittedly common to all men, but Burton emphasizes in contradistinction to most commentators, that to resist them is no mere matter of applying good precepts. Melancholy men are particularly subject to governance by, rather than domination of, their passions, because of their disturbed equilibrium: "You may as well bid him that is diseased, not to feel pain, as a melancholy man not to fear, not to be sad: 'tis within his blood, his brains, his whole temperature, it cannot be removed."⁶⁹ The patient should therefore seek a trusty and discreet friend who will see the situation dispassionately and perhaps be able to detect causes of which the patient himself is not aware. "When the Patient of himself is not able to resist, or overcome these heart-eating passions, his friends or physician must

⁶⁸ Ibid., II, 2, 6, 1.

⁶⁹ Ibid. The fact that Burton intended the words blood, brain, and temperature literally does not detract from the force of his idea. His whole temperature, i. e., temperament, carries the same intention today as in 1651. Cf. p. 25, n. 12.

be ready to supply that which is wanting."⁷⁰ Furthermore,

if his weakness be such, that he cannot discern what is amiss, correct or satisfie, it behoves them by counsel, comfort, or perswasion, by fair or foul means, to alienate his mind...to remove all objects...as may any wayes molest him, to humour him... and if it be possible, by altering his course of life, to give him security and satisfaction.⁷¹

Not only must physician and friends listen wisely and sympathetically to the patient's recital of complaints and woes; they must also watch him carefully to prevent any unexpected lapses. Burton stresses the importance of guarding the melancholy person from harming himself. This wise solicitude is the best cure; there is

no better way to satisfy, then to remove the object, cause, occasion, if by any art or means possible we may finde it out. If he grieve, stand in fear, be in suspition, suspence, or any way molested, secure him, Solvitur malum, give him satisfaction, the cure is ended; alter his course of life, there needs no other Physick.⁷²

These patients should be humored insofar as possible; music may help raise their spirits as may pleasant and congenial company or the sight of fair objects. This counsel is offered also for love-melancholy, the best cure for which is to let those enamored marry. If this is impossible, good advice, if well-timed, or finding another and more suitable love-object, may help. All these are traditional remedies, but with a greater admixture of common sense in Burton's version than in most. He devotes an entire section ⁷³ to a series of aphorisms which tend to counteract discontents. He warns that no man is free from the

⁷⁰ Ibid., II, 2, 6, 2.

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid., II, 3.

laws of nature, no one gets everything he desires, and most people spend too much time regarding their own sorrows rather than the greater misfortunes of others. It is one's own mind, not one's worldly possessions, that brings happiness.

Such aphoristic advice, directed at consolation in event of the accidents previously listed as contributory causes of melancholy, bears an interesting relation to the standard theological advice of the period. Burton's advice seems to be offered more as a consolation for particular occurrences than as a recommended philosophy of life. He does not suggest that man go through life remembering that all his possessions and even his loved ones are only granted him for so long as God pleases, or that the dead are in a greater state of bliss than the living. These thoughts are rather consolations in time of grief. Considering that Burton was a clergyman and that he gives evidence of piety and deep faith throughout his book, his paucity of specific Scriptural advice is the more remarkable.

Although he entitles his second partition cure of melancholy, Burton discusses treatment rather than cure. He is willing to predict the possibility of cure in the physiological disease by the proper use of medicines, even though he is generally unreceptive to the violent pharmaceutical methods of his age. Sexual frustration, he finds, can be cured by adequate emotional and physical outlets. Actual mental depression, however, can only be ameliorated rather than cured.

This malady doth commonly accompany them to their grave; Physicians may ease, and it may lye hid for a time, but they cannot quite

cure it, but it will return again more violent & sharp then at first, and that upon every small occasion or errour: as in Mercuries weather-beaten statue, that was once all over gilt, the open parts were clean, yet there was in fimbriis aurum, in the chinks a remnant of gold: there will be some reliques of melancholy left in the purest bodies (if once tainted) not so easily to be rooted out.⁷⁴

Unless the patient commits suicide, the disease is seldom fatal.

The cure, like the causes and symptoms of melancholy, is to be found in the manner of living, which is "to more purpose, then whatsoever can be drawn out of the most pretious boxes of the Apothecaries."⁷⁵ Even though his lists of the causes and symptoms of this disease are long and diverse, Burton's final analysis is simple and explicit:

To give some satisfaction to melancholy men, that are troubled with these symptomes, a better means in my judgement cannot [sic] be taken, then [sic] to shew them the causes whence they proceed; not from divels, as they suppose, or that they are bewitched or forsaken of God...as many of them think, but from naturall and inward causes, that so knowing them, they may better avoid the effects, or at least endure them with more patience.⁷⁶

These "natural and inward causes" are the effects of disrupted emotional balance, which in turn results from a host of other factors, often unavoidable. That some people are more susceptible than others is partly hereditary and partly environmental. The childhood environment is particularly significant; but later frustrations, both physical and socio-economic, are important. It is not any one factor so much as a combination of several factors in conjunction with a greater or less ability to adjust to life situations, that is the final cause of the disease.

⁷⁴ Ibid., I, 4, 1.

⁷⁵ Ibid., II, 5, 1, 1.

⁷⁶ Ibid., I, 3, 3.

Although melancholy is a disease which varies with the personality of the patient, certain symptoms are almost uniformly found. These include ennui, suspiciousness, sadness, solitariness, listlessness, sense of guilt, and such physical signs as inability to sleep, alimentary disturbances, and a torpid appearance. These symptoms are still used in describing the illness today.

Treatment, to be effective, must begin as soon as the condition is discovered; patients often "through their ignorance in not taking note of their grievance and danger of it, contempt, supine negligence, extenuation, wretchedness and peevishness..undo themselves."⁷⁷ The first and most important ingredient of cure is the full cooperation of the patient, and second is his complete faith in a physician who is wise, skillful, patient, and aware that counsel is of no avail unless the cause of the disease is detected and removed. Burton's final advice about cure indicates his attitude about the disease:

They must not be left solitary, or to themselves, never idle, never out of company. Counsel, good comfort is to be applied, as they shall see the parties inclined, or to the causes, whether it be loss, fear, grief, discontent, or some such feral accident, a guilty conscience, or otherwise by frequent meditation, too grievous an apprehension, and consideration of his former life.⁷⁸

Burton's ideas about melancholy afford a curious mixture of credulous traditionalism and humane insight. The first is a reflection of the prevailing tendencies of his age; the second, though rudimentary,

⁷⁷ Ibid., II, 1, 4, 2.

⁷⁸ Ibid., III, 4, 2, 6.

foreshadows beliefs that were yet to come. Burton, standing on the shoulders of many giants, medical, philosophical, and theological, was able to add, alter, and see further than his predecessors.

CHAPTER IV

Not that I finde fault with those which have written of this subject before, as Iason Pratensis, Laurentius, Montaltus, T. Bright, &c. they have done very well in their several kinds & methods; yet that which one omits, another may happely see; that which one contracts, another may inlarge. To conclude with Scribianus, that which they had neglected, or perfunctorily handled, we may more thoroughly examine; that which is obscurely delivered in them, may be perspicuously dilated and amplified by us: and so made more familiar and easie for every mans capacity, and the common good; which is the chief end of my Discourse.

Though Burton saw further than his predecessors and many of his contemporaries, he did not repudiate them, but rather altered them by a perspicuous dilatation and amplification¹ which led him to revalue many of the causes and remedies which they had suggested. His amplifications and dilatations are partly in the interest of greater clarity with regard to accepted ideas; his amendments tend to put greater stress on the psychic rather than the purely somatic manifestations of this disease. On the whole, Burton reflects the opinions of his time faithfully; even when he voices a belief only to disagree with it. His book provides a compendium of psychological lore of the sixteenth and early

¹ In mere number of pages, Burton's amplification is obvious. Compare the 723 pages of the text of The Anatomy (folio) with 284 for Bright, op. cit. (octavo). Laurentius requires 66 pages in quarto; Jason Pratensis, op. cit., 35 pages (quarto). Guianerius, op. cit., another of Burton's sources, devotes eleven pages (folio) to a discussion of both melancholy and mania.

seventeenth centuries. He does not, however, passively accept the tenets of medieval and Renaissance thought.

In discussing anatomy, he contracts rather than expands his vast body of reading. Slightly over five pages are devoted to the anatomy of the body, the account, Burton asserts, being based on Vesalius, Fallopius, Laurentius, and others. This section is wholly derivative and reflects the prevailing conceptions of the period. Burton's account, like others of the period, is invalidated by his attempt to assign incorrect physiological functions to the various organic structures. The lungs, for example, are described as a "thin spungy part, like an Oxe hoof...the instrument of voice....It is besides the instrument of respiration, or breathing; & its office is to cool the heart, by sending ayre unto it by the Venosal Artery."² Such a statement is typical of the period. Renaissance, and even later, observers frequently confused and clouded their careful and accurate observations about anatomical structures by making what are now seen to be fallacious assumptions about their functions and mechanisms. Burton merely reiterates accepted opinion in these brief subsections. He displays greater interest in the anatomy of the soul, devoting about a dozen pages to this subject. For the most part, his discussion is a

² Anatomy, I, 1, 2, 4. Cf. Vesalius, op. cit., sig. E^v: "Pulmo autem reliquam thoracis cauitatem...implet...ac proinde bubulo, aut alioquin bisulco pedi admodum similis, & primùm dextra parte & sinistra conformatus...." He states that one function of the lungs is to produce the voice, and continues, "Hunc aërem pulmonis substantia insita uel alterat, cordisq; usibus aptans, optimam sui portionem à uenalis arteriae ramis undiq; asperae propaginibus attensis assumi permittit, ut eius arteriae intereuntu aër in sinistrum cordis sinum deferatur, spiritus uitalis idonea futurus materia. Cor enim hunc aërum attrahens...." etc.

reiteration of Aristotelian doctrine,³ though he refers to several of the problems which exercised Patristic writers. Burton decides with Aristotle that will is part of the rational soul, though he admits that in spiritual matters will stands in dire need of Grace. He takes a firm stand on the question of conscience. The Schoolmen had discussed whether it was natural or acquired as a habit; Burton terms it "an innate habit."⁴ These questions are of importance in the ethical evaluation of mental disease. Burton refuses, however, to discuss the relationship of soul and body which perplexed most writers who dealt with the problem as he does. Despite these minor divergences, Burton's account of the anatomy of the soul is both brief and derivative.

His discussion of the humoral basis for melancholy is also somewhat hasty. He apparently does not find physiological explanations of this malady adequate. He defines the four humors with a brief paragraph for each and offers an elucidation of the natural, vital, and animal spirits. He does not, however, present a rehearsal of typical discussions such as that of Bright in A Treatise of Melancholy. Bright devotes the first nine chapters of his volume to a consideration of

³ Aristotle's De Anima is the ultimate source of Renaissance doctrines about the psyche. Certain sections of Parva Naturalia, "De Memoria et Reminiscentia" and "De Sensu" are also pertinent. Cf. The Works of Aristotle, ed. W. D. Ross (Oxford, 1910-31), vol. III.

⁴ Anatomy, I, 1, 2, 10. Burton's use of the term synteresis is particularly interesting. The Greek word was usually transliterated as synderesis and is a technical term equivalent to conscience as consciousness of sin, not merely awareness of error. Burton (loc. cit.) terms it "the purer part of the conscience." Aquinas, op. cit., I, Q. LXXIX, A. 12, 13, terms synderesis a habit, conscience, an act.

the causes and effects of both natural and unnatural melancholy. Later, he states explicitly that the melancholy humor gives rise to vapors which affect both heart and brain and cause inordinate passions:

This commeth to passe, because the instrument of discretion is depraved by these melancholik spirites, and a darknes & cloudes of melancholie vapours rising from that pudle of the splene obscure the clearnes, which our spirits are endued with, and is requisite to the due discretion of outward obiectes.⁵

The condition, according to Bright, progressively involves the common sense, the fantasy, and the memory; the senses then deliver the distortions of these to the mind. The mind, acting on the distorted pictures thus received, is subject to fear, sorrow, and other passions without any cause or reason.

Such an explanation is the typical one: Guianerius⁶ divides the causes of melancholy into extrinsic and intrinsic, the latter comprising disruption of humoral balance; Lemnius⁷ bases his entire treatise on the pathology of the humors, devoting the first book to a consideration of the role of the spirits in health and disease. Jason Pratensis⁸ and Nicholas Piso⁹ both open their discussions with the statement that melancholy is caused by the melancholy humor, and both

⁵ Bright, op. cit., p. 102.

⁶ Op. cit., ch. II. Extrinsic causes are the six non-natural things, also disrupted physiologically.

⁷ Op. cit.

⁸ Op. cit., Cap. de Melancholia, p. 258.

⁹ Op. cit., p. 168.

proceed with an explanation of the mechanisms involved. Paracelsus also attributes the disease of melancholy to the complexions.¹⁰

Burton certainly believed that the humors were disrupted in this malady and that passions could cause disruption of the spirits, but he appears to regard this occurrence as a concomitant rather than as a cause of the disease. He states that neither Galen nor anyone else had adequately explained the mechanism involved.¹¹ He offers a definition of material melancholy as distinct from immaterial. The latter "reside in the spirits alone...without matter, alter the Brain and functions of it."¹² When he enumerates the causes of melancholy, however, he devotes only three pages at the end of his discussion to bodily distemperature as an actual cause of this disease. He does not reject the usual belief, but mentions and explains it, placing his own emphasis elsewhere.

¹⁰ Burton quotes Paracelsus as repudiating the Galenic doctrine of humors and of assigning the cause of melancholy primarily to demonic influences. In general, Paracelsus is known to have disputed Galenic doctrine, and he wrote an entire treatise about the lunar influence on mental imbalance. Yet in his "von den krankheiten die der vernunft verauben, de morbis amentium," *Sämtliche Werke* (München, 1930), he states: "die complexen dreffen fur und underdrucken die vernunft und regieren sie nach iren [sic] sinnen." I. Abt., 2 Band, S. 452. Paracelsus repeats in his "Methoda secunda" of the same treatise that the first consideration in the treatment of melancholy is to determine the complexion from which the disease originated. There is no indication that he uses the word complexen in any unusual sense in this treatise, written between 1525 and 1526.

¹¹ Anatomy, I, 1, 3, 3. "What this humor is, or whence it proceeds, how it is ingendred in the body, neither Galen, nor any old Writer hath sufficiently discussed...the Neotericks cannot agree."

¹² Ibid., I, 2, 2, 3.

Another reflection of Burton's dissatisfaction with the prevailing emphasis in discussions of melancholy is his handling of the division according to three species affecting primarily head, hypochondries, or the entire body. This classification goes back as far as Rhazes and Galen, if not to Hippocrates.¹³ Guianerius makes the humoral etiology quite explicit, saying about melancholy of the whole body, "Tertia \bar{q} ab hūore ītra venas & arterias ī melācholiā cōmutato: & talē dicim' a toto fieri."¹⁴ Burton's account emphasizes that in this species, the disease "sympathetically [*sic*] proceeds from the whole body, when the whole temperature is Melancholy."¹⁵ Burton's entire discussion shows that his emphasis is on the entity rather than the species. He believes melancholy to be an ailment primarily mental, with various specific somatic manifestations. He prefers to discuss causes, symptoms, and cures of the whole disease-entity first and then to suggest particular applications of his general observations to each of the individual species. He finds the differences traditional rather than practical; they occur in medical treatises, his no less than in others, but rarely

¹³ Guianerius, op. cit., fol 22, attributes it to Rhazes; Burton, Anatomy, I, 1, 3, 4, to Galen, Rhazes, and to Hippocrates "in his book of Melancholy (if it be his, which some suspect)."

¹⁴ Guianerius, op. cit., fol. 22, col. 2.

¹⁵ Anatomy, I, 1, 3, 4. Temperature here means temperament or complexion. The key word, however, is sympathetically, as opposed to intra venas. See also above, p. 25, note 12, for the definition of temperament current in the seventeenth century.

in individual patients.¹⁶ His discussion thus reflects accurately both the current theories and his own reaction to them. As a scholar with the cultural heritage of years at his command, he hesitates to dispute ancient authority; as a man of the Renaissance, imbued with a wealth of newly discovered wisdom, he sees that all has not been discovered or explained.

It is clear that Burton, despite his recapitulation and acceptance of the humoral etiology of melancholy and his retention of the classification of the disease into three main species, is more interested in the mental phenomena and natural causes of this malady. He believes implicitly in the power of God to punish sin with mental or physical disease, citing Scriptural authority for his assertions.¹⁷

¹⁶ Jason Pratensis, op. cit., p. 268, and Piso, op. cit., p. 170, discuss melancholy only under the threefold classification. Laurentius, op. cit., ch. IV, defines the three but discusses the species as head-melancholy, love-melancholy, and windy melancholy. Burton's definition not only clarifies the lines of division (cf. ch. II, 24 f.), but he finds the species so confused "I could give instance of some that have all three kinds semel & simul....So that I conclude of our melancholy species...in practice they are temperate and usually mixt." Anatomy, I, 1, 3, 4. Love-melancholy he regards as a phase of the disease caused by inordinate devotion to a loved person or object not possessed but desired; Ferrand's (op. cit., ch. I, ch. V) interpretation is rather that love itself is a disease. The latter is the traditional interpretation, and is that of Laurentius and Jason Pratensis.

¹⁷ He is far less dogmatic than Timothy Rogers, A Discourse on Trouble of Mind, and the Disease of Melancholy (London, 1808; first edition, 1691), esp. part I, chs. 2-5. Rogers' thesis is that all melancholy is a result of sin and consciousness of guilt. He admits that the humors are disrupted but concludes that only the power of God can overcome the disease. The "Advertisement" to the third edition notes that "The Anatomy of Melancholy, by Robert Burton, is well known to many readers; but the oddness of the author's style, united with the heterogeneous particulars he has amassed together, are calculated rather to make the reader smile, than yield any solid satisfaction to the troubled mind." (p. iii). Aside from his exhortation for sympathy to the mentally afflicted, Rogers' book amazes the modern reader with its failure to recognize the complexity of the disease or any of Burton's sound practical advice.

He also recounts the prevailing demonological beliefs of the time with a respectful skepticism, regarding diabolic influence as certainly potent only over the superstitious and the ignorant. This view was held by a few of the more enlightened thinkers of the period, who sought rational explanations for beliefs which they could neither prove scientifically nor reject emotionally.¹⁸ Burton finds supernatural causes for melancholy sufficiently well-credited to include in his discussion, but his interest in them seems tangential rather than direct.¹⁹

Burton's division of the principal causes of melancholy into necessary and not necessary or accidental represents a logical expansion of existing attitudes. The former class comprises the six non-natural things and is an elaboration of traditional discussions. Guianerius terms these factors extrinsic causes and finds them the only causes of melancholy other than humoral disruption. Other writers discuss them in a similar spirit but do not always differentiate them as a group.

¹⁸ Cf., eg. Reginald Scot, the Discoverie of Witchcraft [1594] (London, 1886), whose book exposes the tricks of conjurors and speaks strongly against witchcraft and sorcery as punishable offences yet retains many equally superstitious ideas such as the powers of precious stones and of the unicorn's horn. Scot does not deny supernatural power, but he is indignant at the rigorous punishments accorded the victims of superstition. This position appears to be similar to that of Johann Weyer in De Praestigiis Daemonum [1563], cited by Zilboorg, op. cit., pp. 207-35, and Evans, op. cit., p. 67.

¹⁹ Pratensis, op. cit., p. 262, Guianerius, op. cit., fol. 23, col. 1, and Lemnius, op. cit., book I, ch. III, are among those who explicitly include diabolic or malevolent supernatural powers among the causes of melancholy, but they do not offer a prolonged discussion as does Paracelsus, op. cit., S. 421, who here refers also to an earlier writing concerning the supernatural causes of mental disease.

First of the six in Burton's discussion is diet, which his predecessor Bright finds to be the source of all causes of melancholy save heredity.²⁰ The almost unbelievable conglomeration of foods forbidden to the melancholiac is copiously annotated, and the list Burton gives is corroborated by other texts.²¹ The guiding principle in selecting foods is the elemental nature of each item, i.e., its correspondence to the heat, coldness, dryness, and moisture of the four elements, and therefore of the four humors. Cold and dry foods are to be avoided in natural melancholy; selection is to be made according to the predominant humor in unnatural melancholy. Those foods, including nearly all fresh fruits, regarded as "windy," i.e., productive of flatulence, are interdicted. Wine, white or claret, is permitted in moderation almost uniformly; vinegar is to be avoided; beer, if not too new or too old, is permitted. Sometimes authorities quarrel; Burton usually notes both sides of such controversies. To give specific examples of his dietary recommendations would be virtually pointless today because the humoral basis of selection seems quite arbitrary. Burton's advice about moderation in quantity and simplicity of preparation is not original except in his insistence that these factors are of even greater importance than the selection of foods. His most original suggestion is that

²⁰ Bright, op. cit., ch. VI. See note 36, below. Paracelsus, op. cit., S. 420, differentiates those made melancholy by diet as vesani, as distinct from melancholici.

²¹ E., g., Bright, op. cit., ch. XXXIX, Laurentius, op. cit., ch. VIII, and Piso, op. cit., p. 177.

personal idiosyncrasies are of great significance in regulating the diet of those with diseased imaginations; however, a complete picture of standard recommendations precedes this individual modification.

Retention and evacuation evoke similar remarks in nearly all medical treatises examined. Medicinal correctives are urged for constipation and there is much concern about the normal evacuation of all bodily secretions. Burton follows Guianerius in finding excessive reliance on artificial means of evacuation conclusive to melancholy.²² He also reiterates the usual discussion about the equally bad effects of sexual inhibition and overindulgence. His remark that "detention of emrods"²³ may cause melancholy repeats Piso's "per...haemorrhoidum... suppressiones tales facti sunt."²⁴ Burton does not clarify this point; the modern reader is obliged to learn from Timothy Bright that the melancholy part of the blood is purged via the "hemerode vaynes," in some individuals at any rate, and that if hemorrhoids are present but do not open spontaneously, the dregs of melancholy are retained as a poison in the body.²⁵

²² Guianerius, op. cit., fol. 22, col. 2. Cf. Anatomy, I, 2, 2, 4.

²³ Anatomy, I, 2, 2, 4.

²⁴ Piso, op. cit., p. 172. Pratensis, op. cit., p. 283, and Lemnius, op. cit., book II, ch. VI, also mention suppression of hemorrhoids as well as suppression of menstruation as causes of melancholy.

²⁵ Bright, op. cit., ch. VII, "Of Melancholicke Excrementes."

Guianerius finds "aer excessive calidus & sicc' potēs resoluere spiritus & humores adurere: aut frigiditas & siccitas eos efficiens congelare."²⁶ Burton agrees that air is important in its effects because, like food, it is taken into the body. His discussion shows more clearly than most the relationship to the Aristoteian De Spiritu.²⁷ In this work, air is regarded as a form of nutriment for the spirits. Burton's discussion goes on to include climatic conditions in general and the specific effects of weather and climate on temperament and disposition.²⁸ He does not shrink from the traditional observation that people in southern climates are more vociferous and more wily; those in nothern climates are franker but less easily moved to emotional display.

Excess or defect of exercise is the next factor commonly considered responsible in melancholy. Guianerius finds superfluous exercise a cause, while Lemnius considers moderate exercise one of three prerequisites for health. Bright finds that either excess or defect of exercise upsets the equilibrium of the blood, causing a greater proportion in the system of the grosser element of melancholy. Burton, although he duly notes these aspects, diverges from most accounts by

²⁶ Guianerius, op. cit., fol. 22, col. 2

²⁷ This short treatise is regarded by many scholars as spurious; the Renaissance, however, regarded it as genuine, Cf. The Works of Aristotle, ed. W. D. Ross, volume III.

²⁸ Lemnius, op. cit., book I, ch. II, regards the body as maintained by vital moisture, natural heat, and the spirits. His emphasis on the latter leads him to a long discussion about the importance of wholesome air; he finds that all vices come from devils, humors, or bad air.

emphasizing the mental effects of idleness, both of body and of mind. He finds that the idle person is more susceptible to the demands of imagination, which is the chief offender in this disease. This attitude accords with the difference between Burton's account of the dangers of overmuch study and that of Bright. The latter says, "Of actions of the minde, over vehement studies, and sadde passions, do alter good nourishments into a melancholicke qualitie; by wasting the pure Spirites, and the subtilest parte of the blood: and thereby leaving the rest grosse and thicke."²⁹ Burton, admitting these factors, emphasizes rather the futility of the scholar's labors and the resultant feeling of frustration as well as the usual neglect of bodily concerns attendant upon the pursuit of learning. Although he is aware of the effect of study on the spirits and the humors, he is far more concerned with the mental reaction.³⁰ Idleness and study both conduce to solitude, a recognizedly dangerous concomitant of melancholy. Burton's emphasis on idleness shows his mingling of literary and theological sources with medical treatises, for sloth (or idleness) is one of the seven deadly sins. His treatment, however, is not ethical but psychological and the resultant discussion

²⁹ Bright, *op. cit.*, p. 30 f. Guianerius, *op. cit.*, fol. 22, lists, amazingly enough, overmuch study among the passions of the mind which cause melancholy.

³⁰ Lemnius, *op. cit.*, 120 f., finds that "forasmuch therefore as the inward and native heat by exercise and motion is encreased, and strengthened, and the minde revived and made lustier, it standeth all Students upon, and as many as be sickly and of wearish or quaisie health, to use themselves thereunto, and namely to such kinde of exercise as bringeth with it no wearisomeness or lassitude, but which is stayed within the bounds of mediocrity." Lemnius, p. 217, also points out that students tend to neglect bodily health, but his main emphasis is on the attenuation of the spirits "as well Animall as Vitall."

shows how his wide reading and experience enriched his ideas about both normal and abnormal mental states.

He devotes less than a page to "Sleeping and waking, causes."³¹ Most other writers also mention the subject but briefly, though it is among the causes regularly listed. Pratensis correctly designates inability to sleep a symptom of melancholy rather than a cause. Bright terms immoderate sleep a cause of the disease, while Guianerius states that "superflua vigilia hęc passionē sepe efficit."³² Laurentius emphasizes the evil dreams of the melancholiac in his discussion of the difficulty of obtaining restful sleep. He finds the "knowledge of these dreames is necessarie for a good Physitian, thereby to know the complexion and constitution of his sicke patient."³³ Some dreams result from supernatural causes while others reiterate recent events in the life of the patient: these two groups are not pertinent to the physician. Burton devotes more attention to dreams in his section about cure, where he suggests means of procuring restful and untroubled sleep. His own conclusion about sleeping and waking as causes of melancholy succinctly follows his brief recapitulation of the theories of others: "Waking overmuch, is both a symptome and an ordinary cause."³⁴

³¹ Anatomy, I, 2, 2, 7.

³² Op. cit., fol. 22.

³³ Op. cit., p. 99. This statement is startling to the modern reader until he encounters the qualifying statement which shows the difference between Laurentius' attitude and the tenets of psychoanalysis. For the sixteenth-century physician, only dreams caused by humors are important, and these only insofar as they help the physician to ascertain the humoral cause of the disease.

³⁴ Anatomy, I, 2, 2, 7.

Passions or perturbations of the mind comprise the sixth non-natural thing. Though these are widely discussed by theological and philosophical writers,³⁵ the prevalent medical attitude towards them is well expressed by Timothy Bright:

The causes of excesse of this humour are diverse, and all (except it be receaved from the parent) spring from fault of diet: and although chieflie meates and drinckes do yeeld matter to this humour, yet besides the complexion inclining to such temper, this matter is increased by perturbatiō of mind, by temper of aire, and kind of habitation, and that humour which otherwise would yeeld a nutritive iuyce, of the best sort, by this occasion is turned into these dregges of melancholie.³⁶

Most physicians accept the fact that passions move the vital and animal spirits and thus evoke melancholy. Guianerius cites such "aīe accñtia: vt īgēs timor: odiū: assiduitas studij: assiduitas tristitie: assidua q̄ q; circa rē vnā cogitatio."³⁷ For Piso, emotions are symptoms rather than causes. Lemnius merely notes that perturbations of the mind upset the humors, preferring to emphasize mental disquiet as a symptom. He states that disease of the spleen affects the stomach, which sends up

³⁵ Such treatises as those of Richard Baxter, The Mischief of Self-Ignorance [1662] (Works, II, London, 1707). Otto Casman, Psychologia Anthropologica (Hanover, 1594), Pierre Charron, Of Wisdom (London, 1697), Simion Grahame, The Anatomie of Hvmors, (Edinburgh, 1609), Francis Helmont, The Spirit of Diseases; or Diseases from the Spirit (London, 1694), Levinus Lemnius, op. cit., Thomas Rogers, A Philosophicall Discourse, Entituled, The Anatomie of the Minde (London, 1576), Timothy Rogers, op. cit., Jean Senault, The Use of Passions (London, 1671), and Thomas Wright, The Passions of the Minde ([N.p.] 1601) illustrate the prevailing ethical position with regard to the passions.

³⁶ Bright, op. cit., p. 25. Italics mine.

³⁷ Guianerius, op. cit., fol. 22, col. 2.

vapors, whence

commeth disquietnesse of minde and alteration of right wits, absurd cogitations, troublesome dreames, giddinesse of the head, ringing of the eares, dazeling of the eyes, mournefull sighes, trembling and beating of heart, a minde sorrowfull, comfortlesse, perplexed, pensive and fearefull: inso much that they which be in this sort affected, distrust, and be afraid, as well of their friends, as of their enemies.³⁸

Laurentius finds that the passions result from the humors. He repeats both the Galenic explanation of fear as caused by the blackness of the spirits and the Averrhoistic contention that cold temperature of the humor is responsible, attempting to coordinate the two. He finds that as normal people start at seeing shadows which are external to themselves, so do melancholiacs, with shadows always internally present, fear all things without cause. Sadness also results from distemperature of the brain.³⁹ Suspicion follows fear, reason being distorted, and other passions are similarly related to the lack of balance within the body.

Bright, the only writer other than Burton to approach melancholy from both the medical and theological standpoints, discusses two disease-entities which may or may not coexist in the same person. First of these is the affection of the melancholy humor discussed above. The second is the mental anguish and despair which are caused by consciousness of sin. It is with the latter that most theological writers deal. Timothy Rogers'

³⁸ Op. cit., p. 227 f.

³⁹ Bright, op. cit., ch. XXIV, esp. pp. 140-147, gives the usual explanation of weeping as over-secretion of the humor of phlegm in the brain. This overflows as tears. In extreme grief, the humidity is drawn inward; hence, there is no moisture left to be evacuated as tears.

entire treatise is a consideration of the hyperactive conscience, and even such a writer as Richard Baxter urges pity for the abnormally self-searching melancholiac while urging close self-examination on the majority of his readers. Baxter's exhortation is founded on the psychology dominant throughout the period, which is amply illustrated in sermons and moral treatises of other writers as well as his own.⁴⁰

The basis for almost all psychology in Burton's time was Aristotle's division of the functions of the psyche into intellectual, sensitive, and vegetative. The Platonic metaphor of the charioteer and his two steeds was frequently superimposed upon the Aristotelian division to produce the ethical interpretation of man's "lower faculties" as controlled by reason. The early Church emphasized the intellectual faculty as peculiar to divinely inspirited man and the mark of distinction between him and the brutes. Emotions, located in the sensitive or appetitive part of the soul, were therefore properly subordinated to reason, and their independence was regarded as a moral defection from the will of God.⁴¹ Emotions themselves were not usually regarded as intrinsically evil; orthodox Christianity recognized the value of

⁴⁰ Cf. note 35, above. All the writers listed there discuss this sort of ethical psychology. For Baxter, cf. also note 41, below.

⁴¹ Richard Baxter, writing in 1659, emphasized in A Treatise of Self-Denial, in Works (London, 1707), III, esp. pp. 344-349, that man's reason inclines him to God; his desires incline him towards self. Self (i.e., physical desires and non-physical desires not directed toward God) must be suppressed, at any time that it interferes with the will of God as expressed or revealed in Scripture. This idea persists among certain Christian sects today.

properly directed emotions which could increase striving for good and shunning of evil.⁴² The classic statement is that of Aquinas: "The passions of the soul, in so far as they are contrary to reason, incline us to sin: but in so far as they are controlled by reason, they pertain to virtue."⁴³ Innumerable tracts and sermons emphasize control of the emotions, and many discuss the physiological effects of inordinate passion. Charron believes that

the Mind hath...its Defects, Decays and Diseases, as well as the Body, and indeed the number of these is greater, the Consequence of them more Dangerous, and the Cure of them more difficult and Impracticable, than that of Bodily Distempers.⁴⁴

He divides mental disease into accidental (i.e., from the body, from organic injuries to the head, from delusions or prejudices, and from corruption of the will and inordinate passion)⁴⁵ and natural. Natural mental diseases result from pride and presumption-- both based on self-ignorance. In his second book, Charron states that vice and passion are the two enemies to wisdom and attempts by moral precepts to incite

⁴² Anti-Stoicism, or antipathy to the Renaissance interpretation of Stoicism, is an orthodox Christian position. Writers frequently cite Scripture to prove that Jesus, the model for all men's emulation, had emotions, though He kept them always within the control of His reason. Cf. Senault, op. cit., esp. the Epistle Dedicatory.

⁴³ Summa Theologica II, i, Q. XXIV, A. 3.

⁴⁴ Op. cit., p. 151.

⁴⁵ The first two deserve pity, the last, censure. Delusion or prejudice, says Charron, can be pardoned, though the patient is not wholly innocent. This ethical evaluation is not unusual in this period. Cf. Senault, op. cit., esp. the author's preface.

men to virtue. In common with most theological writers, Charron believes implicitly the Socratic dictum that knowledge is virtue.⁴⁶

The writers who discuss the passions with a view to reinforcing the position of reason do not usually consider derangements as disease, but rather as sin. Burton, a clergyman familiar with the conventional ethical principles, shares the belief that emotion has a rightful but subordinate place in the soul and that the result of overthrow of what he regards as the rightful balance is disastrous. He censures those who allow their passions to rule, but he realized that emotional imbalance is not always subject to the control of reason. Reason and judgment are

excellent meanes, God hath bestowed on us, well employed, cannot but much availe us; but if otherwise perverted, they ruine & confound us: and so by reason of our indiscretion and weakness, they commonly do: we have too many instances.⁴⁷

Although he is explicit in his statements that inordinate passion is irrational and that to give way to passion is to "degenerate into beasts,"⁴⁸ Burton is equally aware that in melancholia the diseased imagination "produceth in some parties real effects, causeth this, and many other maladies."⁴⁹ In his basic realization that the emotions are

⁴⁶ Cf. Baxter, The Mischief of Self-Ignorance, loc. cit., II, pp. 761-841, whose entire sermon is based on the importance of self-knowledge in the pursuit of virtue and the avoidance of sin. He warns against those whose temperament is melancholy "misdoing" self-examination. Senault, op. cit., part I, esp. treatise III, emphasizes the need for clear understanding of the power of the passions and the need for their government.

⁴⁷ Anatomy, I, 1, 1, 1.

⁴⁸ Ibid.

⁴⁹ Ibid., I, 2, 3, 2.

not always subject to the control of reason. Burton diverges from the prevailing beliefs of his age. His practicality triumphs over his ethical and philosophical beliefs and he compromises by saying, in effect, that man's reason should rule over his emotions but it does not always do so, and the fault is not wholly within man's control. Every individual has emotions to which he occasionally gives way: if he gives way habitually, his faculty of will may atrophy; if his imagination is diseased, his reason cannot distinguish the times when it is proper to yield to emotion from those when emotion should be suppressed. Again, Burton's position shows how he interrelated his medical knowledge with his theological and philosophical heritage and with his empirical observations. Although a good many of the statements which he makes can be found paralleled in the works of other writers of many types of books, his synthesis alters them into something other than what they originally appeared to be. The catalyst that is the author's personality is in large measure responsible for the change.

Burton's approach is clearly different from that of his predecessors and contemporaries, but his enumeration and description of the individual emotions is quite conventional. He accepts the traditional division into irascible and concupiscible passions, though he denies that the two are ever completely separate and independent. For Burton as for his contemporary theologians and psychologists, love is the first and fundamental emotion from which desire, joy, hope, and all creative tendencies spring; it is the basis of all man's good actions. If debased, misdirected, or frustrated, it is the most virulent of all passions. Throughout the period, theological writers regard the

destructive power, or hatred, as only a distortion of love, not an independent force. Senault voices the usual belief in saying,

To speak exactly...Love and Hatred make but one and the same Passion, which changes name according to their different uses; which is called Love, when it hath a liking to what is good; and Hatred, when it abhors what is evil.⁵⁰

In general, Burton's description of the individual passions or emotions is conventional, though his examples sometimes qualify his attitude, which is, typically for him, a via media between the extreme rigors of Calvinistic strictness and the complete liberty of pagan Epicureanism. He presents such interesting sidelights as, for example, the notation that some instances of extreme humility are actually cases of pride, representing self-conceit of sanctity.⁵¹

Despite the fact that his discussion of the passions accords with conventional non-medical explanations, Burton's consideration is directed not at a moral, but at a psychological end. The significant point of his recapitulation is the way in which it seeks to combine medical and theological opinions not only of the immediate period but of inherited culture as well without wholly repudiating or accepting

⁵⁰ Op. cit., p. 244. Theologians from Augustine to the Renaissance and beyond, influenced in greater or less degree by neo-Platonism, refused to believe that divinely created man has a natural propensity for destruction. Acts of aggression are considered the result of ignorance or of blind willfulness against Grace. Present psychiatric belief finds destructive and creative propensities both to be basic forces in the human psyche and regards the problem one of proper "investment" of aggression and acceptance rather than of subordination of "lower" powers to "higher."

⁵¹ Anatomy, I, 2, 3, 14.

either. As is usual with Burton, the form which his discussion takes is quite conventional. He begins with the medical view, and demonstrates his belief that the passions can and do cause physiological change: "the first step and fountain of all our grievances in this kinde, is laesa Imaginatio, which mis-informing the Heart, causeth all these distemperatures, alteration and confusion of spirits and humors."⁵² Comparison with Laurentius shows a different interpretation of the disease. The latter finds the source of the ailment often occurs when

man by his malicious will becomming an apostate and revolt, defaceth the ingraven forme of the Deitie and commeth by the filth of sinne to defile the holy temple of God, when through an vnruely appetite he suffereth himselfe to be carried in such headlong wise after his passions.⁵³

Burton places the fault not in the rationally controlled will, as Laurentius did, but in the imagination, which is in the sensitive faculty. Will, for Burton, is secondarily, not primarily, involved. This departure marks his independence from conventional theories of the passions, all of which assume that the will of man can always control the emotions and that failure to do so is simply and always sin. Burton, realizing that melancholia is an abnormal condition, finds ethical values pertinent only as admonitions to those who are still sound and sane. His main interest is in those conditions of mind which are actually present in the disease; and, insofar as the passions are causes or symptoms, he is indebted to conventional accounts of their nature and function in the human being.

⁵² Ibid., I, 2, 3, 1.

⁵³ Op. cit., p. 81.

Although Burton's primary interest is psychological, he uses physiological, philosophical, ethical, historical, and literary works almost indiscriminately as source material. This heterogeneity is confusing in its wealth, but it also renders his observations more complete, and often more profound than those of his contemporaries. He states that in sane persons, reason, comprising understanding and will, should direct the actions and emotions, and he describes the particular emotions in conventional terms. He is more concerned, however, with the observation that melancholiacs are abnormally sensitive to emotional trauma. He presents the standard false explanation of how the emotions contract or expand the spirits to produce specific bodily reactions, but the fact that emotions are disturbed pertains more to his purposes than do explanations of judgments of it. He is less interested in the passions themselves than in their precipitants. It is not enough to say that one must regulate his emotions; the causes of emotion must be considered.

Such causes Burton terms "not necessary" because, although they are universal, they are accidental to the individual. First of these is an ill-regulated, unhappy childhood. Burton cites Pratensis as considering bad education a principal cause of mania, but this opinion is not repeated in the latter's chapter about melancholy, nor do other physicians concern themselves with the theories of such works as Plutarch's "Of Education," to which Burton refers.⁵⁴ Burton's entire discussion of adventitious causes of melancholy in Member 2, Section 4 of the first

⁵⁴ Anatomy, I, 2, 4, 2. Burton also cites Terence and Erasmus.

partition draws more heavily on literary or philosophical sources than on medical treatises. In this section, he enumerates particular misfortunes which have caused or may cause the disease. These are matters not generally discussed by physicians, although Lemnius does include mourning, sorrow over worldly losses, and disappointment of some great expectation among the causes, otherwise physiological, of melancholy.⁵⁵ Burton's illustrations from history and literature in this part of his book present details which are not mentioned in most other accounts of the disease or even merely of the passions. The latter are concerned with exhorting the reader not to value worldly concerns in view of the inestimably greater worth of the external; Burton, on a more practical note, finds, for example, that poverty,

although (if considered aright, to a wise, understanding, truly regenerate, & contented man) it be...the way to Heaven...& much to be preferred before riches...yet as it is esteemed in the worlds censure, it is a most odious calling, vile and base...we shun it all...we abhor the name of it.... To avoid which, we will take any pains.⁵⁶

His attitude throughout this Member is empirical, and he enumerates quite simply a list of factors which can be direct causes of mental imbalance in the mentally unstable person. Medical writers for the most part do not carry the analysis of melancholy to this stage. That passions can disrupt the humors and spirits some of them will admit; with the causes of the passions they are not concerned.

⁵⁵ Op. cit., book II, ch. VI.

⁵⁶ Anatomy, I, 2, 4, 6.

In discussing the causes of melancholy, Burton reproduces the accounts of physiological etiology found in medical texts of the age and elaborates on the oft-reiterated "six non-natural things." His discussion of the passions is based firmly on the prevailing theories of both medicine and theology, but, in combining the two, he goes beyond the limits of both to approach a wider, and therefore more modern, conception of the role of emotions in mental disease. He also enumerates and carefully considers the factors which may precipitate abnormal emotional response. His analysis of the causes of melancholy thus both repeats prevailing medical opinions and expatiates on the empirical and philosophical discussions of human behavior by both the ancients and the "neotericks."

His analysis of the symptoms of melancholy, on the other hand, varies from the usual renditions only in being more detailed and elaborate. Fear, sadness, and anxiety were all recognized as symptoms of this disease long before Burton's time. Guianerius lists the general signs, following the threefold division of Rhazes:

Primus est falsus cogitatio. Secūdus illa falsa cogitata loqui. Tertius est locuta exequi. ¶ Quantum ad primum si quēpiā sine causa timere tristari solitudinem diligere ac velociter irasci q̄ de causa a suo remouet pposito ex quacunq; causa faciliter irascit talis falsa cogitat. & tunc pmū mel'ie gradū adeptus est. ¶ Sed cū de his q̄ sine causa timet loq̄tur & ¶ nō est fiendū iudicat: talis ad secūdū melācolie gradū iā puenit. ¶ Cū aut factō cōplet qd̄ in mēte p ceperat hūc pfecte melācolicū dices. ¶ Per hos igitur trea gradus melācolicū factum cognosces: talia enim p cohabitātes & domesticos familiares facile dep̄hēdūtur: q̄ nature tēpore sanitatis intellectu cum a prioribus mutare videātur in hāc passionē incidisse scias.⁵⁷

⁵⁷ Op. cit., fol. 22^v, col. 1.

Guianerius continues with specific symptoms related to various forms of natural or unnatural melancholy. If the disease is caused by adustion of blood, for example, the symptoms are described in terms similar to those used to depict the manic phase of cyclothymia today.⁵⁸ Piso lists as symptoms fear, sadness, and aversion from other men, and he emphasizes the view that melancholiacs are "perpetuò cum luctu....Omnes exercent vanae intentaq; animi cogitationes, adeo vt persaepe hi fixis oculis veluti stupidi consistant, subitoq; falsis imaginibus exeunti, celeriter cum suspirio pracedāt."⁵⁹ This description is substantially the same as that of Pratensis, who adds to love of solitude, fear, and sadness, the suicidal tendency: "Sunt qui vitam despuentes, mortem expetant, Quosdem iterum alieno, atq; extraneo videbis animo, utpote qui simul & mortem horreant, & tamen vitam sibi adimant, in se quàm in alios potius inurij."⁶⁰ Pratensis also notes the symptom of scruples of conscience, which Timothy Rogers finds especially significant.⁶¹ Bright adds to these observations his own that "melancholicke persons are for the most part doubtfull and least assured."⁶² Lemnius reiterates the usual list, with some additional physical signs, e.g., a sallow

⁵⁸ Burton describes briefly the manic phase, but in general he condemns those writers who discuss the two conditions as interchangeable. His attitude is that the manic phase is less frequent and less intense than the depressive period, and he emphasizes the latter almost to the exclusion of the former.

⁵⁹ Op. cit., p. 171.

⁶⁰ Op. cit., p. 269 f.

⁶¹ Op. cit., part III, ch. IV. Rogers cites sorrow, tortures of conscience, solitariness, and inability to pray as symptoms.

⁶² Bright, op. cit., p. 69.

complexion, dullness of mind, flatulence, vertigo, and ringing in the ears, and he draws the standard comparison of the effects of melancholy to the effects of wine. All the writers cited make references to symptoms particular to the three species, as vertigo and headache to head-melancholy; eructations, indigestion, and flatulence to windy melancholy.⁶³

The description of the melancholy man by Laurentius most closely approximates Burton's picture:

The melancholike man properly so called, (I meane him which hath the disease in the braine) is ordinarilie out of heart, alwaies fearefull and trembling, in such sort as that he is afraid of euery thing, yea and maketh himselfe a terrour vnto himselfe... he would runne away and cannot goe, he goeth alwaies sighing, troubled with the hicket, and with an vnseparable sadnes, which oftentimes turneth into dispayre; he is alwaies disquieted both in bodie and spirit...if he think to make truce with his passions ...he is assayled with a thousand vaine Visions....To conclude, hee is become a sauadge creature...one whom nothing can please, but onely discontentment, which forgeth vnto it selfe a thousand false and vaine imaginations.⁶⁴

Laurentius also described fear and its effects in a manner close to that of Burton:

Feare keepeth companie with it day by day, and now and then assayleth the partie, with such an astonishment as that he is made afraide, and becommeth a terrour vnto himselfe; sadnes...suspition... solitarynes, bashfulnes, and the abhorring of the Sun, are as it were vnseparable accidents of this miserable passion.⁶⁵

⁶³ Several writers note a connection of head-melancholy with epilepsy. The latter presumably affected the substance of the brain in the same manner that melancholy affected its faculties. Cf., e.g., Piso, op. cit., p. 169.

⁶⁴ Op. cit., p. 82.

⁶⁵ Ibid., p. 89.

Burton's account of the symptoms of melancholy includes all those found in other treatises. He discusses guilty conscience in his section about religious melancholy, regarding it as a separately caused form of the disease, but otherwise he repeats the symptoms, both general and particular to the species, with fidelity and accuracy. He makes the additional observation that in some cases the melancholy is scarcely to be observed, while in others only petty peevishness and discontent is noticeable. Although he mentions both in some detail, he emphasizes the mental rather than the physical phenomena of the disease. He delights in recounting the delusions reported by Laurentius and Montanus,⁶⁶ but he is more interested in the neurotic than the frankly psychotic patient. His concern with the psychosomatic relation leads him to see the physical symptoms as frequently natural consequents upon the mental condition.⁶⁷ His chief divergence from the opinions of his time results largely from his use of more numerous example, his greater detail, and his resultant shift of emphasis. He omits virtually nothing mentioned by others, but he presents many observations which appear original or based on purely literary parallels.

With regard to the treatment of melancholy, Burton devotes two of his five sections to a consideration of medical and surgical remedies, both in general and in relation to each of the specific kinds of melancholy. He urges moderation in the use of drugs at the outset of

⁶⁶ Laurentius, op. cit., devotes ch. VII to case-histories of patients with delusions. Montanus, Consultationem Medicarum (Basel, 1565) gives only case-histories in his book.

⁶⁷ See p. 57 f., above.

his discussion, because "wine and drunkenness are two distinct things."⁶⁸ Since his book has a wider popular appeal than the strictly medical texts, he explains the nature of herbs and precious stones, simples and compounds. In actual prescriptions, he relies heavily on the advice of others, and more frequently refers to other treatises than gives prescriptions himself. He concludes of phlebotomy, "before you let blood, deliberate of it, and well consider all circumstances belonging to it."⁶⁹ His general attitude towards most of these remedies seems skeptical; he prefaces many of them with the remark that such a physician advises them or popular esteem merits their inclusion. Of one remedy, composed, among other ingredients, of powdered rhinoceros horn, he says, "he that list may try it, and many such."⁷⁰ His conclusion is that the medicines which he has briefly described "if they be used aright, no doubt may do much good."⁷¹

Particular emphasis is placed by most of the later writers on correction of the six "non-natural things," rather than on medicinal therapy. With this opinion Burton is in complete accord. He begins his discussion with the remark that prayer is necessary, as is emphasized by both Bright and Timothy Rogers, and hastily passes on to such matters as diet, sleep, evacuation, climate, exercise, and a quiet, unperturbed

⁶⁸ Anatomy, II, 4, 1, 1.

⁶⁹ Ibid., II, 5, 1, 2. He mentions also trepanation (II, 5, 1, 4) to evacuate fumes and vapors from the head.

⁷⁰ Ibid., II, 5, 1, 5. The prescription itself is found in a note.

⁷¹ Ibid., II, 5, 3, 2.

mind. With regard to the first four he has no significant additions to, or deletions from, the conventional accounts, save to recommend moderation in all things more insistently than do some of the others. His dietary list is derived from a judicious combination of lists which he found elsewhere; his prescriptions for opiates and purgatives are recapitulatory. His digression of air merely expands the notion that a temperate climate is advisable, that humidity for the melancholiac particularly is curative, and that travelling may afford the depressed person some diversion if his disease is not so deep seated that it follows him wherever he goes.

In discussing exercise, Burton reiterates most recommendations in his digression on games and sports, but he takes this occasion to urge what is now called "occupational therapy." The two cardinal principles on which he closes the book are "Be not solitary, be not idle,"⁷² and both are related in his mind to the "non-natural thing," exercise. He advises mental exercise as strongly as physical occupation, a recommendation counter to the usual therapeutic procedure. Bright, for example, opposes any study for melancholiacs except in the greatest moderation.

Laurentius, whose account of the symptoms of melancholy is closest to Burton of any of the comparable treatises seen, relies almost entirely on medicinal remedies. He discusses the six things briefly, emphasizing as do Bright, Pratensis, and Piso, the dietary aspects. All concur in the beneficial effects obtained from hearing

⁷² Ibid., III, 4, 2, 6.

cheerful music.⁷³ Burton's remarks about pleasant surroundings, neat attire, and congenial companions also appear in other treatises. In common with Lemnius, however, he finds that

it is expedient first of all to take away the headspring of the whole mischief, and to plucke up by the roots that inconvenience which distempereth the minde. The next is, to cherrish and tender the body with all convenient and behoovefull attendance: and by all meanes possible to affray somewhat to ease and mitigate those great distemperances that infect as well their bodies, as their mindes.⁷⁴

For Burton, the imagination is the source of the disease, and the passions particularly move the individual when his imagination is affected. Bright offers little solace for the affliction of emotional upheaval save to recite a few Scriptural and philosophical precepts. Francis Helmont, who finds that all diseases exist only in the mind, logically suggests that cure results from removal of the passion which caused the distemperature. He stresses his belief that patience is the most important single factor in treatment, and that the power for cure lies not in the physician but in the sufferer himself. He does not, however, explain the process by which cure is to be effected.⁷⁵ Lemnius stresses the importance of constancy of mind without mentioning how it

⁷³ Gretchen Finney discusses the seventeenth-century belief that music affected the spirits and thus was able to exert an influence on the passions. In "'Organical Music' and Ecstasy," *JHI*, VIII, 273-292, she cites both Bright and Burton as expressing the implications of this belief, and in "Ecstasy and Music in Seventeenth-Century England," *loc. cit.*, 153-186, she notes a parallel between Burton and Cassiodorus. Whether Burton shared Cassiodorus' belief about the ethos of music is not clear from his statements in The Anatomy.

⁷⁴ Lemnius, *op. cit.*, p. 231.

⁷⁵ Helmont, *op. cit.*, p. 181 ff. This account, however, follows Burton's by almost a half-century.

is to be achieved. The various writers who discuss the passions at great length analyze the individual emotions but offer little practical advice about their control other than to suggest enlisting one passion against another or to urge prevention of emotion by premeditating all actions. Thomas Wright stresses the importance of knowing to which passions one is particularly prone and advises that a friend may prove a more impartial judge than the afflicted individual. He too, however, can suggest only aiming at the opposite extreme from the offending passion as a means of remedy.⁷⁶

Burton offers a more practical approach. He reserves his philosophical aphorisms for consolations in particular occurrences such as those which he terms the accidental causes of melancholy. To avoid or rectify emotions themselves, he advises what is now called the psychotherapeutic method. Cure must come from the patient himself, who with the aid of a trustworthy advisor, and a real will to be cured, can ease his own affliction. If idleness has afforded the breach wherein passion has entered, the patient must occupy himself. He must apply reason to his problem insofar as he is able and not scruple to seek the aid of others who may be able to point out fallacies which he himself cannot perceive. Though others suggest that a friend may see the causes of the disease more clearly than the patient, Burton believes also that another can better help the patient to find the way to an unimpeded use of his reason rather than his emotions. Burton gives aphoristic platitudes as remedies against discontents, but in freeing the melancholiac

⁷⁶ Op. cit., ch. XV.

from enslavement to his distorted emotional responses he finds an external mentor the way to cure.

In reiterating all the moderate remedies of his age and in citing a large number of the more unusual suggestions, Burton presents in a single volume a compendium of contemporary psychological lore. He amplifies and expands some of the factors which other writers merely suggest and supplies empirical observations which sometimes substantiate sixteenth-century opinion and sometimes anticipate modern theories. He denies little that was accepted in his time, but his expansions suggest dissatisfaction with the theories finally resulting from current beliefs. His work thus presents a confusion of conventionality and individuality. It reflects the theories of the age, but it also reflects its author's dissatisfaction with those theories as a complete explanation of the disease.

The structure of the book is a clue to Burton's actual beliefs. Proportionally, he devotes the greatest amount of space to a discussion of the emotions and the various accidents which can overstimulate them to a predominant role in the totality of the psyche. He fails to place a definitive emphasis on any single factor in the disease; he lacks the touchstone of a well-formulated and comprehensive theory. This fact is responsible for his peculiar relationship between Renaissance and modern thought.

Burton reiterates and illuminates with clear examples the theories of his own and the preceding age. The customary anatomy, humoral pathology, and demonology are all present in his book. The

plan of the book follows conventional patterns closely: there is a discussion of anatomy and physiology as such, following the traditional division of the "six non-natural things," i.e., abuse of diet, exercise, sleeping, evacuation, climate, and emotions. Cure of the disease is properly relegated to a separate section; the division dealing with love-melancholy is really an entirely different treatise. Comparison with other medical discussions shows that although Burton reiterates the ideas of his era and follows the plan used in similar discussions, he emerges with a different emphasis which indicates not so much a new theory as a dissatisfaction with the old.

His dissatisfaction with existing treatises leads him to plumb certain aspects of melancholy which modern psychology and psychiatry have found fruitful and significant. His authority for such a departure is that of creative literary artists, historians, or philosophers as practical psychologists, but his notations often have an empirical freshness in comparison with the scholarly and pedantic treatises of his compeers. The Anatomy offers within its wholly conventional classifications a series of acute observations on the place of the emotions in mental disease. Burton retains the idea of his period that reason is unseated in mental disease, but he finds this an occasion for pity rather than for moral censure.⁷⁷ His main contention and

⁷⁷ Modern psychiatry would insist that reason is blocked or distorted rather than overthrown, and in this opinion Burton at times seems to concur. Melancholiacs and manic-depressives have full use of their mental powers in some ways, as evidenced by their ingenuity in evading surveillance and procuring the means of suicide. Their reason is impeded, however, in their false valuation of reality, which leads them to find death, an unknown, less real than the exigencies of life. For an extended discussion of this concept, see the entirety of Karl Menninger, Man Against Himself (New York [1938]).

central thought is that melancholia is a disease of the imagination, a faculty which partakes of both sense and reason, though located in the sensitive part of the soul.

Imagination is affected by the senses and the emotions; hence, the emotions are particularly important in this disease. For Burton, imagination should be controlled by reason, and in the "normal" individual, such is the case. However inspired, imagination must be under some control to be communicative and therefore social, and man is normally a social animal. Burton's chief contribution to the psychological thought of his age was to clarify the belief that in mental derangement the principal factor is a distortion of all values, whether perceived "intellectively" or "sensitively," to use Burton's terms. He carries this idea to its logical conclusion: a persistent mental distortion affects the physiological processes because the patient cannot or does not care to lead a normal physical life. The will is distorted as well as the other faculties because the imagination misrepresents the good to it; generally nothing is apprehended as good or worthwhile, and the patient is prevented from willing any positive action. Once the will acts, the decision is a fixed one; Burton finds that melancholiacs develop what would not be termed "fixations."

He shows but a dim awareness of subconscious urges, and nowhere does he mention explicitly the possibility of life below the level of completely conscious action. He does state that many actions are below the level of reason, which in his terminology is roughly

allied to the modern conception.⁷⁸ He regards such actions, however, as intermittent and exceptional save in persons with long-standing mental aberration. Modern psychiatry, on the other hand, insists that the subconscious plays an important part in the lives of persons without mental affliction.

On the conscious level, Burton finds love the basic emotion. This emphasis goes back to Augustine,⁷⁹ though it is not formulated explicitly in his writing as it is, e.g., in Aquinas' Summa Theologica, where love is termed the first of the concupiscible passions⁸⁰ and the concupiscible faculty is stated to be logically prior to the irascible faculty.⁸¹ Burton's emphasis is closer to modern beliefs, for he regards love not only as first of the concupiscible passions but also as a basic and impelling urge. He does not recognize the correlative importance of hatred, though he does find it attendant upon thwarted

⁷⁸ Reason, for Burton, is the part of the psyche which comprises understanding and will. Any non-voluntary action is thus outside the scope of reason. In this sense, therefore, insofar as subconscious actions are non-voluntary, actions regarded by Burton as sub-rational (or instinctive) are roughly equivalent to actions now termed sub- or pre-conscious. The theory of the subconscious was not formulated in the form known today until the discoveries of Freud, almost three centuries after Burton.

⁷⁹ The Citie of God (London, 1620), book XIV, ch. VII.

⁸⁰ II, i. Q. XXV, A. 3. Bergan Evans, op. cit., p. 74, erroneously identifies the concupiscible and irascible passions with love and hatred. The standard identification is that of Aquinas, loc. cit., Q. XXIII, A. 1, "Whatever passions regard good or evil absolutely, belong to the concupiscible power...whereas those passions which regard good or bad as arduous, through being difficult to obtain or avoid, belong to the irascible faculty."

⁸¹ Aquinas, op. cit., II, i. Q. XXV, A. 1.

love. For him, the creative tendencies are conscious and rational as well as instinctive, but the aggressive or destructive tendencies are simply a result of man's fall from perfection.⁸² Burton admits the force of hatred and its universality, but not its innate quality. Modern views emphasize the power of both creative and destructive forces in the individual; these two are innate and basic to all other emotions.⁸³

Though he devotes comparatively little space to the matter, Burton is most emphatic in his statements about the importance of the treatment and training of the child. His "heap of other accidents" which may provoke melancholy represent a shrewd analysis of precipitating factors, but he realizes that they can provoke the disease only in those with a predisposition to imbalance. He cannot explain this predisposition, nor was any valid explanation forthcoming until that formulated by Freud at the close of the nineteenth century. Even today, the condition has not adequately been explained. In the history of

⁸² This is the doctrine of original sin. Burton adopts the Anglican interpretation that original sin is the "fault and corruption of the nature of every man that naturally is engendered of the offspring of Adam, whereby man is very far gone from original righteousness, and of his own nature is inclined to evil," (translation and adaptation of Art. IX, Articles of Religion, 1563), rather than the Roman belief that all have sinned in Adam. The Anglican supposition implies an altered nature of man since the Fall, with the admission of a destructive propensity; Roman theology as expounded by Aquinas (S.T., II, i, Q. XXIX) does not allow such an interpretation, but insists that "nothing is hated, save through being contrary to a suitable thing which is loved."

⁸³ Cf. Karl Menninger, Love Against Hate, p. 6 ff. Most texts dealing with the causes of mental health and illness discuss this matter. Cf., e.g., Fenichel, op. cit., p. 161 ff. Modern psychiatry finds ambivalence of love and hate to be involved in depressive conditions. Suicide, for example, may result in those individuals in whom hate for an external object is "introjected" into the person's own psyche. In killing himself, the melancholiac actually fulfills his desire to kill or hurt some other person or thing which has become identified with part of his own unconscious.

discussions of psychological disease, the significant fact is that Burton realized that what his contemporaries regarded as causes were actually only precipitating factors, and that predisposition to the disease, though inexplicable, was the necessary and final cause.

Burton's chief deviation from modern theories arises from two sources: first, his failure to recognize the importance of the non-conscious life of the individual, particularly as affected by occurrences in very early childhood; and second, his lack of a controlling emphasis. He observes and mentions such factors as frustration, both emotional and physical,⁸⁴ childhood experiences, adult disappointments, physical disease, and withdrawal into solitude. Some of the factors which he terms causative would now be regarded as symptomatic; the others would be subjected to revision as to relative importance. His symptomatology, on the other hand, represents merely an illustrative expansion of signs which are discussed in most modern texts about the subject.

His method of treatment, depending primarily on an attempt to discover the cause of the malady by persuading the patient to talk to a wise, sympathetic, and discreet friend, suggests the psychotherapeutic method. His supplementary physical recommendations of sleep, artificially induced if necessary, a diet which the patient can tolerate, rectification of such conditions as constipation or amenorrhea, and serene and pleasant surroundings and careful attention to

⁸⁴ He properly emphasizes emotional frustration in adults with melancholic psychoses. Sexual frustration is ultimately a thwarting of the creative urge and as such only a part of the larger picture of emotional drives as a whole.

attire are all pertinent supportive measures. So also is his insistence on constant surveillance of the patient to prevent lapses or suicide and on what is now called "occupational therapy," suited to the requirements of the individual. His prognostication that the disease, once established, can almost never be wholly eradicated is substantiated in large measure today. Electric or insulin shock therapy and prefrontal lobotomy are almost the only modern treatments of which he has absolutely no conception.⁸⁵ Although his prescriptions are largely worthless, they are intended to produce the same effects as many of the drugs now used to ameliorate certain symptoms of the disease.⁸⁶

In general, Burton's description of the disease could be accepted by modern theorists, though they would distinguish various stages or degrees of involvement and types of the disease with a precision beyond Burton's capabilities. Many things which he regards as causes are now seen rather to be symptoms, and far greater stress is placed on the psychological rather than the physiological causes. His interesting discussion of childhood experiences emphasizes a later period of development than that now believed to be crucial in the development of the personality. Modern psychiatrists are more interested in the personality of the patient before the onset of the illness than is

⁸⁵ Other modern methods of treatment at best only vaguely anticipated by Burton include hypnosis, psychoanalysis, and intensive institutional care.

⁸⁶ To be sure, the drugs which Burton advises for altering the melancholy humor have no modern correlatives. They serve roughly the same purpose, however, as does the administration of amphetamine sulfate. The latter is used in some clinics to alter depressive states by stimulating the vasomotor system, much as earlier remedies were designed to elevate the production of humors other than that of melancholy.

Burton. Finally, modern physicians are concerned with the nature of the aggressions turned inward on the self which are in turn responsible for the "diseased imagination" mentioned by Burton as the prime cause of the disease.⁸⁷ His account of the etiology of the disease, the least tenable portion of his discussion for modern psychiatrists, would thus be subject to considerable revision. His account and description of the precipitating causes could be retained, but an entire section on the source of predisposing factors and an explanation of their mechanism would be needed. His symptomatology is substantially that accepted today. His general outlines of treatment would also be acceptable, though the medications which he suggests would be replaced by those pertinent to a corrected view of physiology, and some new methods, such as shock therapy, prefrontal lobotomy, psychoanalysis, and institutional care, might be added. A controlling and unifying emphasis would need to be infused through the whole work. Finally, however, The Anatomy of Melancholy is too discursive to have other than historical value for the modern psychologist or psychiatrist.

The modern aspects of Burton's thought should not obscure his intimate relation to his own age. Though he found it no more necessary to relate psychological causes to their supposed humoral consequents than do modern physicians to relate them to the involuntary glandular secretions and neurological reactions, he believed implicitly in humoral pathology. The fact that he recognized somatic consequences

⁸⁷ Such aggressions include also the function of the superego -- the "unconscious conscience."

of psychic disturbance does not alter the fact that he believed that the explanation for such maladies lay in the disruption of the humors and spirits. Although he does not always agree with contemporary or accepted opinion, he reflects and in some instances clarifies the conceptions which he finds. His statements either repeat those of his authorities or build upon them. There is almost no opinion of importance current during his time which he does not at least mention. He accepts the ideas about this disease basic to the treatises of his era, but in the process of setting down his numerous and minute observations and examples, his own ideas undergo a certain amount of change. It is this change which gives his work its peculiar quality of seeming quaintly antique to the superficial reader and strangely full of modern views to the more careful investigator. Burton's humanitarianism and his shrewd intellect disdain many of the crude dogmas of his age; yet he reflects as much as he amends. He does not find fault with existing theory; he merely regards it as inadequate to explain the observable phenomena. Too much the product of Renaissance humanism to dispute the word of authority, he is yet too much imbued with the zeal of the Reformation to accept unqualifiedly pronouncements with which he cannot agree merely because they have been termed authoritarian. He therefore presents all the evidence which he can find, showing his own position mainly by indirection. He thus reflects, but he also perspicuously amplifies and dilates.

CHAPTER V

Mine earnest intent is as much to profit as to please; non tam ut populo placerem, quam ut populum juvarem, and these my writings I hope, shall take like gilded pills, which are so composed as well to tempt the appetite, and deceive the palat, as to help and medicinally work upon the whole body; my lines shall not only recreate, but rectifie the minde.

Burton's dilatations and amplifications please rather than profit the modern reader. The serious purpose of The Anatomy of Melancholy was adequately fulfilled for its own and the immediately following age, but with the passing of that age, this purpose has become largely obsolete. The distinctive style of the author, however, has preserved his book, while those of his predecessors and contemporaries have been all but lost to man's memory. It is the same shrewdly questioning, kindly satiric personality which made Burton dissatisfied with the scope and emphasis of existing discussions of melancholy that leads him to expatiate so delightfully on his subject. The orbit of the "little, wearish old man"¹ was too large to be confined to morbid psychology; philosophy, theology, and science are all brought to bear, as are innumerable practical considerations. The combination of Burton's disposition and his learning results in a work far transcending its

¹ So Burton describes the Democritus, whose name and character he usurps. "Democritus Junior to the Reader," p. 2.

immediate and primary aim. Osler believed that the book would not have survived even the first edition "if its vitality had depended on the professional picture; but Burton enriched a subject of universal interest with deep human sympathy, in which soil the roots have struck so deep that the book still lives."²

The keynote of the Anatomy is struck with the opening paragraph of the text: "MAN, the most excellent and noble creature of the World....O pitiful change! is fallen from that he was...subject to...all manner of infirmities, all kinde of calamities."³ Burton's profound sympathy with suffering humanity and his all-embracing interest in the minds of men, both sound and sick, is apparent throughout the book. His only real hatred is directed against arrogance, injustice, and fanaticism. He is a political and social reformer as well as a physician of soul and body; his lively yet erudite mind is able to interweave his sympathies and meditations together with his vast learning and express them through the words of others as well as his own.

Not only does Burton adopt the name of another man, Democritus, he usually expresses his beliefs and observations through the words of innumerable other man. One of the chief characteristics of his style is

² "Burton, the Man, His Book, His Library," loc. cit., p. 183 f. This observation is corroborated by the fact that most of the other books of the same general period are available in only one, or at best three editions. None of them are so readily available to the reader as is Burton's book.

³ Anatomy, I, 1, 1, 1.

the extensive use of quotation. With a keen ear for the felicities of phraseology and a reverence for the dignity of authority, Burton prefers to quote and to paraphrase rather than to invent. The effect is far from pedantic, however, for Burton does not shrink from the homely metaphor. He terms melancholy his Aegeria once; he calls it the "shooing horn" of despair or suicide innumerable times. Commenting on the miserable lot of the scholar, he wryly remarks: "Praestat dentiscalpia radere, quàm literariis monumentis magnatum favorem emendicare."⁴ To expatiate on the powers and effects of love is, he finds, "to set a candle in the Sun."⁵

That the innumerable quotations are as often Latin as English affords the modern reader some embarrassment. Bush reminds us that

his thousands of Latin tags, while sprinkled more thickly than in most contemporaries, were not quaint pedantry to a bilingual age, and they are an unceasing reminder that Burton was a Renaissance humanist for whom the ancients had given final expression to all the commonplaces of experience.⁶

The Latinisms, though often poetic or philosophical, are by no means always lofty or erudite. Burton takes great delight in occasionally using a phrase which he subsequently "translates" with the utmost gravity. Thus, "ubi dolor ibi digitus" is rendered "one must needs

⁴ Ibid., I, 2, 3, 15.

⁵ Ibid., III, 2, 1, 2.

⁶ Douglas Bush, op. cit., p. 281. Burton had wanted to write the book entirely in Latin, as he explains in "Democritus Junior to the Reader," p. 11.

scratch where it itches."⁷ Far from being a pedant, Burton laughs at the arrogance of pretended erudition.

His own torrential outpourings of knowledge are not pedantic, but second nature. Whatever, in the course of his indiscriminate reading, he found interesting, he makes a place for in his book. Since nearly everything he encountered fascinated him, from Vergil and Chaucer to demonology, or Rosicrucianism, or the Copernican-Ptolemaic conflict, his book is a vast repository for all sorts of objects, both educational and curious. Science, theology, mythology, the occult, ancients and moderns commingle in what one critic has termed "the happy isle of Burton's study."⁸ Equal value is not placed on all components; panoramic effects are usually framed by comment or show evidence of selective emphasis.

Not only is the entire Anatomy a panorama of human life, with particular stress on those facets pertaining to mental depression, but individual subsections also afford panoramic views. Each emotion is discussed, not as an abstract entity, but as it is variously manifested and exemplified. Similarly, the accidents of life which conduce to melancholy are viewed in full dimension. Burton is not content to make statements; he feels compelled to show every conceivable aspect of each idea or relationship of which he treats. This trait is particularly evident in the digressions: in that of air, he depicts the entire world,

⁷ "Democritus Junior to the Reader," p. 5. The English pun on Latin digitus is obvious.

⁸ Douglas Bush, op. cit., p. 281.

pausing from his empyrean viewpoint to discuss the relative merits of the Copernican and Ptolemaic theories about the universe. The customs of peoples from pole to pole are cited as he expatiates on the virtues and limitations of climatic factors. The digression "of the miseries of scholars" is more sharply circumscribed, yet none the less a complete and vivid picture of conditions in Renaissance England for scholars and literary men. Burton not only censures severely such evils as literary patronage, plurality of livings, and simony; he also graphically depicts the meagreness of worldly rewards which is the lot even of the well-situated scholar. His inclusiveness does not obscure his meaning or his own position. His words are illuminated by their context and emphasis to reveal his implicit beliefs as well as his personality. Although almost any contention about The Anatomy can be supported by judiciously chosen excerpts from the text, the book as a whole, and in relation to other works of similar purpose of the time, shows clearly the trends of Burton's thought. Unlike Edmund Spenser, Burton transcends the limits of his age not by sheer artistry but by the imprint of his strongly creative personality, though some of the same ideas appear in both writers.⁹

Burton's personality is expressed through a deliberate and careful use of rhetorical devices. Though he rebelled against the artificiality of polished and balanced Ciceronian prose, his "libertine naturalness"¹⁰ is closely analogous to the anti-Petrarchan revolt of

⁹ Merritt Hughes, op. cit., finds Burton a commentator on Spenser.

¹⁰ Bush, op. cit., p. 182.

John Donne in poetry. Like Donne, Burton is no less a conscious artist for his rebellion against certain artificialities of style prevalent at that time. His express denial of artistry is not only a rhetorical device, it exemplifies nearly all the figures which he uses:

*Virg. It was first written, quicquid in buccam venit, in an extemporean [sic] stile...out of a confused company of notes, and writ with as small deliberation as I do ordinarily speak, without all affectation of big words, fustian phrases, jingling terms, tropes, strong lines, that like *Acestas arrows caught fire as they flew, strains of wit, brave heats, elegies, hyperbolical exornations, elegancies, &c. which many so much affect. I am...a loose, plain, rude writer, ficum voco ficum, & ligoneum ligonem, and as free, as loose, idem calamo quod in mente, ^k I call a spade a spade, animis haec scribo, non auribus, I respect matter, not words; remembering that of Cardan, verba propter res, non res propter verba: and seeking with Seneca, quid scribam, non quemadmodum, rather what, then how to write.¹¹

k Stylus hic nullus praeter parrhesium

Not only does Burton indulge to the utmost his penchant for big words and fustian phrases side by side with homely aphorisms; he glories in his abundant and varied figurative language. As his book is planned logically, so is it expressed rhetorically. The logical division of his subject is in accordance with the rules of good discursive writing of that period; the text as a whole is a superb example of rhetorical amplificatio. Burton's favorite figures are obvious: the heaping up of synonyms, repetition, interrogation, and the repeated use of illustrative examples from history and literature. The formal digression with redditus ad propositionem is a rhetorical device used frequently and to stylistic advantage by Burton. Virtually the only rhetorical figures which he abjures are exact balance and dignity, neither of which is quite in keeping with his personality and attitude toward

¹¹ "Democritus Junior to the Reader," p. 12.

the subject. His looseness of construction and his use of homely expressions are no less conventional than the polished and balanced Ciceronianism which he rejects; however, his pursuit to its logical conclusion of the style which he uses is unique. Here, as in his subject and attitude, he is not an innovator or an iconoclast so much as he is an individualist expanding and developing a recognized manner of writing.

Burton's individualism is the direct cause of his literary preeminence. As he wove existing medical theories together with the sound thread of careful observation and practical, humane common sense, so did he vary his literary and scientific fabric with occasional traces of his own distinctive personality. His choice of the name of Democritus is a sound one: like his predecessor, he laughs because the tragedy is so foolish. This note of mingled pathos and humor sounds through the entire work; yet the laughter is gently optimistic rather than lugubrious. Burton accepted the religious and ethical assumptions of the Renaissance and of the Church of England; his religion is moderate and unobtrusive but none the less sincere and devout. His explicit rejection of both the fanaticism of the schismatics and the superstitions of the Roman Church of his day is a key to his attitude towards mankind, created in paradise, degerate by sin, folly, and ignorance, but regenerate by grace and sacrament. He insists on the via media of Anglicanism as part of his Aristotelian ethic.

He is of his age in regarding reason and faith as the warp and woof of a whole fabric which comprises man and his life. With the

variations in tension or color of the individual threads, resulting in imperfection, The Anatomy of Melancholy is concerned. Weakening or breaking any individual strand affects the whole. The fabric is, moreover, good stout English wool, hand-loomed: durable if not elegant, warm and comfortable is not precisely tailored, intricately fashioned if not ostentatiously adorned.

The very intricacy and charm of the literary fabric has caused neglect of the purpose for which it was made. Burton's catholicity of taste and interests and his wide reading result in a work in which the intention is clearer than the result. However suitable and adequate the purpose, it must be sought and applied today, because it is inherent rather than apparent.

The situation results in turn from the inability of an individualist to take the final step of iconoclasm. Burton worked with familiar theories and found them inadequate though he believed them to be basically sound. In pursuing the many ramifications which he perceived, he found it simplest and safest to fit the amendments they suggested within the existing limitations. "When God sees his time, he will reveal these mysteries to mortal men,"¹² Burton says, explaining that Columbus discovered America at the time that God had intended it to be found. In discussing the relative difficulties of the Ptolemaic and Copernican theories, he finds that tampering with

¹² Anatomy, II, 2, 3.

accepted truth often resembles the work of the tinker who "stops one hole and makes two."¹³ Burton does not wish to be such a tinker. He prefers to reinforce the weak spots by accretions rather than attempt to reshape the vessel or stop the holes.

The weak spot in the consideration of melancholy was failure to determine the cause or explain the symptoms. Burton realized that others had observed the influence of physical health, the importance of alimentation, exercise, sleep, climate. He found that others had recognized the connection of the emotions with mental disease. He was dissatisfied with the explanations why, ceteris paribus, one man should be melancholy, another not. He made a series of keen and careful observations about immediate causes and predisposing conditions in this disease. He found that many persons who were abnormally depressed had no specific physical ailments; he found also that such persons were not always conscience-stricken. Physicians of his time insisted on the physiological etiology and relationship; theologians and philosophers found the cause invariably among ethical factors. Burton recognized the claims of both as valid, but he also saw the incompleteness of each. Without attempting to disrupt the whole, he tried to clarify existing opinion and supplement its deficiencies.

He thus observed and emphasized factors which his contemporaries and predecessors had ignored or disregarded. Melancholia was for Burton a disease with separate and distinct predisposing and precipitating causes. Although he did not clarify the mechanisms involved, he

¹³ Ibid.

recorded the psychological symptoms with a precision and lucidity not found in other treatises on the subject. He emphasized treatment of the psychic disease prior to attempts to rectify physiological disturbances, realizing that the latter would continue to recur as long as the former remained uncorrected. He approached the entire subject with a strikingly practical and therapeutically sound attitude and method. His account of the etiology of the disease records his confusion of observable concomitants and actual causes. Modern psychiatry now teaches that actual causes are hidden, usually from the patients as well as from their friends and physicians. Burton's discussion of overt etiological factors, however, is based on careful and valid observation.

His errors and fallacies have three origins; first is the inability just mentioned to perceive the hidden aspects of the human psyche. This inability is related to the second factor: the Renaissance tendency to systematize, and in so doing to over-simplify.¹⁴ Aristotelian psychology does not adequately explain the immense complexity of the human mind. The Renaissance, and Burton as part of it, assumed that the psyche was threefold, and that each faculty had an independent and clearly defined function, though each influenced the others. Burton glimpsed the modern understanding that psychic complexities obviate classification as to function, but his training compelled him to

¹⁴ The extreme complexity of the human psyche was not fully recognized until the discoveries of Sigmund Freud (1856-1939). The present theories which emphasize the unconscious elements of the personality as being basically involved in mental disease are all founded on Freud's work, which although unproved is nearly as certain as anything not susceptible of proof can be expected to be.

believe that confusion was human and individual even though soul qua soul was subject to medical and theological distinctions. The tendency to systematize may be held accountable for the invalidity of Burton's psychology; both theological and mechanistic systems enjoyed a Procrustean supremacy in this era. The third factor, less explicit, though no less intrinsic, to Burton than to his predecessors and contemporaries, is the false physiological basis of the system into which he fitted his observations.

The obsolete and invalid physiology which Burton accepted obscures the valid and specific observations about melancholy which he attempted to correlate with it. His emphasis on the crucial interrelation of soul and body in this disease, however, is not thereby impaired. Although he is aware of, and imbued with, the ethical assumptions of his time and his religion that we,

as long as we are ruled by reason, correct our inordinate appetite, and conforme our selves to Gods word, are as so many living Saints: but if we give reines to Lust, Anger, Ambition, Pride, and follow our own wayes, we degenerate into beasts, transforme our selves, overthrow our constitutions, provoke God to anger, and heap upon us this of Melancholy, and all kinds of incurable diseases,¹⁵

he regards the psychosomatic relationship in purely psychological as well as physiological terms. Not only does the soul receive a "tincture from the body, through which it works,"¹⁶ but also a diseased imagination can cause men to "pull those misfortunes they suspect, upon

¹⁵ Anatomy, I, 1, 1, 1. The melancholiac, as Burton as well as modern observers recognize, cannot so control himself.

¹⁶ Ibid., I, 2, 5, 1.

their own heads, and that which they fear, shall come upon them...

which If they could neglect and contemn, would not come to pass."¹⁷

As elsewhere in his book, Burton, building on a framework of belief which he accepts and which is now seen to be inadequate, glances on truth because of his keen and careful observation, yet remains within the circumscription of an outmoded and invalid theory.

The Anatomy of Melancholy, though written with the serious purpose of analyzing the disease of melancholia, is primarily regarded as a work of literature. Robert Burton's valid observations and keen insight are impaired by his attempt to subordinate them to an invalid system and to interrelate them with obsolete physiology. His vigorous and elaborate style, however, has preserved his observations and beliefs for modern readers. His book sheds valuable light on late sixteenth- and early seventeenth-century conceptions of melancholia and preserves them in a delightful and lastingly humane document.

¹⁷ Ibid., I, 2, 4, 7.

CONCLUSION

The Anatomy of Melancholy is, in modern terms, an analysis of melancholia. Far from being a quaint literary oddity, it is a serious document reflecting accurately the theories of the late sixteenth and early seventeenth centuries about that disease. The author, Robert Burton, has drawn on the authoritative medical texts of his era and carefully reiterated the dicta which he found therein.

The book is, moreover, more than a medical document. It utilizes literary, philosophical, and theological works as sources as well as the physiological and anatomical treatises. It presents a theory of psychology based ultimately on Aristotle and modified by Christian and neo-Platonic thought. It is enriched not only by quotations and allusions, but also by paraphrase of both classical and Renaissance writers and thinkers. Burton has composed a vast cento which analyzes in minute detail and exemplifies vividly and accurately the abnormal mental condition of melancholia and its physiological concomitants. His account is clearly based on those of other physicians and thinkers of his age; he builds on Aristotelian psychology, Galenic physiology, the anatomy of Vesalius, and he casts over all a truly Christian humanitarianism.

So wide a scope almost precludes unity, despite the logical organization of the ideas. Burton discusses in turn the causes,

symptoms, and treatment of the disease, and, in the final partition of the book, such special forms as love-melancholy and religious melancholy. In his discussion, Burton builds on, and often merely reiterates, the medical opinions set forth by such sixteenth-century authorities as Antonius Guianerius, Andreas Laurentius, Nicholas Piso, and Jason Pratensis. His emphasis, however is different from theirs, for Burton is not primarily a physician but a humanitarian philosopher. Accordingly, he displays greater emphasis on the mental than on the physical aspects of this malady. Further, because of his divided interests, he lacks a controlling theory to unify his varied observations and beliefs.

His thesis, insofar as he can be said to pursue a thesis, is that melancholia is a disease of the imaginative faculty which variously affects particular individuals. In some persons, distortion of the imagination causes distortion of reason, and, eventually, of the will. In others, this same disruption of the imaginative faculty may cause such physical symptoms as insomnia, indigestion, or constipation. Distortion of the imagination may result from any one, or any combination of a number of precipitating factors, including emotional upheaval (the most frequent cause), unfortunate or terrifying experiences (particularly in childhood), and disruptions of physical needs (such as bad diet, bad climate, insomnia, idleness, constipation). Burton recognizes and describes the symptoms of this disease much as do modern psychiatrists; his recommendations for treatment, save only his medicinal prescriptions, are similar to methods pursued by physicians and psychiatrists today.

Burton's individual observations are startlingly accurate and his theories both humane and incisive. His book indicates how many discoveries of modern medical science are more accurately described as revaluations of facts recognized and recorded three centuries ago. These revaluations show that the invalid system into which Burton tried to force his observations hampered both his thought and its expression. They tend also to nullify the flashes of genuine insight which he displays and to explain why a book originally planned, executed, and regarded as a scientific treatise should now be read as a work of literature.

The Anatomy of Melancholy is to the twentieth century primarily a work of literature, but it presents an accurate picture of Renaissance psychology and medicine because it is a glorified and expanded text on Renaissance psychology. Burton records shrewd observations about human nature, both normal and abnormal, in addition to recapitulating and devising theories about it. The content of his book cannot be divorced from its artistic expression: they form an indissociable unit. The Anatomy of Melancholy, written as a scientific treatise, adequately fulfills its purpose both for its own time and in its suggestiveness for the present era; more significantly, it lives because of its genial warmth and consummate artistry.

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