Understanding Mental Disturbance in Sixteenth- and Seventeenth-Century Spain: Medical Approaches*

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The critical emphasis placed on the Renaissance as the ‘Golden Age of melancholy’ (pace Starobinski) might explain Midelfort’s claim that during this period a ‘powerful new set of metaphors’ became available for describing mental disorder.¹ Starobinski’s reading of humoral theory as a set of metaphors has also been echoed in existing studies of melancholy in Golden-Age Spain, including Orobitg’s article here. Bartra has written persuasively about the concepts which explained black humour in Golden-Age Spain, seeing them as ‘mythical structures with a considerable metaphorical power’, while reminding us that physicians used these concepts as literal explanations.² As Orobitg has shown in her article here, the notion of ‘melancholia’ was widely discussed among Spanish physicians and intellectuals from the mid-sixteenth century onwards. However, the concern with ‘melancholia’ as a broad set of mental disturbances was by no means new; it is also found in medieval and early sixteenth-century texts in Spanish.

In this article I will assess the validity for the Spanish context of the claim that the Renaissance made available a ‘new set of metaphors’ to describe mental disorder. I will look at Spanish humanist medical authors’ renewed interest in Classical texts on melancholia and acute forms of madness, and discuss their findings against the background of influential medieval texts which were reprinted in Spanish in the sixteenth and seventeenth centuries. In trying to evaluate the extent to which the terms

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¹ The phrase was coined by Jean Starobinski in his seminal study, Historia del tratamiento de la melancolía desde los orígenes hasta 1900 (Basel: Geigy, 1962 [French ed. 1960]), 40–45; H. C. Erik Midelfort, Mad Princes of Renaissance Germany (Charlottesville: Univ. Press of Virginia, 1994), 154–55; see also Midelfort’s account of the rise of melancholy in the sixteenth century, A History of Madness in Sixteenth-Century Germany (Stanford: Stanford U. P., 1990).

² Roger Bartra, Melancholy and Culture: Diseases of the Soul in Golden Age Spain, trans. Christopher Follett (Cardiff: Univ. of Wales Press, 2008), 11–13.

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or concepts available during this period were new, I will also explore their non-metaphorical, material significance. In examining how the sixteenth- and seventeenth-century medical authors linked irrationality to the temperature of the body’s humours, I will seek to counteract the exaggerated emphasis placed by some modern scholars on the determinism of medieval and Renaissance theories of the temperaments. Medieval and Renaissance authors made a clear distinction between people’s innate temperament (or complexion) and their actual bodily and moral disposition, based on their temporary (and always changing) mixture of humours.

In considering the wider context of medical moral views, I will depart from the approach taken by Tausiet and Tropé in their articles here. While they have looked at the early modern Spanish connections between madness and sin as part of a narrow set of ‘moral’ distinctions between ‘right’ and ‘wrong’, ‘orthodoxy’ and ‘heterodoxy’, I will take the term ‘moral’ in its broader sense, as relating to character, habits and behaviour. I will show how the assessment of temperament, habits and behaviour was of particular relevance to the early modern neo-Galenic approach to understanding each specific case of madness and deciding on the most appropriate treatment.

I will begin by revisiting the Pseudo-Aristotelian Problem XXX.1 (also examined by Orobitg in this collection), exploring further its moral philosophical claims about the impact of black bile in arousing passions and reducing people’s ability to control them, and examining how these views were reflected in some of the medical treatises which circulated in sixteenth- and seventeenth-century Spain. The oldest of these, Bartholomeus Anglicus’ De propietatibus rerum and Bernard of Gordon’s Lilium medicinae, were hugely popular textbooks, which drew on Arabic-Galenic medical views. Anglicus’ and Gordonio’s views on melancholic madness co-existed with those of Spanish humanist neo-Galenic physicians like Pedro Mercado, Alonso de

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3 The tendency to overemphasize the determinism of temperament theory is most apparent among scholars who have tried to explain literary characterization by referring to ‘charactereology’, one of the medieval and early modern uses of this theory, found, among others, in the Arcipreste de Talavera, in Giambattista della Porta and in Huarte. Soufas, for instance, argues convincingly that Cervantes rejected Huarte’s biological determinism, but she then criticizes Otis Green’s claims about Quijano’s ‘choleric temper’, suggesting instead that Quijano was ‘a classic melancholic scholar’, whose obsessive reading ‘evinces his melancholic, not choleric, temperament’. See Teresa Scott Soufas, Melancholy and the Secular Mind in Spanish Golden Age Literature (Columbia/London: Univ. of Missouri Press, 1990), 21–22, 30, 33. Obsessive reading, as we shall see, was interpreted in the medical tradition as one of the non-natural factors which altered people’s physical and moral disposition, rather than as a consequence of innate temperament. Huarte argues that the scholar’s activity makes his natural heat rise to his head, leaving the body cold and dry, which produces an excess of black bile: ‘enfrı´a y reseca el cuerpo y lo hace melancólico’. See Juan Huarte de San Juan Examen de ingenios, ed. Esteban Torre (Madrid: Editora Nacional, 1976), 445.

4 Anglicus’ work, written around 1250, was widely known in Spain through manuscript and early printed copies in Latin and Spanish. I will draw from the first Spanish edition: De propietatibus rerum, trans Vicente de Burgos (Toulouse: Henri Meyer, 1494). The Lilio de
Santa Cruz, Juan Huarte de San Juan and Andrés Velá’squez. The sixth dialogue in Mercado’s *Dialogos de philosophia natural y moral* (1558) offers a discussion of the prevalent medical and theological views on melancholy, while Santa Cruz’s and Velá’squez’s works are among the oldest extant European medical treatises exclusively dealing with melancholy. In *Dignotio et cura* (written before 1569 and published in 1622) Santa Cruz draws on the authority of Greek, Roman, Byzantine and Arabic physicians (notably Hippocrates, Galen, Cornelius Celsus, Paul of Aegina, Aetius, Avicenna and Rhazes), as well as on his practical experience, to explain how the madness caused by melancholic humour may be diagnosed and treated. Velá’squez’s *Libro de la melancholia* offers a theoretical discussion of melancholic disease, based on Hippocrates, Galen, Paul of Aegina, Aetius, Areteaus of Cappadocia and Alexander of Tralles. Even though Santa Cruz’s and Velá’squez’s treatises on melancholy appear to have had only one edition, Velá’squez’s views and his translations of passages from ancient authors were seen to be of relevance in the late seventeenth century, when Murillo y Velarde incorporated them *verbatim* (with no acknowledgment) into his discussion of melancholy and its cures in *Aprobacion de ingenios* (1672). The respect for Ancient authors shown by Santa Cruz and Velá’squez contrasts with the more original discussion of melancholia, mania and frenzy offered by Huarte in *Examen de ingenios*, alongside his very clear insights into the medieval and early modern notion of the ‘spirits’ (*pneumata*) and their relation to mind and body.

In the second section, I will examine early modern Spanish views on the impact on the mind of regimental factors of health. I will refer to the advice provided in Maestre Gil’s *Libro de medecina llamado macer* (1518), in Montaña de Monserrate’s *Libro de Anathomia del hombre* (1551), and in Daza Chacón’s very popular *Pratica y Theorica de cirugia* (first published...
in Valladolid in 1584 and printed at least seven times subsequently, 1595, 1609, 1619, 1626, 1650 1673, 1678). In the third section I will draw on Santa Cruz, Velásquez and Daza to offer an overview of standard medical distinctions between types of madness according to location (head, whole body or hypochondrium) or depending on symptoms (melancholia, mania and frenzy). I will also refer to Classical and early modern medical views on uterine fury and mania produced by the ‘retention of seed’, forms of madness discussed in sixteenth- and seventeenth-century physicians’ reports which cannot be understood in modern terms.

In the fourth section I will provide a summary of the typical medical cures for melancholia, madness and frenzy recommended in sixteenth- and seventeenth-century Spanish texts. I will draw primarily on Gordonio and Santa Cruz, relating their advice to the evidence offered by Tropé (in the first section of her article here) of the cures for madness prescribed in 1662 and 1679 by the physicians working for the Inquisition tribunal of Toledo.

The Physiological Causes of Madness and Irrationality: ‘Vice’ as Alteration or Distemperature

The Flemish Protestant physician Johann Weyer drew on Galen’s idea (in De symptomatum causis) that the imagination could become corrupted by black bile and other humours, and on St Jerome’s notion of black bile as the ‘devil’s bath’, to stress how the devil could ‘stir the humours or vapours suitable for his purposes, or bring his own special air into the organs’ to cause strange apparitions and delusions. Whether visions and prophetic ability could be simply attributed to the effect of black bile, or whether demonological explanations were required, became the subject of heated debate in Spain. Orobitg’s article here offers a lucid account of this debate, connecting the idea of inspiration to the notions of air, vapour and spiritus, and demonstrating

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9 Maestre Gil, Libro de medecina llamado Macer (Granada: Andrés de Burgos, 1518) microform, ed. by Tomás Capuano (Madison: Hispanic Seminary of Medieval Studies, 1991), hereafter referred to as Macer; Bernardino Montañá de Monserrate, Libro de Anatomia del hombre (Valladolid: Sebastian Martínez, 1551). For Daza’s Cirugía, I cite from the revised edition: Dionisio Daza Chacón, Segunda parte de la pratica y teorica de cirugia en romance y en Latin, que trata de todas las heridas en general, y en particular (Madrid: Alonso Martín Widow, 1626).

10 Daza does not deal with the chronic diseases known as melancholia or mania, but only with the more acute form of madness, ‘la propia phrenitis, que llaman los Griegos, y los Latinos llaman delyrium’ (Segunda parte de la pratica y teorica de cirugia, 98).

11 Johann Weyer, De præstigiiis daemonum (1563), lib. 3, cap. 7–9. See the English translation of this work, Witches, Devils, and Doctors in the Renaissance, trans. John Shea, ed. Benjamin Kohl, Medieval and Renaissance Texts & Studies 73 (Binghamton: Medieval and Renaissance Texts & Studies, 1991), 183–92 (p. 186).
how images based on matter provided analogical ways of understanding the mind. But one can also ask whether such analogies were based on actual beliefs about the effect of coarse and subtle matter on the functioning of the brain, on perception and cognition.

Among medical authors, Francisco Valles was one of the main proponents of the view that the devil was able to cause melancholic disease by increasing or corrupting the body’s natural black bile (De sacra philosophia [1587]). Like Weyer’s, this view assumes that mental alienation could only be explained as the result of organic (material) alteration, even if this had non-organic causes such as demonic or astrological influence.

Other authors who referred to the devil might not see demonic influence as a cause of melancholia. For instance, Mercado’s ambiguous phrase ‘porque sus efectos son verdaderamente de demonio’ relates to the impact of melancholic humour in causing idleness, dispair and suicide, often associated with demonic temptation (Diálogos, fol. 116v). Likewise, Santa Cruz only mentions the devil as an element of comparison, when citing Avicenna’s account of a patient suffering from sudden ‘mania’, whose movements and utterances resembled those of the demonically possessed (Dignotio, 29).

Santa Cruz regards melancholic humour as ‘the most shameful and harmful enemy of humankind’, precisely because it could take over the mind and cause mental alienation (Dignotio, 2). But even though the phrase ‘enemy of humankind’ was used in the Christian tradition to refer to the devil, his theoretical and practical approaches exclude any religious interpretations of madness as demonic possession or as the consequence of vice or sin.

The Hippocratic-Galenic tradition did not link irrationality to the notions of evil or sin, but simply used the terms ‘corrupt’, ‘vicious’ and ‘peccant’ in the senses of ‘altered’ and ‘noxious’ (‘vitiosus humor’ was usually conveyed in Spanish as ‘humor pecante’, and in English as ‘peccant matter’). We see this, for instance, in Santa Cruz’s Hippocratic explanation of disease as caused when the humours were ‘vitiōsi’, in the sense of ‘altered’ or different from their natural state: ‘cum a suo ipsius statu mutantur, vitiosi iam, et not naturales dicuntur’ (Dignotio, 3). Similarly, Velásquez’s phrase ‘por haber vicio común de que nuestra sangre toda se venga a engendrar melancólica’ [Libro, 338]), simply refers to an alteration of the blood which could be due to distemperature or to putrefaction.

Drawing on the Pseudo-Aristotle’s Problem XXX. 1, Santa Cruz noted how irrational tendencies could be explained as a distemperature of bile, which would depend on the overall temperature of the individual’s specific (though always fluctuating) mixture of humours. An abundance of cold black bile would make people dull and stupid, while hot bile might make people

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12 See, for instance, the illuminating claim in Christine Orobitg’s article in this volume that ‘el discurso médico procede por analogía, y concibe el intelecto a imagen de la materia’ (Christine Orobitg, ‘Melancolía e inspiración en la España del Siglo de Oro’, 17–31 [p. 23]).
related and brilliant, heighten their sexual desire, or make them prone to anger or irritation.\textsuperscript{13} People’s reactions to events would also vary depending on the temperature of their humours at any particular time. For instance, if people heard alarming news or a warning about danger at a time when their mixture of humours is particularly cool, they would be fearful and shake; but if they heard them when their mixture is temperate, they would be more able to control themselves and would not become ‘altered’.\textsuperscript{14} One can add here that in sixteenth- and seventeenth-century Spain ‘alterar’ could mean to cause fear or shock (‘alterar la gente es causarles sobresalto, induciéndola a qual que novedad, miedo o espanto’) and ‘alterado’ was a term used for ‘angry’ (‘el airado’), while ‘alteración’ could refer to what we call ‘emotion’ (‘alteracion, aquella passion que toma’).\textsuperscript{15}

Santa Cruz noted that the most important medical and philosophical authors agreed that the temperature of the humours could alter the actions of the ‘rational soul’ (\textit{Dignotio}, 4). But while irrational or ‘vicious’ behaviour could be seen as the result of cold or hot distemperature of the bodily humours, to which innate melancholics were thought to be particularly prone, the excess of (cold) black bile was also perceived to be a cause of irrationality. The idea that black bile interferes with the ability to think and judge appropriately was stressed, for instance, in a passage from Avicenna quoted by Santa Cruz: ‘Melancholia is an alteration of judgement and thought, from its natural course to corruption, fear and badness [\textit{malitia}], caused by the melancholic complexion, the darkness of which makes the spirit of the brain [\textit{spiritum cerebri}] inwardly fearful or sad, and the melancholic subject outwardly timid’.\textsuperscript{16} Mercado had provided a similar explanation of melancholic disease in his \textit{Diálogos}, stressing the effects of black bile in altering the functioning of the imagination: ‘es una mudanza de la imaginacion, de su curso natural a temor y tristeza: hecha por tiniebla y obscuridad de los spiritus claros de el celebro’.\textsuperscript{17}

\textsuperscript{13} Santa Cruz (\textit{Dignotio}, 5) quotes this passage from section 3 of \textit{Problem XXX.1} in Latin. An English translation of this text is included in Raymond Klibansky, Erwin Panofsky and Fritz Saxl, \textit{Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion, and Art} (New York: Basic Books, 1964), 18–29. For a Spanish translation, see Aristotle, \textit{El hombre de genio y la melancolía (Problema XXX, 1)}, ed. Jackie Pigeaud, trad. Cristina Serna (Barcelona: Cuaderns Crema, 1996), 77–121; hereafter referred to as \textit{Problema XXX.1}.

\textsuperscript{14} Aristotle, \textit{Problema XXX.1}, 93–95.

\textsuperscript{15} I cite from the 1673–74 edition of the \textit{Tesoro}, which includes Benito Remigio Noydens’ additions, printed together with Bernardo Aldrete’s \textit{Del origen y principio de la lengua castellana, o Romance que oy se usa en España: Sebastián de Covarrubias Orozco, Parte primera del Tesoro de la lengua castellana, o española} (Madrid: Melchor Sánchez, 1674), 41v. I hereafter refer to this \textit{Parte primera} as \textit{Teso}. 1.

\textsuperscript{16} Avicenna, \textit{Canon}, Lib. 3, Fen. 1, tract. 4, cap. 18; cited in \textit{Dignotio}, 2 (my translation).

\textsuperscript{17} \textit{Dialogos de philosophia natural y moral} (1558), fol. 115v. This definition appears to be directly translated from the passage from Avicenna’s \textit{Canon} cited in the previous footnote.
Gordonio had argued that melancholic humour did not simply affect people’s brain but also their moral disposition: ‘es humor melanconico que daña el celebro e perturba el espíritu e el anima escuresce e es causa de corrupción de la voluntad’ (Lilio, 503). Like other Galenic medical authors, Gordonio used the term ‘corrupción’ with the meaning of ‘alteration’ or deviation from its natural state. The notion that the will could become corrupted by black bile would seem to imply that people thus affected by this humour would only have limited control over their actions. Santa Cruz, as we shall see, also stressed the effects of black bile in altering people’s behaviour.

Velásquez, by contrast, simply notes how the colour and temperature of melancholic humour might interfere with the temperate and luminous environment needed by the animal spirits:

\[Y\ de\ tal\ manera\ conviene\ que\ tengan\ lumbre\ y\ resplandor\ natural,\ como\ conviene\ e importa\ que\ sean\ bien\ templados.\ Pues\ como\ los\ espíritus\ han\ de\ ser\ de\ esta\ naturaleza,\ y\ el\ humor\ atrabilioso\ es\ muy\ tenebroso\ y\ negro\ de\ la\ suya,\ oscurece\ el\ resplandor\ natural\ del\ espíritu.\ (Libro,\ 351)\]

This suggests that the dark melancholic humour would not affect the rational soul directly, but through the spirits which enabled the body to act as the soul’s instrument.

To understand these references to the effect of black bile in darkening the spirit we need to look at them in the wider context of medieval and early modern faculty psychology, and the traditional theories of the spirits, pneumata, believed to mediate body and soul. Hippocrates, Plato and Galen had distinguished two kinds of pneuma: animal and vital spirits.\textsuperscript{18} The animal spirits were thought to be produced in the brain (from distilled vital spirits) and to mediate the activities of cognition, perception and the nervous system. The vital spirits were believed to originate in the heart (exhaled from the pericardial blood), and to circulate around the body in the arteries, fulfilling the important function of waking up the soul’s faculties (imagination, reason and memory) and giving them the necessary strength and vigour:

\[los\ espíritus\ vitales\ y\ sangre\ arterial,\ los\ cuales\ andan\ vagando\ por\ todo\ el\ cuerpo\ y\ están\ siempre\ asidos\ a\ la\ imaginación\ y\ siguen\ su\ contemplación.\ El\ oficio\ de\ esta\ sustancia\ espiritual\ es\ despertar\ las\ potencias\ del\ hombre\ y\ darles\ fuerza\ y\ vigor\ para\ que\ puedan\ obrar.\ (Huarte,\ Examen,\ 96)\]

The vital spirits were also attributed the role of providing the light needed by the imagination: ‘la imaginativa tiene necesidad de luz allá dentro en el

\textsuperscript{18} Arabic authors added a third type, ‘natural spirits’, linked with the liver. Santa Cruz (Dignotio, 7) mentions it when quoting from Vesalius’ anatomy.
cerebro para ver los fantasmas que están en la memoria. Esta claridad no la da el sol ni el candil ni la vela, sino los espíritus vitales’ (282).

Drawing on Galen’s explanation of fear, sadness and the desire to die as the result of the darkness of black bile invading the rational soul (De symptomatum causis, II), Spanish authors also noted that these affective disturbances were caused when excessive humoral darkness invaded the imagination, the mental faculty directly linked to the irascible passions (Dignotio, 4). The ‘imagination’ (or ‘imaginativa’) was seen as the mental faculty which interpreted the data obtained through the external senses and from memory, and also commanded the (concupiscible and irascible) passions or affections: ‘la virtud estimatiua, que es la mas alta entre todas las virtudes sensibles, manda a la ymaginatiua e la ymaginatiua manda ala cobdiciable e la cobdiciable manda a la virtud ayrada e la virtud ayrada manda a la mouedora delos lacertos [muscles]’ (Gordonio, Lilio, 521).

Thus, as Velásquez explains, fear, anger, or any other passions or affections of the soul would be communicated to the body through the movement of the vital spirits in the arteries: ‘los espíritus vitales son propios instrumentos del alma: todos los movimientos y afectos del alma se representan y los venimos a entender por el movimiento de estos espíritus; porque si tenemos temor, o ira, a su movimiento irascible de la sangre y espíritus nos airamos, y queremos vengarnos, irritada la irascible’ (Velásquez, Libro, 313). Directly commanded by the imagination, the vital spirits were also thought to be in charge of supplying motor function to the muscles (e.g., arms, legs and genitals): ‘pues así como contemplamos, y estamos imaginando en algún acto venéreo y libidinoso, muévense al movimiento de nuestra imaginación estos espíritus vitales, y así movidos corren a los miembros genitales, y, hinchéndolos, los hacen levantar’ (313). Similarly, Huarte noted that seeing a beautiful woman or imagining the sexual act would move the vital spirits: ‘luego acuden estos espíritus vitales a los miembros genitales y los levantan para la obra’ (Examen, 97).

Unlike Santa Cruz and Velásquez, Huarte does not refer directly to the impact of the humours in producing fear or sorrow. Instead, he argues that the effect on the brain of the soul’s affections is shaped by temperament. For instance, anger makes the vital spirits hotter and brighter, and thus they dazzle the imagination: ‘con el enojo crece el calor natural y alumbra más de lo que es menester’ (Examen, 283). But in people with a choleric temperament, who are already hot by nature, anger increases their heat so excessively that their imagination becomes disordered: ‘enojados, sube el calor más de lo que conviene, y desbarata la imaginativa’ (Examen, 197).

The Galenic concepts of the temperaments, the humours and the animal spirits had also informed Vives’ view of the passions as rooted in the body: ‘hot bile leads to irritation and anger’, while black bile produces sadness (‘those whose heart is cold and hard with black bile are inclined to be and
remain sad'). As Vives suggested, one of the ways to manage anger and prevent its undesirable effects on the body and the mind was through self-knowledge: 'it also helps not to have a great self-esteem, but to know ourselves as we are, a mixture of vices, errors, weakness and corruption' (Passions, 74). What may be more surprising for modern readers is that Vives also stressed that choleric people could become slow to anger through certain bodily and social practices: 'fat foods, long sleep, rest, and moderate physical activity', together with baths, fresh air and 'the contemplation of peaceful landscapes' would cool down their bile, while frequent 'friendly parties' would make them less resentful and quicker to forgive (Passions, 72, 74). Diet, rest, exercise and fresh air were perceived to be crucial in maintaining a balanced moral disposition, and a balanced body and mind, as we shall now see.

**Regimental Factors of Health: The Impact of Diet on Mental Disturbance**

Amidst the great variety of reasons why people in medieval and early modern Spain were perceived to have gone mad, Gordonio's Lilio suggested that the two main antecedent causes of melancholia and mania were the passions and the wrong diet (505). However, in order to understand how people's madness might have been explained by physicians as the effect of lack of food or of eating inappropriate foods, we need to look at the Galenic humoural understanding of physiology.

Galen had stressed that the production of the humours would be affected by the predominance of cold or heat in the person, according to his or her age, occupation, place of residence, season, and the cold or hot nature of the food. People should thus eat the most appropriate food for their individual complexion and their specific circumstances.

Galen's views on the relationship between food and the humours are most clearly and accurately exposed in Velásquez's Libro de la melancholia. As Velásquez explains, the term 'melancholia' was used by Galen to refer, among other things, to one of the four humours produced by the liver to nourish the body: the cold and dry 'black bile', described as the dregs of the blood ('la hez de la sangre', its coarse fatty residue). All four humours were

19 Juan Luis Vives, De anima et vita, lib. 3, cap. 13. See The Passions of the Soul: The Third Book of ‘De anima et vita’, trans. Carlos G. Noreña (Lewiston/Queenston/Lampeter: The Edwin Mellen Press, 1990), 74. Hereafter referred to as Passions.

20 ‘[T]hose articles of food, which are by nature warmer are more productive of bile, while those which are colder produce more phlegm’. See Galen, On the Natural Faculties, trans. Arthur John Brock (London: Heinemann, 1928), II.viii, 182–83. The impact of age, region, season or lifestyle on how food was processed was stressed, for instance, in Galen’s On the Properties of Foodstuff’s, trans. Owen Powell (Cambridge: Cambridge U. P., 2003), 35–36.

21 Libro, 326. Velásquez is drawing on Galen, De atra bile, cap. 8–9; De morborum differentiis, cap. 12; De locis affectis, lib. 3, cap. 6.
believed to be ‘concocted’ from food, which was transformed (‘cocida’) in the veins through the body’s natural heat, becoming blood; if there was too much heat, it would turn into yellow bile (choler), and if the heat was insufficient, it would turn into phlegm, a raw humour.  

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22 Velásquez, Libro, 330–31. Velásquez draws here on Galen, De Sanitate tuenda, lib. 4, cap. 4, and De naturalibus facultatibus, lib. 2, cap. 8.
The table above illustrates the relation between the four bodily qualities (cold, wet, hot, dry), the four humours, and their noxious derivative, atra bilis. As Velásquez and Murillo explain, Galen also used the term atra bilis to refer to ‘adust melancholia’, the very noxious melancholic humour produced when the coarser, fattier components of blood become putrid (‘se engendra de lo más gruesso de la sangre, podresciéndose ella’), or when black bile or yellow bile gets too hot and burns (‘asándose aquel género de cólera que llamamos flava’).23

It seems easier for modern readers to see melancholia and black bile as metaphors, and to consider the mythical undertones attributed to them in a few philosophical-medical writers like Ficino and Huarte (discussed in Orobitg’s article here), than to think of black bile as an actual bodily fluid, comparable to blood, phlegm or yellow bile. None the less, the Galenic medical notions of black bile and the noxious melancholic humour were based on the clinical observation of bodily matter such as tumours, faeces and vomit. Drawing on Galen, Velásquez describes melancholic humour as black, thick, earthly and pungent, adding that it is caustic and can cause death in some forms of dysentery.24 Like Velásquez, Santa Cruz notes that Galen’s description of these qualities is based on the observation that vomit has a pungent taste and smell, and that it can make the soil ferment (Dignotio, 3). Both Velásquez and Santa Cruz mention that the humour produced from burnt yellow bile is thinner, more effective and much more harmful than that produced by the coarse dregs of the blood (Libro, 326; Dignotio, 3).

Murillo adds his own gloss on Galen’s ‘Melancholiam bilem accidam esse’ (De morborum vulgaribus, com. 1), emphasizing the noxious effects of black bile:

> y assi causan en aquellas partes donde tienen su habitança y morada, mediante las causas naturales, varias obstrucciones, y destemplancas, vñas vezes mayores, y otras menores, procurandoles la solucion de continuidad, mouiendo los humores dañosos, mordazes, crasos, y obscuros, terreos, y negros, ô putrefaciendo, y corrompiendo los humores loables, y benignos de la naturaleza, como lo es la sangre, coinquinando-los, y viciandolos con malignas, y deletereas, y perniciosas qualidades totalmente opuestas a la salud, y a la vida, de forma que no se puedan reducir al estado natural, ô infestando con ellos las partes mas nobles, y principales del cuerpo humano, como lo son el coração, higado, y celebro. (Aprobacion, fols 34r–v)

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23 Velásquez, Libro, 324. See also Murillo, Aprobacion, fol. 81r.
24 Velásquez, Libro, 325. Murillo’s wording here (Aprobacion, fol. 82v) appears to be an unacknowledged borrowing from Velásquez’s Libro. Both authors provide literal readings of Galen: De usu partium, lib. 5, cap. 4; Hippocratis aphorismos commentarii, lib. 5, com. 21; De atra bile, cap. 3.
Black bile could thus produce a distemperature of the blood, obstruct its flow or make it rot, thus affecting the most important vital organs (heart and liver), as well as the brain. But the notion of distemperature, so crucial in the Pseudo-Aristotelian Problems and in early modern perceptions of body and mind, needs to be understood in its Hippocratic and Galenic context.

For Galen and his medieval followers, the body’s qualities of heat, moisture, dryness and coldness formed constantly changing mixtures, which could be altered by external, ‘non-natural’ factors: diet (food and drink), evacuation and retention, air (environment and climate), exercise, sleep, and the passions of the soul or ‘affections of the mind’ (which included excessive study or contemplation and continued worry about business). The body and the mind would be particularly affected by burnt or putrid melancholic humour, which could be produced by any of these six non-natural factors of health and disease: 1) prolonged fasting, or excessive, insufficient or wrong food; 2) retention in the bowels or in the reproductive system; 3) living or working in a very hot and dry or cold and dry environment; 4) the accumulation of waste in the body due to excessive rest; 5) the thickening of the blood due to lack of sleep; 6) heat produced by excessive mental activity or worry.25 This explains Villalobos’s warnings about the negative effect on health of inappropriate food and disorderly living: ‘contesce al humor la putrefacción / por malos manjares / y do orden caresce’.26

Medieval and early modern neo-Galenic physicians would have thus been trained to give very clear instructions on diet, exercise and moral conduct to suit the predominant bodily qualities of each temperament, sex and age, as well as each individual’s specific mixture of qualities, depending on the climatic conditions of their region at particular times of the year.27 These and other rules based on the interaction between the four bodily qualities and the six non-natural factors of health, grouped under the Latin term ‘regimen’, became the basis of orthodox medical diagnosis and therapy.

Regimental advice was codified in a number of very popular medieval Arabic and Latin medical texts (such as Avicenna’s Canon, the various

25 These so-called ‘non-natural’ (or not-innate, non-organic) factors, derived from Hippocrates (Epidemics, bk 6) and Aristotle (Nichomachean Ethics, bk 3), and formulated by the Arabic medical writer Ioannitius in his influential Isagoge in artem parvam Galeni, were known as ‘the six non-naturals’ by medieval and early modern neo-Galenists. The examples I give are found in Santa Cruz’s Dignotio, as well as in much earlier texts such as Is’haq ibn-Imran’s treatise on melancholy, Abhandlung über die Melancholie, ed. Karl Garbers (Hamburg: H. Buske, 1977); summed up in Manfred Ullmann, Islamic Medicine (Edinburgh: Edinburgh U. P., 1978).

26 Francisco López de Villalobos, El sumario de la medicina con un tratado de las pestíferas bubas, ed. María Teresa Herrera (Salamanca: Instituto de Historia de la Medicina Española, 1973), 123.

27 Santa Cruz, for instance, refers to the importance of looking at all these factors by quoting a relevant and succinct passage from Galen’s De locis affectis, lib. 3, cap. 2, Dignotio, 10.
versions of the *Regimen sanitatis salernitanum*, and Vilanova’s *Regimen sanitatis ad regem Aragonum*), and was integral to the handbooks on preservation of health and the compendia of practical medicine circulating in Spain in the sixteenth and seventeenth centuries. Alongside recommendations on when, what and how to eat and drink, where to live (the best air), the best types of exercise, and the best postures for sleeping, the *Regimina* typically recommended avoiding inappropriate passions. Thus in Mondragón’s translation of Vilanova’s *Regimien*, we read:

que las Passiones, i Accidentes del animo, mudan, o alteran el cuerpo, terriblemente: i hazen, notable impression, en las obras del entendimiento: i assi, las que son dañosas, deuen huirse, con mucho cuidado, i diligencia: en particular, la Ira, i la Tristeza. Porque la Ira, inflama i enciende, todos los miembros: i por el ardor, i encendimiento del coraçon, todos los actos de la Razon, se escurecen i perturban; por lo qual se deuen euitar sus ocasiones; si no es, en quanto pide la razon, que nos enojemos contra las cosas no deuidas.

La tristeza, por el contrario, resfria el cuerpo, i le deseca, i por el consiguiente, le acarrea i causa al que la tiene, que venga a enflaquecer, i secarle, i junto con ello, a angustiar, i apretar el coraçon, ofuscar los espiritus, i encrassarlos: embotar el entendimiento, impedir la aprehensiua, escurecer el juizio, i destruir la memoria.

This is Vilanova’s only direct reference to the link between the passions and mental disturbance in a treatise dealing with all six non-natural factors of health, but particularly with diet. By translating Vilanova’s

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28 The *Regimen* of Arnau de Vilanova (1240–1311) was translated into Catalan during his lifetime. The Latin original was included in the numerous editions of Vilanova’s works throughout the sixteenth century (the complete works in Lyons, 1504, 1509, 1520, 1527, 1532; Venice 1505; Basel 1585; and selected works in Lyons, 1586). The first published Spanish translation was produced in the early seventeenth century by the Aragonese jurist Jerónimo de Mondragón, see note below. Among the preservation of health handbooks published in Spanish in the sixteenth century were: Girolamo Manfredi, *Libro llamado el Porque*, provechosissimo para la conservacion de la salud y para conocer la phisonomia y las virtudes de las yerbas, trans. Pedro Ribas (Zaragoza: Juan Millán, 1567); Francisco Núñez de Oria, *Auiso de sanidad que trata de todos los generos de alimentos y del regimiento de la sanidad* (Madrid: Pierre Cusin, 1572; 1586); Blas Álvarez Miraval, *Libro intitulado la conservacion de la salud. Tratado de la firme memoria y de el bueno y claro entendimiento* (Salamanca: Diego Cussio, 1599).

29 *El maravilloso regimiento, i orden de vivir, para tener salud, i alargar la vida que compuso, el doctissimo Medico Arnaldo de Vilanoua*, trans. Hieronymo de Mondragon (Barcelona: Jaime Cendrat, 1606), 12. For a modern facsimile edition of Mondragón, see *El maravilloso regimiento y orden de vivir (una version castellana del ‘Regimen sanitatis ad regem aragonum’)*, ed. Juan A. Paniagua Arellano (Zaragoza: Cátedra de Historia de la Medicina, 1980).
treatise into Spanish in the early seventeenth-century, Mondragón sought to make this regimental advice relevant to a wider number of people.

Of all factors, diet was probably the one most determined by socio-economic factors. For instance, the foods listed by Gordonio as ‘antecedent’ causes of excessive bile and madness (‘mania’), include cold and dry foods like the meat of old animals, and the usual flatulent foods, like lentils, beans and other pulses, wholemeal or unleavened bread, mature cheese, cauliflower, new or cloudy wine. These foods sound much like the staple diet of a large proportion of sixteenth- and seventeenth-century Spaniards.

Gordonio, furthermore, refers to foods—such as foxes, hedgehogs, mules and donkeys—listed by Galen as inappropriate, even though they were still eaten by people, out of necessity, ‘que se comen en algunas regiones, o que se comen por necesidad’ (Lilio, 505, 513). Whether or not people were aware of the effect of different types of food on their specific humoral make-up, they would not always be in a position to choose what they ate. The wealthy would eat in accordance to their social status rather than their individual complexions, while others might eat what they could get.

None the less, a number of sixteenth- and seventeenth-century medical texts in Spanish referred to diet as a crucial factor in maintaining good physical health, strengthening the spirit and creating the right state of mind. For instance, Montserrate notes that

> algunas [causas exteriores] ay que hazen mucho al caso en especial regimiento del comer y beuer porque toda cosa que engendra buena sangre y limpia haze mucho al caso para la confortacion del calor natural y para alegrar como son buen vino odoriferio y claro y bien templado e viandas de buen mantenimiento y mucho, y por lo contrario mal vino y malas viandas hazen al hombre aparejado para entristecerse.

*(Libro de Anathomia, fol. 105v)*

The moral (i.e. non physical) effects of diet had also been stressed by Maestre Gil in *Libro de medecina llamado macer* (1518), which drew on moral philosophers as well as on Arabic medical writers to stress the importance of diet in creating the right mixture of hot, cold, moist and dry qualities in the blood, and thus the right moral disposition:

> Que la razon siempre apeteçe e desea lo mejor: e el sutil entendimiento es impedido segund dize Seneca a Lucillo: muchas vezes con la variedad e maldad de los manjares. E Auicena en su libro [*De regimine sanitatis*](#)

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30 St Teresa’s reference to the fact that noble people like Doña Luisa de la Cerda ate according to their status rather than their complexion or humoral make-up (‘conforme al estado y no a las complesiones’ [Vida 34.4]) suggests that medical ideas about regimen were widely known but perhaps largely ignored (see *Obras completas* [Madrid: BAC, 1986], 31–232 [p. 185]).
dize que el buen manjar cria buena sangre. E la buena sangre buena complixion. E de la buena complexion buenas costumbres e virtudes que hazen al hombre bien aventurado. (fol. 1v)

If an appropriate diet was crucial in making people healthy, virtuous (or morally strong) and happy, the wrong foods would have a negative impact on people’s mood and character. For instance, eating game birds (‘aves de caça’) would make people sad, quarrelsome, fearful and angry for no reason, and produce horrible dreams: ‘faze alos hombres andar tristes, e renzillosos e medrosos, e muy enojados de sy mismos e de qualquier otra cosa muy syn razón, e hace los soñar sueños muy espantosos e feos’ (fol. 24v). The cold and dry qualities of geese and ducks were seen as a cause of mental perturbation (‘embotan mucho el engenio e turbán mucho el entendimiento’) and bodily disease: leprosy, quartan fevers, and ‘qualquier otro mal de malenconia’ (fols 22v, 24r).

As in people, the mixture of qualities in animals was thought to change with age, and according to their sex. Thus, in the same way as woman was seen as colder and moister than man, cows were perceived to be colder and moister than oxen or bulls. Cow’s meat was not an appropriate food, since it would create black vapours that could cause mental disturbances:

E otrosy se deuen de ella mucho guardar los que tienen temor de alguna enfermedad de trastornamiento de meollo. Ca los bafos de la carne de la baca que a la cabeza suben son bafos negros e secos: e espessos e turban el meollo. E hazen al hombre andar triste e medroso e que se espante de ligero por muy pequeña razon e turban el entendimiento. E hace soñar sueños espantosos. (fol. 29r–v)

The noxious ‘bafos’ or vapours which went up from the stomach to the brain, hindering the understanding and causing sadness and fear were thought to be produced by the evaporation of putrefied black bile resulting from ill-digested food. This interpretation was based on evidence such as foul-smelling eructations, one of the typical symptoms of hypochondriacal melancholia (a type of melancholic madness discussed below).

Since the qualities of coldness and dryness increased with age in people and in animals, very young veal was seen as a much better option than the older animals: ‘E la carne de las terneras lechares es assaz buena carne: e de buen gouierno e temprado. E ligero de digerir. Ca la edad enmienda mucho la malicia de su natural complexion. E es mucho menos fria que la carne de las bacas biejas’ (fol. 29v). Conversely, pigs and rams, seen as too moist when young, should not be eaten until they were at least one year old (fol. 20v).31

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31 See also Galen, On the Properties of Foodstuffs, 115–16.
Dietary advice took account of factors such as climate (e.g., cold wet foods like cow’s meat might be appropriate in places like Seville during the warm dry seasons). It also took into account the ways in which foods were cooked and seasoned, which would alter slightly their prevailing qualities. For instance, lentils, like all thick and dry foods, were believed to generate black bile, and thus cloud the understanding:

Las lantejas son frias e secas e de muy poco gouiero e malo e de muchas ventosidades: e de muy malos bafos. E son malas para el meollo y para los ojos. E hazen dormir con gran apesgamiento. E hazen soñar sueños frios y espantosos. E han muchas malas condiciones. Porque son muy mala vianda. [...] E el gouiero de las lantejas engendra mucha malenconia: E turua mucho el ingenio. (fol. 8v)

None the less, if the lentils were winnowed and boiled twice, they produced an astringent broth, a useful remedy against some physical disturbances:

Pero que el primero caldo dellas es laxatiuo e frio. E la sustancia dellas quando son mucho cozidas aprietan el vientre e enxugan el estomago e retienen la sangre de las mugeres mayormente si son cozidas descortezadas. Esso mismo haze el su caldo dellas quando son descortezadas: e quando las cuezen mucho en vn agua: e despues de aquella ponen y otra. Ca este segundo caldo ha muy gran virtud de retener el fluxo del vientre e la flor de las mugeres. (fol. 8v)

Such detailed descriptions of the effect of food on body and mind might help us not to lose sight of the fact that in early modern Spain only a few educated people might have been inspired by Seneca, Vives and other moral philosophers to manage their own mental perturbations through self-knowledge or conversation and correspondence with virtuous friends. For most people, bad dreams, sadness and mental cloudiness were not states of mind which required self-discipline or medical care, but everyday ailments, rooted in their bodies, which could be dealt with, alongside other ailments like wind or constipation, through everyday practices such as eating, and mundane activities such as changing the water of the lentils.

32 For instance, in Medicina sevillana (written in Seville c.1418 and published by Nicolás Monardes in Seville in 1545), Juan de Aviñón draws on Arabised Galenic texts like Abenrruyz’s Colliget to give detailed advice on the climate and time of the year when it would be appropriate or inappropriate to eat cow’s meat. See Medicina sevillana, ed. Javier Lasso de la Vega (Sevilla: Sociedad de Bibliófilos Andaluces, 1885), 59, 110–11, 176, 337.

33 The suggestion that boiling lentils twice changed their effect on the body was made by Galen, On the Properties of Foodstuffs, 32, 58.
We have seen how in early and mid sixteenth-century Spain Gil and Montañá de Montserrat use the terms ‘malenconia’ or ‘melancholia’ with the meaning of ‘black bile’, warning about its effects: black vapours, sadness, unjustified fears and anger, or terrifying dreams, as well as leprosy or quartan fevers. In contrast with this pragmatic approach to common disturbances and ailments related to black bile, medical writers also provided advice on how best to help those whose brain was too affected by this noxious humour to allow them to help themselves. Those commonly known as ‘mad’, or ‘locos’, might be able to recover if the causes of their insanity were recognized and addressed before it became intractable.

**What Constituted Madness? Medical Distinctions**

Unlike modern preconceptions which tend to associate madness with irrationality caused by a dysfunction of the understanding (reason), medieval and early modern views of madness stressed the idea that it was possible to be mad but still have full use of one’s reasoning faculties, if only the ‘imaginativa’ was impaired: ‘que algunas vezes se corrompe la ymaginatiua que es ala parte delantera del celebro e las otras partes non’ (Gordonio, *Lilio*, 503).

It was generally believed that the darkness of corrupt black bile or the vapours arising from it could interfere with the spirits contained in the cavity of the brain which housed the ‘imaginativa’, thus leading to distorted perception and to madness. As Villalobos put it: ‘esta imaginativa adolesce algunas veces de un género de locura que se llama alienación, y es por parte de algún malo y rebelde humor que ofusca y enturbia el espíritu do se hacen las imáginas, fórmase allí la imagen falsa’.

Spanish medical authors reproduced the standard distinction, based on Galen (*De locis affectis*), between three types of melancholic madness, depending on their location: idiopathic melancholia, sympathetic melancholia and hypochondriacal melancholia.

In idiopathic melancholia, the lesion or impairment of the brain is caused by excessive heat burning the brain’s blood and producing thick melancholic humour that blocks the ventricles or their passages (Velásquez, *Libro* 340). The degree of damage in the brain would depend on how malignant the humours were: ‘y se hará la lesión mayor o menor según el humor fuere más o menos maligno, y dañare y corrompier el temperamento de donde ella depende’. It could be recognized through symptoms such as sleeplessness, headache, burning hunger or loss of appetite, sudden

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34 López de Villalobos, *Sentencias* or ‘Anfitrión, comedia de Plauto’, in *Curiosidades bibliográficas* (Madrid: Imprenta de los Sucesores de Hernando, 1919), 489.
35 Galen, *De praesagitione ex pulsibus*, lib. 1, cap. 4, cited and translated in Velásquez, *Libro*, 342.
movements and flickering eyes, stupid actions and dark visions, or ‘predator-like’ behaviour.36

In the ‘sympathetic’ type of melancholic madness the brain is affected by the adust melancholic humour produced in the blood throughout the body: ‘por haber vicio común de que nuestra sangre toda se venga a engendrar melanchólica’ (Velásquez, Libro, 113). It manifested as prolonged sorrow (depression), anxiety and terror.37

In the third type, ‘hipochondriacal melancholia’ or ‘windy melancholia’, the brain is affected by the thick black steam, vapours or fumes arising from excessive heat or inflammation in the area known as the hypochondrium (comprising the stomach, spleen, liver, gall bladder and uterus): ‘se viniere a causar por respecto de subir al celebro muchedumbre de flatos, o ventosedades gruesas, oscuras, y negras, como se hace en la especie de melancolı́a que llamamos hipocondrı´aca o flatulenta’ (Velásquez, Libro, 343). Its symptoms included flatulence, a feeling of heaviness in the head, black-bilious juices, acidic vomit, love for solitude, and weepiness (caused by vapours piercing the brain).38

| TYPES OF MELANCHOLIC MADNESS  | LOCATION          | SYMPTOMS                                      |
|-------------------------------|-------------------|-----------------------------------------------|
| idiopathic                    | in the head       | sleeplessness, headache, burning hunger or loss of appetite, sudden movements, flickering eyes, stupid actions, dark visions, ‘predator-like’ behaviour |
| sympathetic                   | in the whole body | prolonged sorrow (depression), anxiety, terror |
| hypochondriacal              | in the area below the diaphragm | flatulence, heaviness in the head, acidic vomit, love for solitude, weepiness |

Alongside the Galenic distinction by location, sixteenth- and seventeenth-century Spanish medical writers also differentiated between three main types of mental disorders: melancholia, mania and ‘frenesia’.

36 These symptoms had been listed by Is’haq ibn-‘Imran. See Ullmann, Islamic Medicine, 74–75.
37 Ullmann, Islamic Medicine, 75.
38 Ullmann, Islamic Medicine, 75.
Melancholia and Its Symptoms

Melancholia was chronic and feverless, like mania and unlike ‘frenesia’. It was characterized by dark, low spirits (causing ungrounded fear and sadness or sorrow) and the absence of the wild behaviour which accompanied mania. This distinction was a rather fluid one, since ‘frenesia’ could also develop into more chronic conditions if the fever endured, and sustained melancholy could also lead to mania, or raving madness.

Melancholia included two main types of symptoms: affective disturbances and false apprehensions or delusions. Medieval and early modern physicians and philosophers generally agreed with Galen’s view that if the mind was invaded by the darkness of black bile, this would produce fear, sadness and the desire to die (Galen, *De symptomatun causis*, II). As Anglicus had put it,

| TYPES OF MADNESS | SYMPTOMS |
|------------------|----------|
| melancholia      | fear, anxiety  
exreme, prolonged sadness  
desire to die  
seeking solitude |
| mania            | shaking of feet and hands  
erratic, sudden movements of tongue and eyes  
odd laughter  
sudden changes from laughter to sobbing  
unjustified fears  
horrible screams  
continual babbling  
scatological language  
restless wandering or aimless running  
nonsensical actions  
struggling wildly  
striking at other people  
hitting objects  
rebelliousness  
nakedness or torn clothing |
| frenesia (frenzy) | prolonged fever  
constant babble or idle talk  
incoherent screaming  
black tongue  
shaking of hands, feet and whole body  
fits of rage |

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39 Huarte appears to have been the only Spanish medical author who used the terms mania and frenesia (both denoting hot conditions) interchangeably.
temen los enemigos, y por ventura no han ningunos y otros que aman continuo la muerte y la desean.\footnote{De propietatibus rerum, trans Vicente de Burgos (Toulouse: Henri Meyer, 1494), lib. 4, cap. 11 (no folio numbers). This appears to be a summary of Galen, *De symptomatun causis*, lib. 2.}

The extreme sadness and fear might manifest in odd behaviours such as being dressed below one’s station and seeking solitude and dark corners.

In the more serious cases of melancholic disease, ‘quando la tal enfermedad es en ellos muy agrauada’, the mistrust of other people might lead to an extreme sense of fragility, which would alter the sufferers’ self-perception: ‘les paresce que sean vasos de vidrio o de tierra e que si alguno los tocauau que los romperia’ (*De propietatibus rerum*, lib. 4, cap. 11). Such delusions and distorted perceptions, which to a modern reader may indicate utter insanity, were classified as signs of melancholy by classical authors such as Galen, Aretaeus and Celius Aurelianus, medieval authors like Anglicus and Gordonius and sixteenth-century Spanish authors like Pedro Mercado, Santa Cruz and Velásquez.\footnote{See Galen, *De locis affectis*, lib. 3, cap. 6, Aretaeus, *De causis et signis acutorum morborum*, lib. 2, 1, cap. 6, and Celius Aurelianus, *De morbis acutis et chronicis*, lib. 1. Gordonio explicitly refers to Galen when he lists among the symptoms of *melanconia*: ‘se veen que son vasos de vidrio o de barro e han temor que si los tocaren que se quebraran’ (*Lilio*, 509). This particular delusion was also noted in Pedro Mercado’s *Dialogos de philosophia natural y moral* (1558), fols. 117v–118v, Velásquez, *Libro*, 353, and in Santa Cruz’s *Dignotio*, 15.}

Santa Cruz had emphasized that, according to Hippocratic and Galenic principles, wise physicians should be able to recognize signs of abundant black bile and intervene in order to prevent it from becoming burnt and thus causing madness (‘insania’, ‘mania’ or ‘furor’). The typical symptoms of the early stages of melancholic disease were: unfounded fear, sadness, or hatred for one’s relatives, the desire for solitude and darkness, unjustified anger and visions (*Dignotio*, 13–14). As Santa Cruz suggested, melancholia could be assumed to have reached its peak when deep sadness was combined with sleeplessness and deliriousness (13).

**Mania and Its Symptoms**

It was not uncommon for medical authors to explain that ‘mania’ was the medical equivalent of the popular term ‘locura’.\footnote{Among the authors who note this equivalence for the benefit of their Spanish lay readership we find Villalobos (‘mania es locura’ [*Sumario*, 370]) and Pedro Mercado (‘entran en furia y mania, y son lo que el vulgo llama locos’ [*Dialogos*, 119v*]).} Gordonio had classified the symptoms of ‘mania’ according to their severity to help people recognize it early, when it could still be cured. Speaking to oneself (a behaviour which, as we saw in Tausiet’s article, was criticized as a sign of ‘locura’ in sixteenth- and seventeenth-century conduct books) was seen by Gordonio as the first
indication of incipient ‘mania’ (or locura), particularly if the words uttered did not make sense: ‘las señales manifiestas e descubiertas son: quando dize por la boca lo que conçibe con el corazón; e fabla consigo solo; e en el comienço tenía locura de moço niño; e fabla palabras locas que no tienen cabeça ni cola, ni acaba vna razon entera ni da razon delo que fabla’ (Lilio, 507–08).

Nonsensical actions, aimless wandering, shaking of feet and hands, and quick and erratic movements of tongue and eyes would be conclusive evidence of confirmed madness:

las señales ya complidas son: quando la locura que penso e concibio en el corazón la dize por la boca e la sigue obrando e va lo errando agora arriba agora a baxo assy commo cotubut: del qual faze mincion Auicena [...] quando la locura es complida el mouimiento delos pies e delas manos e dela lengua e delos ojos son errados. (Lilio, 508)

Other external signs, such as abrupt and inappropriate displays of joy and sadness, were listed under ‘señales escondidas’, perhaps because they were grouped together with affections which were not always observable, such as fear: ‘e agora rie e agora llora e teme delas cosas que no son de temer e rie de las cosas que no son de reyr’ (Lilio, 507).

The category of non observable signs included terrifying visions, such as seeing devils, or hanged or dead monks, but also erroneous and deluded thoughts and judgements about what was good, appropriate or attainable:

quando alguno ymagina e piensa aquellas cosas que non son de pensar nin de ymaginar: o quando piensa que es bueno aquello que non es bueno, o piensa que es honesto lo que no es honesto; e cuando piensa de aprender las cosas que son impossibles o no razonables; e quando mal iuzga dellas. (Lilio, 507)

Judgment (or ‘juyzio’) included both the faculty of the rational soul which allows people to distinguish between good and bad, and between true and false (ratio universalis), and the more practical faculty known as ‘estimativa’ (ratio particularis, part of the sensitive soul), which allows people to assess situations. Even though it was generally accepted that everybody’s judgement could be to some extent impaired due to the interference of his or her passions and inclinations, and to general human fallibility, the more serious cases of misconceptions, wrong ideas and beliefs, or inappropriate behaviours were seen to be caused by distemper and alteration of the body’s humours: ‘por quanto si el cuerpo templado se corrompe enel iuyzio, que sera del destemplado’ (Lilio, 457).

Santa Cruz explains that when, besides fear and sadness, patients also displayed great anger and vociferousness, continuous physical agitation and sleeplessness, these symptoms indicated the presence in the body of burnt yellow bile mixed with melancholic blood (Dignotio, 12). If in the advanced
stages of their disease melancholics also suffered from mania, this could be recognized by signs like greater anger, loquaciousness, fury and deliriousness, as well as from shameful, obscene and filthy (‘inuercundi, ac obscoenitate et immuditie pleni’) behaviours (Dignotio, 13). Santa Cruz refers here to how maniac melancholics would empty their bladder and bowels in their beds and would then eat and drink their own bodily waste (Dignotio, 13). Among the ‘disordered’ habits which sixteenth-century Spaniards read as signs of ‘melancholia’ and ‘mania’ (rather than eccentricity) was the insistence on wearing dirty clothes when clean or new ones could be afforded. Classical texts also referred to uncleanliness as one of the symptoms of melancholia.

Even though Gordonio and Santa Cruz see ‘melancholia’ and ‘mania’ as a continuum, most authors simply distinguished between the ‘colder’, calmer melancholic conditions, and the ‘hotter’ manic behaviours. In line with Galenic thinking, Huarte defines ‘mania’ as ‘una destemplanza caliente y seca del cerebro’. Santa Cruz and Velásquez both mention that, according to Hippocrates and Galen, ‘mania’ was not caused by natural black bile, but by burnt or putrefied melancholic humour: ‘y este humor, no como quiera dispuesto, causará la mania sino habiendo recibido alguna mala ustión o putrefacción, mediante la cual venga este humor a tener acrimonía’. The view that the more manic states of anger and agitation were produced by burnt yellow bile came from Galen, and was also echoed by Gordonio (Lilio, 510) and by Daza:

quando esta colera está muy subida en calor, y algo quemada, hace una locura ferina y melancólica. Assi que siempre esta inflamacion se hace de colera, y de aqui viene, que nunca tienen quietud ni sosiego, como dixo Galeno. (Cirugia, 98)

Galenic medical writers generally agreed that mania was associated with heat, effervescence of the blood and agitation of the spirits.

Heat, dryness and effervescence in the body and the spirits were seen as explanations for a variety of ‘manic’ behaviours, such as inappropriate

43 This was one of the arguments used by Juan de Ricovayo, secretary of the inquisitorial tribunal of Toledo, as evidence of Alonso de Mendoza’s madness during his trial in 1592: ‘para él, Mendoza también daba muestras de locura por ser hombre muy sucio y no querer tomar ropa limpia ni querer un jubón nuevo diciendo que con aquel que había entrado en la cárcel le habían de enterrar’ (AHN, Inq., leg. 3713, caja 1, pieza 8, fols 322r–326r). I thank Hélène Tropé for this reference.

44 Santa Cruz (Dignotio, 12) cites the example of the melancholia attributed by Theophrastus to Heraclitus of Ephesus in Diogenes Laërtius, Book IX, 6.

45 The definition of mania does not appear in the 1575 edition, but is added in the version published in Baeza in 1594. The variations are included in an appendix in the critical edition to which I have been referring. See Huarte, Examen, 418.

46 Galen, In Hippocratis aphorismos commentarii, lib. 6, com. 56, translated in Velásquez, Libro 112; also cited in Santa Cruz’s Dignotio, 14.
laughter or rage, horrible screams, continual babbling, scatological or filthy language and blasphemy, restless wandering or aimless running, violence against other people, and nakedness or torn clothing. These include the sort of symptoms of dry distemper which appear in the Tesoro’s definition of ‘locos’: ‘porque los tales suelen con la sequedad del cerebro hablar mucho, y dar muchas vozes’ (Tesoro, II, 93v). Rage, violence, screams, babbling and blasphemy were also the signs of madness most frequently described in the inquisitorial documents presented in Tropé’s article here.

As Paul of Aegina had noted in a passage translated by Velásquez, the melancholic humour produced from burnt yellow bile (when there was excessive heat in the body) would make people lose their wits and behave like animals:

por mucha adustion de la cólera que los médicos llaman flava, se viene a hazer mudancía y engendrarse cólera negra, viénsese de ese humor assí engendrado a hazer la enfermedad que llaman insania, a la cual llaman los griegos manía, con cuyo ímpetu y fuerça se vuelven los hombres posseídos de esta enfermedad, desenfrenados y sin razón, a manera de fieras. De tal manera que aun aquellos que inopinadamente encuentran los maltratan de manos.47

If the distemper endured, memory and reason could be irreversibly lost, and with them the ability to lead a human existence. This is also suggested in a passage from Aretaeus translated by Velásquez: ‘hay muchos de esos melanchólicos que vienen a perder de tal manera el sentido y la razón, y quedar tan espantados y faltos, que de todas las cosas quedan ignorantes y, desacordados de sí mismos, guían y passan su vida a manera de bestias’.48

Frenesia and Its Symptoms

The Spanish terms frenesia and frenesis were generally used to refer to an acute form of madness characterized by a high fever, sometimes produced by epidemics. Juan de Aviñón, for instance, reports epidemics in Seville in 1391 and 1409 in which people had become frenzied, and responded well to treatments such as purges and bloodletting, even though they were too weakened to take in food (Medicina sevillana, 34, 36).

In its strictest sense, the term ‘frenesía’ or ‘frenesis’, like the Greek term phrenësis (English phrenitis), denoted an inflammation of the brain or its membranes (now known as meningoencephalitis), accompanied by fever, and

47 Paul of Aegina, Epitomae medicae, lib. 3, cap. 14, cited and translated in Velásquez, Libro, 113; copied verbatim in Murillo, Aprobacion, fol. 89v. Galen also associated animal-like behaviour with burnt yellow bile, rather than with the coarser melancholic humour produced from thickened blood (De locis affectis, lib. 3, cap. 9).

48 Aretaeus, De symptomatorum causis, lib. 2, cap. 7, cited in Velásquez, Libro, 125.
usually associated with burnt melancholic humour (burnt choler or yellow bile). Gordonio defines ‘frenesis’ as ‘apostema calente enlos paniculos del celebro engendrada’ (Lilio, 533). Ketham explains that the immediate cause may be heat in the blood: ‘phrenesia es apostema que nasce en la miringa del cerebro del calor o ebullicion de la sangre o de las dos juntas’.\(^{49}\) This sudden and acute form of madness was typically caused by acute physical conditions such as tertian or quartan fevers, or infections such as gangrene.

In his Cirugia, Daza endorses the Galenic view that the disease known as ‘phrenitis’ (or by its Latin name, ‘delirium’) is caused by corrupted humours or a distemperature of the brain: ‘pues el delyrio no es otra cosa, como dize Galeno […], sino vn mouimiento deprauado de la facultad animal del celebro, que tiene su nacimiento de humores muy corrompidos, o de intemperie del celebro’ (98). The movement of the ‘facultad animal’ refers to the movement of the animal (or psychic) spirit, which mediated the powers of cognition and perception; ‘depravado’ is simply to be understood as ‘disordered’.

The symptoms of ‘frenesia’ listed by Gordonio were prolonged fever, constant babble, a black tongue, shaking, and fits of rage: ‘fiebres continuas, desvariar o deuanear, vigilias, sed, negror dela lengua, mouimiento delos pies desordenado e esso mismo delas manos e agitacion de todo el cuerpo e fablar de continuo e acidentes terribles furiosos’ (Lilio, 534). Daza comments that ‘frenitis’ in its narrow sense is characterized not simply by a very high temperature, but also by constant babble: ‘otros quieren, que estar vno con grandisima calentura, y siempre diziendo locuras, sea la verdadera frenitis, y assi dixo Galeno […] Dezir muchos disparates, y hablar a sordas, y a locas, es propia lesion del celebro’ (Cirugia, 98). Drawing on Galen (De locis affecis, lib. 5, cap. 4) and Alexander of Tralles (Lib. 1, cap. 13), he provides a list of signs by which ‘frenitis’ could be recognized from its earliest stages:

Las que pronuncian el mal son vigilias, soñar disparates, representarse las imagenes de diferentes formas que los espantan, y aun les fuerza a dar gritos, y aun saltar de la cama, y algunas vezes se oluidan de manera que piden el orinal, y se oluidan con el, aunque hagan vrina, y quando los hablan responden alborotadamente, y como locos; beuen muy poco.

(Cirugia, 99)

In the more advanced stages the shouting turns into incoherent talk, and is accompanied by unmistakable signs such as red eyes, burning tears, nose bleeds, nonsensical talk and plucking at the bedclothes: ‘quando ya esta confirmado el delyrio, tienen los ojos muy bermejos, y salen lagrimales que abrasan los lagrimales, y despues mucha lagaña, alguna vez les sale sangre de las narizes, ninguna cosa responden a proposito, andan tentando la ropa, y

\(^{49}\) Johannes Ketham, ‘De las enfermedades del hombre’, 36r–v. See his Compendio de la humana salud (Madrid: Arco/Libros, 1990), 236.
arrancando della lo que pueden’ (Cirugia, 99). But even within this acute form of madness, there could be variations, depending on whether the fever had affected primarily the head or the whole body. In this latter case, there would typically be intermittent periods of remission: ‘y finalmente estan diziendo cien mil disparates, aunque ay algunos que estan tristes, pero en el delyrio que se hase per consensum no delyra tanto, ni es tan perpetuo, ni la calentura es tan grande, y quando esta crece parlan mas, y quando descrece parlan menos, como dixo Galeno’ (Cirugia, 99).50

Frenzied patients admitted into hospital would normally be placed in a special room or ward for those suffering from fevers. They would either die from the fever, or if they recovered from it, they might be left with symptoms of chronic madness (mania), and thus be transferred to the ward for madmen or madwomen.51

Other Acute Forms of Madness: Uterine Fury and Mania Caused by Retention of Seed

In her article here, Trope´ interprets the inquisitorial physicians’ mention in 1679 of Beatriz de Campos’s ‘semen corrupto’ as a reference to syphilis. But it can be read as a diagnosis of uterine fury, which, as the medical texts discussed below suggest, was thought to be caused by the retention and putrefaction of ‘female seed’.

According to both medical and popular belief, ‘uterine fury’, also known as ‘mal de madre’ or ‘suffocation of the mother’, was caused by the retention of menstrual blood or of ‘female seed’, particularly in young virgins.52 As Villalobos had emphasized, ‘prefocacion de la madre’ affected the brain in two ways:

La prefocacion es passion con quien viene
la gota coral y desmayos mortales,
por cuanto ell esperma y la sangre se tiene
de dentro la madre y daquesto prouiene
luego al corazon y celebro estos males
que asi retenido ell esperma y podrido,
se torna en ponciona y enbia vapor
do el celebro se encierra y se encoge a su nido,
y del corazon ell espito deuido
no sale aza el cuerpo por este temor. (Sumario, 116)

50 Daza refers here to Galen’s De locis Affectis, lib. 2, cap. 9.
51 See, for instance, the case of Paula Sarradella in 1678, mentioned in Huguet and Arrizabalaga’s article in this volume (Teresa Huguet-Termes and Jon Arrizabalaga, ‘Hospital Care for the Insane in Barcelona, 1400–1700’, 81–104 [p. 92]).
52 On the Hippocratic notion of the ‘female seed’, see Helen King, Hippocrates’ Woman: Reading the Female Body in Ancient Greece (London: Routledge 1998), 8–10, 18, 33, 134–36, 156, 202, 232–33, 238–39. This notion was widely accepted by sixteenth- and seventeenth-century Spanish medical writers.
'Gota coral' was a term for 'epilepsy', while the word 'esperma' here refers to the woman's own seed, which, it was thought, would decompose if retained in the womb or the adjacent ducts. The poisonous (toxic) vapours rising from the putrid matter would constrict the brain, as Villalobos suggests. Their dark quality would also cause fear, which would, in turn, result in the spirits being drawn inwards to the heart, making the brain colder and thus sluggish.

The Spanish physician Cristóbal de Vega claimed that he had 'known melancholy from putrefied blood in those seedveins and in the womb' (*De arte med.*, lib. 3, cap. 24). He is one of the authorities Burton cites on this subject (*Anatomy of Melancholy*, 377).

Santa Cruz refers to the uterine fury suffered by one of his patients as a 'morbo maniaco et melancholico', characterized by intervals of fear and sadness (*Dignotio*, 31). He quotes the explanation provided by Hippocrates in *De virginum morbis*, that uterine fury was caused by the retention of menstrual blood (particularly abundant in young, growing women). This retention would make the blood return to the heart and the diaphragm, causing deliriousness, fever and great fear. The resulting inflammation would cause madness (insania), the putrefaction of the blood would make the woman shout, its darkness would cause fear, and the pressure around the heart area would produce suffocations.53 The onset of symptoms could be very sudden, as if the woman had taken some poison, and the resulting disease could be lethal (*Dignotio*, 31).

To this generally accepted Hippocratic explanation of uterine fury Santa Cruz adds that, according to Aetius and to his own experience, this disease could also be caused by retention of 'female seed', particularly in single young women and nuns whose bodies were sufficiently mature to have intercourse, and also in widows, whose forced sexual abstinence would produce retention in areas used to regular evacuation (*Dignotio*, 11, 31).54

The effects of forced abstinence in women, and also in men, were emphasized in Núñez de Oria's *Tractado del uso de las mugeres* (1572): 'la tal superfluidad de esperma se torna veneno o ponçôña biuorezna, como acaesce a las biudas y a muchos varones que lo dexaron, los quales murieron

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53 'cum igitur hae replete fuerint, cor fatuum fit, deinde ex fatuitate torpdeo, ex putredine delirium apprehendit, item febris com horrore irruit: his autem fic habentibus, prae inflammatione acuta insanit, pre putredine clamat, prae caliginositate timet, prae impresseione circa cor strangulationes parat, prae sanguinis autem militia naimus moestus ac anxious malum atrahit' (*Dignotio*, 31).

54 See also Luis Mercado, *De virginum et viduarum melancholia*, in *De mulierum affectionibus Libri IIII* (Venice: Felix Valgrisius, 1587), lib. 2, cap. 4.
As Oria explains, the consequences of sudden abstinence in those accustomed to regular sexual intercourse would be felt not only on the body, but also on the mind (the understanding):

As in other forms of melancholic madness, the outer and inner senses (perception and imagination) would become impaired, and the understanding would become blinded as a result of the distemperature (extreme heat and fever) produced by the retention of seed.

Retention of seed was, according to Santa Cruz, the main cause of the melancholic madness experienced by one of his male patients, who, shortly after joining a monastery, had begun to experience fear, sadness and constant shaking of his body, head, hands and feet (*Dignotio*, 31–32). This patient was treated soon after the symptoms appeared, and was apparently cured within 50 days (*Dignotio*, 32).

Huarte, furthermore, noted the medical view, based on Galen (*De locis affectis*, lib. 6, cap. 6) and on the Pseudo-Aristotle’s *Problem* XXX, 4, that retention of seed could cause sickness and death in men and in women (*Examen*, 312). Given that evacuation and retention were one of the six non-natural factors of physical and mental health, it is not surprising that retention of seed is also found among the causes of delirium listed by Daza: ‘también causa el delirio, como dize Galeno [*De locis affectis*, lib. 3, cap. 5], estar la simiente retenida y corrompida’ (*Cirugia*, 98).

55 Nuñez de Oria, *Tractado del uso de las mugeres, y como sea dañoso, y como provechoso, y que cosas se ayan de hacer para la tentación de la carne, y del sueño y vanos* (Madrid: Pierre Cusin, 1572), fol. 293r. He refers here to the authority of Hali Rodoan (Ali ibn Riḍwān) and Avicenna (Bk 3, Part 1, Tract. 5, cap. 8).
The ‘humores crassos o sangre detenida’ mentioned in the inquisitorial medical reports about Beatriz de Campos can thus be read as a reference to retained blood thickening (‘crassos’) and turning into black bile.\footnote{AHN, Inq., leg. 138, caja 1, exp. 9, Toledo, 1678–1686, fols 71r–194r (fol. 98r); cited in Tropé’s article above (‘Inquisición y locura en la España de los siglos XVI y XVII’, 61).} Rather than seeing black bile as a mythical fluid or a metaphor, we can see here that medical practice endorsed the Galenic idea, discussed above, that black bile was the blood’s dregs (Velásquez, \textit{Libro}, 326; Santa Cruz, \textit{Dignotio}, 3).

In the light of the above discussion it is possible to see how Beatriz de Campos would have been diagnosed as suffering from a form of hypochondriacal melancholia caused by retention of seed and blood in the womb (‘melancolía morbo e hipocondría originada de semen corrupto’), and how this would have explained medically her epilepsy (‘aferecía’) and her sudden delirium (‘así pudo promptamente obrar en ella aquel delirio’).\footnote{AHN, Inq., leg. 138, caja 1, exp. 9, fols 100 r, 102 r; cited in Tropé’s article above (‘Inquisición y locura en la España de los siglos XVI y XVII’, y XVII’, 61) (‘aferecía’ and ‘delirio’).} Inquisitors might have associated madness with heresy, as Tropé has persuasively suggested in her article. Their duty would have been to ascertain whether the content of this woman’s obscene and incoherent utterances was blasphemous. By contrast, physicians would see such utterances as symptoms of mental and bodily disease, caused by melancholic humour.

### 4 Curing Melancholic Madness and Frenzy

If left untreated, the excessive melancholic humour which had caused unfounded fear and sadness might become burnt and lead to increasingly degenerate or animal-like behaviour, or to a lethal disease. As Santa Cruz also suggested, referring to Galen’s advice in \textit{De atra bile}, physicians had the professional duty to detect and treat all forms of melancholic disease in their early stages, evacuating the melancholic humour to prevent it from evolving into a cancer (\textit{Dignotio}, 14).

In the light of such warnings, it is easier to understand why physicians would have treated people like Ana de Acosta in 1662–63 or Beatriz de Campos in 1679–1686, who might have preferred to remain insane and thus avoid being sentenced by the Inquisition. Inquisitors simply needed these women to be sufficiently recovered from their insanity in order to proceed with the trial. By contrast, the inquisitorial physicians and the administrators of the Nuncio hospital would have seen it as their duty to ensure that these women, whose insanity was probably linked to severe physical pain and discomfort, caused by gangrene (in Acosta’s case) or by tertian fevers and epilepsy (in de Campos’), were given appropriate treatment.

When discussing methods for curing madness (melancholia, mania and frenzy), Galenic and neo-Galenic medical texts recommend looking at each
individual’s signs and symptoms, complexion, behaviour and circumstances to be able to address the particular causes. Besides assessing whether it was a cold or hot condition requiring warming or cooling herbs, and whether the mental disturbance was caused by an excess of natural black bile, or by a more ‘vicious’ burnt or putrid melancholic humour, which needed to be expelled from the body, physicians were also expected to consider the antecedent causes: regimental (diet, lack of exercise, sexual abstinence, solitude), environmental (cold or hot weather, or putrid air) or psychological (strong passions or excessive thinking). Whether or not they personally believed in supernatural causes, physicians were warned not to address them.58 They were expected to suggest a variety of dietetic, surgical and pharmacological cures intended to correct the distemper in the head and the body, and, if necessary, remove the burnt or corrupt humours. In addition, they should provide some advice on how to counteract the antecedent causes.

According to the physicians’s reports, the causes of Ana de Acosta’s hypochondriacal melancholia which should be counteracted were: environmental (the cold dampness of the prison, from which, they suggested, she should be removed), dietary (she needed temperate food) and psychological (she needed to experience some joy and mental diversion, ‘alegrarle y dibertirla en lo que se pueda’).59

The curing methods used to treat de Acosta in 1662 and de Campos in 1679 appear to have broadly followed the set order of the orthodox neo-Galenic cures, as outlined by Santa Cruz: first, diet (using temperate moist foods of easy digestion) and inducing sleep (with freshwater baths and ablutions and soporifics); second, treating the black bile with syrups; third, evacuating it from the body using either phlebotomy (bloodletting, only if the patient had sufficient blood) or purgatives; fourth, expelling the melancholic humour from the head by massaging the legs and feet, and using cupping glass, tight bandaging and moisturizing baths; fifth, strengthening the brain, the heart, the spleen and the liver (Dignotio, 14).

In general, when examining people who were unduly sad or fearful, physicians would be looking for other signs of cold distemper, and use diet, warming herbs and moisturizing baths to correct the excess of black bile, thus preventing it from putrefying and causing agitation and raving madness. When encountering fury and delirious non-sensical talk, they would prescribe bloodletting to ensure that the corrupt humours were removed from the head or the body, and appropriate food to encourage the production of good blood.

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58 ‘E dize Avicena que algunas veces se dize que viene por causa del diablo; e dize que aquel que muestra la fisica no se deue en esto entremeter, en cualquier manera que vaya el negocio’ (Gordonio, Lilio, 506).

59 AHN, Inq., leg. 130, exp. 3, fol. 149v–151v; see Tropé’s article above (‘Inquisición y locura en la España de los siglos XVI y XVII’, 59).
Diet was often seen as the first and foremost way of curing those suffering from acute forms of madness: ‘siempre que pudieres curar con solo dieta, dexad los medicamentos, assi lo dize Arnaldo de Villanoua [. . .] como dixo muy bien Areteo, el comer assossiega y regala los afectos del alma’ (Daza, *Cirugia*, 58).\(^{60}\) Moist and temperate foods were recommended for all mental disturbances related to melancholic humour, either caused by an excess of (cold and dry) natural bile, or by (hot and dry) adust choler. Borage, for instance, was believed to be such a temperate food that it would strengthen and gladden the hearts of those whose sadness was caused by melancholic humour: ‘e alimpia muy bien la sangre de todo vmor malenconico. E por ende han virtud de alegrar e esfuerc¸a el corac¸on triste’ (Maestre Gil, *Libro de medicina*, fol. 9r). Borage juice was also recommended by Gordonio for both melancholia and mania, whether they were caused by ‘materia colerica’ or by ‘materia melanconica’ (*Lilio*, 508–09).

In hot conditions such as mania and frenzy, the diet should be cooling and moist, nutritious and easy to digest. The foods typically prescribed to cure *frenesia*, as well as most other fevers, were ram, mutton, chicken, hen, capon, and their giblets, boiled, roasted, or minced and cooked in an appropriate sauce. It is thus hardly surprising that when Ana de Acosta’s hypochondriacal melancholy evolved into ‘mania’ in 1662, the physicians working for the Toledo Inquisition suggested that the approach to curing her should include foods such as ram’s head and legs.\(^{61}\)

The fragmentary existing evidence from hospitals, suggests that chicken, hen and turtledove had been considered the most appropriate tonifying foods for the mad in the Valencia *Spital dels innocents* as early as 1439, and cooling foods such as lettuce had been purchased daily for the mad at least for a few years in the 1590s.\(^{62}\) Even though it is not possible to know about the actual quality of foods purchased for the mad in hospitals or prisons, and whether they were indeed given to the mad, it is possible to see how Galenic principles about the therapeutic value of appropriate diet had been advocated in the Spanish Peninsula already in the early fifteenth century, and continued to inspire medical thinking in the 1670s.

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\(^{60}\) Daza cites here Arnau de Vilanova (‘Si per alimenta restituiti potest sanitas, fugiendus est penitus usus medicinarum’ [*De regulis generalibus curationis morborum* doctri. 2. aphor. 9]) and Areteus (*De curatione phrenetico*, Lib. 1. cap. 2).

\(^{61}\) AHN, Inq., leg. 130, exp. 3, fol. 149v; cited by Tropé above (‘Inquisición y locura en la España de los siglos XVI y XVII’, 59).

\(^{62}\) Archivo de la Diputación Provincial de Valencia, V. 1/23 (1439) and V. 4-1/C-8, leg. 57 (1596); cited in Hélène Tropé, *Locura y sociedad en la Valencia de los siglos XV al XVII. Los locos del Hospital de los Inocentes (1409–1512) y del Hospital General (1512–1699)* (Valencia: Diputación de Valencia, Centre d’Estudis d’Història Local, 1994), 261–62.
Conclusion

The concepts of ‘black bile’, ‘melancholic humour’ and ‘adust choler’ are so alien to modern medical and lay conceptions of the body and the mind, that it is tempting to read them as metaphors. But, as we have seen, when the medical writings available in sixteenth- and seventeenth-century Spain drew on such concepts to explain mental disorder, they related them to actual bodily fluids, vapours and fumes, which could be observed (or smelt) in bodily secretions and emissions (like faeces, vomit or eructations).

As this article has sought to demonstrate, this explanatory humoural model was one with which Spaniards would have long been familiar. It was the standard approach taken in medieval and early sixteenth-century books on diet and on the preservation of health, like Maestre Gil’s *Libro de medicina* (1518), based on the Arabic Galenist tradition. Moreover, the humoural understanding of melancholia, mania and frenzy had been promoted by medieval Latin texts like Anglicus’ *De propietatibus rerum* and Gordonio’s *Lilium*, which were available in Latin manuscript copies in the fourteenth century and in printed Spanish editions from the mid 1490s.

Humoural theory offered a serious, credible alternative to the (often superstitious) preternatural explanations of mental disturbance as caused by demonic forces or by sin. It did lead to eclectic interpretations, such as the notion that black bile could act as the devil’s vehicle. But it also provided a wider moral approach by linking health and disease to lifestyle habits.

We have seen that, despite the general emphasis placed by humanist physicians on restoring the purity of the Classical Galen, the medical approach to the understanding of melancholia, mania and frenzy did not depart from the medieval Arabic Galenist emphasis on the interaction of mind and body and on non-natural (non-innate, non-organic) factors of health and disease. Far from being a set of metaphors, and far from being new, the humoural explanations available in sixteenth- and seventeenth-century Spain stressed that mental disturbances were caused by a wide range of factors, including diet, climate, the quality of the air breathed, and daily routines such as exercise, physical and mental exertion, rest and sleep. Such non-innate factors affected the mixture of bodily qualities (heat, cold, moisture and dryness), which influenced not only physical health, but also the functioning of the brain and the emotions.

Even though people were believed to be born with a given complexion or temperament (or combination of bodily qualities), this would change with age, and depending on their environment and lifestyle. As suggested by the Pseudo-Aristotle’s *Problem XXX*. 1, in Vives and in the medical texts circulating in sixteenth- and seventeenth-century Spain, a cold and dry mixture of humours would make people fearful. By contrast, those with a hot and dry temperament (whether innate or acquired), would be prone to anger, and their imagination would be more easily deranged than other people’s.
Their anger and their derangement could be reduced if they ate fattier foods, or slept and rested for longer.

Even though few early modern Spaniards would have been in a position to choose what they ate, dietary advice occupied a prominent position in handbooks on the preservation of health and in compendia of practical medicine. The Aristotelian principle that virtue was found in temperance and moderation was supported at a practical level by the Hippocratic principle of counteracting excess through opposite qualities, *contraria contrariis curantur.* This could be achieved, for instance, by eating temperate foods such as ram’s head, or cooling foods like lettuce. The same principles which might help people maintain their health, their moral strength, and a happy state of mind, were applied when diet was used in treating the mentally disturbed medically.

Mental disturbances such as prolonged sadness and fear, bad dreams and a clouded understanding were not simply seen as afflictions of the mind, but were deemed to be rooted in the body and to have an effect on it. ‘Melancholia’, the name given to these symptoms since Antiquity, was simultaneously used in its etymological sense to refer to black bile, their material cause. Black bile was a cold, dry, thick matter, known as the dregs of the blood, produced from food, and increased by non-organic factors such as a cold environment or excessive worry. It could cool down and thicken the blood in the whole body. It could also obstruct the stomach or spleen, producing toxic vapours, thus causing mental disturbance, as well as diseases, such as leprosy or quartan fevers, which could, in turn, heat up the blood and lead to frenzy.

Such seemingly exotic, non-scientific views reinforce the importance of considering the less metaphoric, more material aspects of the interaction of mind and body, which modern science is beginning to address. They also invite us to consider mental disturbance and mental illness in non-binary terms, by looking at the whole spectrum of mental and emotional states, and at the blurred boundaries between sanity and insanity.