

Medical Madness

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Chapter:

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Source:

Majnūn: The Madman in Medieval Islamic Society

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Publisher:

Oxford University Press

DOI:10.1093/acprof:oso/9780198202219.003.0005

Abstract and Keywords

Following the work of ar-Razī, the medical exposition of insanity may be profitably traced in the major works of al-Majūsī, Ishaq ibn 'Imran, and Ibn Sina. The best example of Islamic Galenism before Ibn Sina is surely the textbook by al-Majūsī (d. ad 982–95) entitled *Kitab al-Malaki* or *Kamil a'ina*. In the Islamic world the *Kitab al-Malaki* was often compared to the later *Qanun* of Ibn Sina and was equally well known. The issue of mental disturbances, and madness in particular, arises in a number of places in the textbook. In the first half of the work, which is devoted to the theory of medicine, he discusses the 'naturals' and, then, the 'non-naturals.'

Keywords: insanity, Islamic Galenism, Kitab al-Malaki, mental disturbances, theory of medicine, melancholia, psychic condition

The medical encyclopaedia of Ibn Sīnā or Avicenna (d. AD 1037), known as the *Qānūn fī ṭ-ṭibb*, *The Canon of Medicine*, represents the culmination in Islamic medicine of the long period of translation, study, and reformulation of primarily Galen's works. As we have seen, this was part of an even longer process of systematization of Greek medicine that had begun in late antiquity. A substantial body of secondary medical works in Arabic had also been produced by the time of Ibn Sīnā that fleshed out the Galenic system. The medieval medical writers supplemented and unified Galen's teachings, removing uncertainties and inconsistencies, and occasionally questioning the teachings and adding new material. In the case of insanity, where Galen had said very little, there was more latitude for both theoretical speculation and therapeutic diversity than in other areas. Nevertheless, Galen's basic humoral principles were extended in a highly schematic manner, so that medieval Galenism was not as eclectic as Galen's teaching had originally been. Following the work of ar-Rāzī, the medical exposition of insanity may be profitably traced in the major works of al-Majūsī, Ishāq ibn 'Imrān, and Ibn Sīnā.

(a) AL-MAJŪSĪ

The best example of Islamic Galenism before Ibn Sīnā is surely the textbook by al-Majūsī (d. AD 982–95) entitled *Kitāb al-Malakī* or *Kāmil aṣ-ṣinā'a ṭ-ṭibbiya*.¹ This work was translated into Latin twice in the Middle Ages; first by Constantinus Africanus under the title *Liber Pantegni* and second by Stephen of Antioch as *Liber regius* (AD 1127). In the Islamic world the *Kitāb al-Malakī* was often compared to the later *Qānūn* of Ibn Sīnā and was equally well known. The medical historian (p.63) al-Qifṭī described it as 'a splendid work and noble thesaurus comprehending the science and practice of

medicine, admirably arranged'. Indeed, al-Majūsī's work is a clear, succinct account of medicine, which he expected to be the definitive medical textbook. It is divided into two parts, theoretical and practical. Between the notebook of ar-Rāzī and the encyclopaedia of Ibn Sīnā, al-Majūsī's work marks an important stage in the development of Islamic medicine and offers another perspective to our subject.

The issue of mental disturbances, and madness in particular, arises in a number of places in the textbook.² In the first half of the work, which is devoted to the theory of medicine, he discusses the 'naturals' and, then, the 'non-naturals'. The seven 'naturals' were the basic components of the body; they were the elements, temperaments, humours, parts of the body, faculties, functions, and the pneumata. Al-Majūsī discusses the influence of psychic events on health as a part of his presentation of the six 'non-naturals'.³ The six 'non-naturals' was a basic idea of medieval Galenism; it meant those factors that directly influence one's health, i.e. the humoral balance, and that could be regulated by a proper regimen. The determination of each individual's regimen was an important function of the medieval doctor. The 'non-naturals' included the individual's environment, activity and rest, sleep and wakefulness, nourishment, excretion and retention of superfluities, and psychic events. Incidentally, in the context of discussing food and drink, al-Majūsī states that wine was good for the body in moderation because it increases natural heat and gladdens the soul, as in the works of antique authors. Continual drunkenness, however, was very dangerous. Perhaps because of the Islamic prohibition of intoxicants, alcoholism was a sensitive issue and was not a major topic in the textbooks, although chronic alcoholism is closely associated with mental incapacity. Nevertheless, al-Majūsī does state: 'For ebriety [*sic*], if it is frequent, brings many evils to the body, among them the destruction of the ruling power, weakening of the mind, enervation of the animal powers; and, by filling the arteries and cerebral ventricles, it submerges and chills the natural warmth, causing apoplexy, paralysis, enfeeblement, coma, epilepsy, trembling and convulsions.'⁴

Like Galen and other medieval doctors, al-Majūsī was quite aware of the psychic conditions that encouraged well-being and those that were (p.64) conducive to illness; consequently, a wide range of illnesses was attributed to such causation. Specifically, al-Majūsī says that some emotions, such as anger, distress, fear, anxiety, and passionate love, may be dangerous to one's health; if they gain dominance over the individual, they may lead to death. But these passions are seen as *external* causes, as the sixth 'non-natural'. These emotions are responses to outside, physical stimuli and are not parthenogenetic. The emotions were given humoral qualities and could be manipulated according to the principle of contraries. Moreover, the emotions were explained physiologically. For example, anger is the boiling of the blood in the heart and the movement of the natural heat, which is sent outward to the rest of the body; it can be seen by redness in the eyes and a flushed face. The heat dries the body and strengthens the bile until it becomes a daily fever. If there were in the body a humour that is susceptible to putrefaction, a putrid fever occurs. Because of the excessive natural heat, it might lead to tremors, unconsciousness, and even death, depending on the constitution of the individual. Grief may cause the innate heat to withdraw gradually into the body and may cause a daily fever, or if prolonged it may cause hectic fever/consumption.⁵ If grief were excessive in those with a cold temperament, it extinguished the innate heat. With the exertion of self-control, reason (*'aql*) and patience, according to al-Majūsī, a person may resist these emotions and, hence, illness. Happiness and gaiety can be used to dissipate grief and anxiety, so that health is restored. The lovesick particularly are freed from their malady by seeing those whom they love.

In al-Majūsī's presentation of nosology and aetiology, he discusses the close relationship between the brain and the stomach, which is a familiar topic from antiquity. Specifically, a hot swelling at the mouth of the stomach creates mental confusion (*ikhtilāṭ adh-dhihn*). An unfavourable cold

temperament of the epigastric region also affects the brain and creates lethargy and exaggeration (*?istighrāq*), and epilepsy may be caused by phlegmatic moistures that rise from the mouth of the stomach to the brain. Melancholic delusion is produced by the black bile that congests at the mouth of the stomach, and its vapours rise up to the brain.⁶

The ninth chapter of the first half of the book is devoted to interior illnesses. Following accounts of apoplexy, epilepsy, and incubus, there is a theoretical discussion of the causes and signs of melancholia, lycanthropy, and lovesickness.⁷ Black-bile melancholia (*al-mālanḫūliyā* (p.65) *as-sawdāwī*) is confusion of the reason (*ikhtilāṭ al-ā'aql*) without fever. Al-Majūsī's description of melancholia presents a familiar picture. It originates in the brain, the stomach, or other parts of the body. Coarse black humour is generated in the brain or it comes to the brain from another part of the body. When the humours are burnt and collect in the brain, melancholia occurs. The psychic spirit is made turbid, and thinking is changed. Sometimes this illness results from fear and grief, and the common symptoms of the melancholic are sadness, fear, and distrust. Some of its victims dread death and others desire it; some laugh and others cry; some disown themselves while others imagine they are animals, crying like animals; and still others prophesy. Each kind of melancholia had its own symptoms. When it occurred from black humours that were burnt in the brain, its symptoms were mental confusion, serious delirium (*hadhayān*), love-madness (*haymān*), anxiety, sadness, fear, terror, suspicion, hallucinations (*takhayyulāt*), and so forth. When melancholia arose from the stomach, other symptoms were flatulence, belching, pain and burning in the epigastrium and stomach because the black bile also hindered normal digestion. When it arose from the blood of the whole body, there were signs of leanness, hirsutism, flushed complexion, wide veins, and red eyes. If the burnt humour in the body were yellow bile, its signs were numerous: love-madness, madness (*junūn*), joking, crying, confusion, insomnia, restlessness, rumbling in the stomach as well as fury, wrath, and fever. The patient looked like a lion and was yellow in complexion. If the burnt humour were black bile, the person was characterized by much anxiety, reflection, fear, terror, weeping, hallucinations, malice, solitariness, and other symptoms that were common to melancholic delusion (*al-waswās al-sawdāwī*). By these signs one knew what kind of melancholia it was and its causes. Quoting Hippocrates (*Epidemics II*), al-Majūsī states that when the temperament of the heart is hot and dry and that of the brain is moist, black bile is plentiful because yellow bile is converted into black bile by burning. The brain receives the burnt black vapours of the body and creates melancholia, and this condition is common in the autumn.

One kind of melancholia is said to be lycanthropy. Its victim behaves like a rooster and cries like a dog. He wanders among the tombs at night and stays there until morning. His complexion is yellow; his eyes are dark, brutish, and hollow; his tongue and mouth are dry and lack saliva; and his thirst increases. There are lesions or sores on his body. The ill hardly ever recover, and the disease is hereditary.

Al-Majūsī very briefly describes passionate love. It is a psychic passion for someone that you continuously think about. Its symptoms are (p.66) sunken eyes and rapid eye movement, emaciation, and a change in the pulse when the beloved is mentioned.

Mental confusion also occurs as a common symptom in other illnesses, such as *birsām* and *sirsām*, loss of memory, and lethargic sleepiness (*as-subāt as-saharā*) that is called coma (*qūmī*), so that for diagnosis one should not rely on such common signs. Concerning the confusing subject of *birsām* and *sirsām*, al-Majūsī says that *sirsām* originated in a hot dyscrasy in the brain or in a hot swelling in the cerebral membrane; *birsām* also arose in the brain but was the result of a swelling in the spleen, which was connected to the brain by nerves. *Sirsām* meant, however, not only phrenitis but also

lethargy; a distinction is made between these two illnesses, as in ar-Rāzī and Ibn Sīnā, by naming phrenitis ‘the hot meningitis’ (*as-sirsām al-ḥārr*) and lethargy ‘the cold meningitis’ (*as-sirsām al-bārid*).⁸

In the second half of the *Kāmil a-sinā’a ʿa ṭ-ṭibbiya*, al-Majūsī discusses treatment in the usual head-to-toe manner of ancient medicine. The fifth chapter deals with illnesses of the head, beginning with headaches. Following discussions of various forms of lethargy, the topics include catochus (*qāṭāhūs*), *sadar*⁹ and vertigo, epilepsy, apoplexy, melancholia, lycanthropy, lovesickness, hemiplegia, lassitude, etc. In this context, al-Majūsī says that one must first determine whether the melancholia originates in the brain, from the vapours arising from the stomach, or from the rest of the body by the symptoms that have already been described in the first part of the book. His subsequent discussion of melancholia is divided according to this tripartite aetiology: cerebral, hypochondriac, or *marāqīya*, and somatic. If it occurred in the brain itself, other factors had to be considered: the patient’s age, the temperament of his body and its inclination to leanness, whether his body hair was plentiful and his complexion tended to be black and swarthy, and the stage of the illness. Then, the *ṣāfīn* vein should be bled, so that the blood is drawn from a place that is far from the brain. If the bleeding were performed for a few days, the operation should be on the median arm vein, and the necessary blood should be extracted according to its colour. If it were black, the amount should be increased; if it were (p.67) deep red, only a little should be removed because this colour indicated that the humour in the brain had not spread to the rest of the body. After the bleeding, the patient should be given a drink of poppy (*khashkhāsh*) and violet, a prescribed diet, and flowers to smell. On the third day, he should be given an enema that the author prescribes. Then, the body should be cleansed by a remedy that purged the black bile, which should be used often because this humour was difficult to treat. Among the better things that evacuate the body is a cooked preparation of dodder of thyme strengthened by aloes, agaric, and black hellebore. The patient should be nourished with moist foods, including barley-water. After a few weeks, if the condition had not changed, al-Majūsī recommends other purges for the black bile and bleeding from the veins in the forehead. The melancholic is to be given at these times an electuary called *an-nijah*, and the author gives its composition.

If the melancholic could not sleep and there were much raving, lovesickness, reclusiveness, and restlessness, it is an indication that the illness is from the burnt yellow bile. Then, it is said to be madness (*junūn*). The individual should not be evacuated, bled, or purged, for it only increases the vehemence of the humour, and the patient increases in lovesickness, wildness (*‘utūw*), and raving. He should be managed by a soporific regimen of medicaments and foods, such as barley-water in which poppies had been cooked and beverages made with poppies; after three hours, he should be given a concoction of violet and poppy to drink. As to the patient’s diet, he should be given such things as lamb, kid, eggs cooked with gourd and *isfanākh*, lettuce, *baql mulūkiya* (?), fish, *banā*(?), cucumber seeds, and Indian water-melon. Ripe fruits that are easy to digest should be eaten. Foods that generate black bile should be avoided, such as bran bread, lentils, cabbage, cattle meat, and similar things. Also, foods that produce yellow bile should be avoided, such as garlic, onions, mustard, and vinegar. His head should be bathed with moist, soporific fluids, and al-Majūsī gives a prescription that includes white poppy. Hot compresses should be applied to his head with some oil of violet in a bath of moderate heat. Milk of a wet nurse with some oil of violets may be dripped on his head, or cotton may be moistened in it and laid on his head. Also various oils may be inhaled. The patient’s place of recovery should be in a bright place, and this regimen should be continued until he is able to sleep. If he has slept calmly, it is desirable to cleanse his body by purges that eliminate the burnt yellow bile, such as foods cooked with absinth and agaric; he should be allowed to rest for a few days, following the prescribed moist regimen. The purges should be a little stronger in order to remove the black bile. If fever appeared with (p.68) this treatment and his urine were red, he should be given barley-water

with various additives. If the fever subsided, he should be given the medications that evacuate the black bile.

The treatment of hypochondriac melancholia included potions that induced vomiting in order to cleanse the stomach. After three days on a moist regimen and the persistence of the illness, the patient should be purged to remove the melancholic humour; various laxatives are prescribed, including ones attributed to Galen and Rufus, according to the constitution of the patient.

For the treatment of melancholia that was caused by vapours rising to the brain from the humours in the whole body, the doctor is to determine the nature of the condition by bleeding at the medial arm vein. If the extracted blood were black, its withdrawal should be increased gradually. If the patient were a woman with retention of the menses, she should be bled at the *ṣāfin* (the saphenous or crural vein).¹⁰ Afterward, a regimen prescribed by al-Majūsī should be followed. If the excess humour in the body were yellow bile, it is necessary to evacuate the body with purging medicines, which appears contradictory to what the author had said earlier about yellow bile. In any case, the purging was to be followed by a moist regimen, which included a moderately hot bath and a tub of water with violets, nenuphar, and lettuce leaves, so that immersion in these waters would dissolve the putridity in the body and moisten it. The body should be massaged with oil, and the head fomented and oiled. If the condition persisted, purges should again be used, according to the patient's strength, and they should be graded upward. If the illness were due to yellow bile, drugs and hot foods should be avoided. If it were black bile, the patient should be bled to eliminate the black blood. If bleeding were not necessary and the patient was very depressed and unable to sleep, a moist regimen should be used to induce sleep; afterward, he should receive medication, moist foods, baths, and evacuants. The condition should improve; the patient's fears dissipate, he becomes more sedate, and his reason is restored. Otherwise, laxatives should be given. After a few days of a pleasing diet, which included diuretics, one should return to laxatives and a moist regimen until the patient recovered completely. If the melancholic thoughts and fears persisted, the doctor should devote himself completely to strengthening the heart. If the body were not hot and the pulse were not quick, a concoction of sweet musk and myrrh should be used or some 'great theriac' and *bādhir nabū* with it or borax water. Al-Majūsī gives (p.69) prescriptions for electuaries if the body were hot; one of them enlivens the psyche, improves the intellect, and betters the complexion. The potential melancholic should be careful of his diet and cautious of great exertion, wrath, and sleeplessness. Aside from using the baths with tepid water and moderate massage and oiling, the melancholic should associate closely with those who are cultured and intelligent. He should relax and sit in open gardens. And he should be conscious of the seasons with regard to taking purgatives for the black bile.

The treatment of lycanthropy is bleeding at the time of the patient's excitement. Blood should be drawn until he is unconscious. The diet should promote the proper *kaymūs*, or combination of the humours,¹¹ in his body, and he should be made to bath in a tub of warm, sweet water. He should be given a laxative and afterward the theriac *fārūq*.¹² If the illness were stirred up and insomnia occurs with it, his head should be fomented with soporifics.

Concerning passionate love, the victim should be given a moist regimen, including bathing, moderate exercise, massage, and beverages, and he should travel. It was desirable that he should be occupied with gardens, recitations, song, and the music of lutes and flutes, as well as tales, poetry, and stories of the ascetics. He should be busy with his normal work, occupations, and activities, so that he is not left inactive. These latter affairs would distract his thoughts from the beloved. Pursuing such interests, his thoughts would turn to another. Also, sexual intercourse with someone other than the beloved as well as distance from the beloved were among the things that diminish *'ishq*.

Naturally, al-Majūsī, as well as Ibn Sīnā, greatly influenced later medical writers on such matters. For example, in the twelfth century, as-Sulamī composed a list of questions and answers that could be used to examine a physician. In the chapter on urine, the hypothetical doctor is asked ‘What does blood urine with a foam like wine indicate?’ The answer is mental disorder, and this answer may have been taken from al-Majūsī.¹³ Clearly, in the chapter on good and bad symptoms, the answer to the following question is taken from al-Majūsī: ‘If you see someone who is mentally disturbed go to sleep and awaken fully sane but who becomes disturbed again if he remains awake for a long time, what does this indicate?’ According to al-Majūsī, it is a good sign because nature overcomes the substance of the illness during sleep and ripens it with its (p.70) strength. However, a good mental condition is not a good sign in every illness, for people who haemorrhage and have tuberculosis die although they are of sound mind. But this is not so in acute illnesses or illness of the head.¹⁴ Also, as-Sulamī quotes al-Majūsī that haemorrhoids are a good sign for those suffering from melancholia and cerebral disease because of the descent of the noxious substance, as we have already seen. In sum, al-Majūsī gives a systematic presentation of melancholia, of which madness is a severe form. He is highly dependent on earlier Greek medical works, but he provides a copious array of treatments on the basis of the humoral imbalance of the body.

(b) Ishāq ibn ‘Imrān

Monographs on melancholia were written by the following Islamic doctors: Ibn Māsawayh (d. AD 857),¹⁵ Hunayn ibn Ishāq (d. AD 873),¹⁶ Ahmad ibn ‘Abī al-Ash‘ath (d. AD 970),¹⁷ and Ishāq ibn ‘Imrān (d. AD 908).¹⁸ Only the last work has been published and studied extensively; the others are known only by their quotation by later authors.¹⁹ For this reason, it is impossible to form any definite opinion about the succession of treatises on this theme. No monographs were apparently devoted exclusively to madness or mania.

Undoubtedly, the best known exposition on melancholia in Islamic medicine is the treatise by Ishāq ibn ‘Imrān because of its transmission to medieval Europe through the Latin translation or adaptation of the text by Constantine Africanus (d. AD 1087).²⁰ Ibn ‘Imrān was a Muslim doctor in Baghdad; he was invited by the last Aghlabid ruler of North Africa, Ziyādat Allāh III, to come to his capital in Qayrawān about AD 902 in order to supervise the ruler’s health. Soon after Ibn ‘Imrān’s arrival, he lost favour with the ruler, who seems to have been mentally (p.71) unstable, at least melancholic. Apparently, a rivalry developed between Ibn ‘Imrān and a Jewish doctor at court who won the king’s confidence and inclined the suspicious ruler against Ibn ‘Imrān. Ziyādat Allāh cut off Ibn ‘Imrān’s salary, and later had him thrown into gaol after he had begun profitable practice in the city. Ibn ‘Imrān was not allowed to return to Baghdad, and after a final quarrel with his patron, he was tortured and put to death in AD 908. According to Ibn Abī Uṣaybi‘a, Ibn ‘Imrān was the first great doctor in North Africa and inaugurated a succession of distinguished doctors, beginning with his student Ishāq ibn Sulaymān al-Isrā’īlī.²¹ Ibn ‘Imrān also wrote a large number of works, including works on drugs and hygiene; his study on melancholia survives only in a single late manuscript.²² In this treatise, which originally may have been given as lectures, Ibn ‘Imrān acknowledges the work of Rufus on the subject.

Ibn ‘Imrān says that melancholia is an illness that can develop into madness in cases of personal loss and separation, severe depression, or mental exhaustion.²³ It is not a personal disposition or constitutional type. He asserts that the disease could be both hereditary and non-hereditary; in the first case, the individual is predisposed to melancholia because his temperament has been damaged pre-natally. Post-natally, melancholia is acquired basically by the neglect of the six ‘non-naturals’ psychic events, especially, could damage the animal and rational spirits. Whatever changes took place

in the black bile, it was necessary that the brain be affected for the illness to occur. Ibn 'Imrān distinguishes the three standard types of melancholia: (1) the cerebral type was made up of two kinds: the first originates from burnt yellow bile and has a high fever accompanied by sudden movements, foolish acts, and visual hallucinations of black people and things; it is phrenitis. The second kind is caused by either natural black bile that is dominant in the brain's temperament and is called bestial delusion (*al-waswās as-sabu'ī*), corrupt black bile,²⁴ or burnt bile. (2) Another type of melancholia originates in the black bile and burnt humours of the lower body and rises to the brain. And (3) the final type also begins in the black bile of the whole body but is discharged in the hypochondria; from there the toxic vapours affect the (p.72) animal spirit that is produced in the neighbouring heart and ascend to the brain. The three types share common psychic and somatic symptoms— fear and sadness, delusions, and all types of hallucinations—but each type also has distinct signs.

Subsequently, before turning to therapy, Ibn 'Imrān discusses the Hippocratic view that the melancholic may become epileptic and vice versa. Ibn 'Imrān notes that the Greeks called this illness the 'sacred disease' and considered it to be a divine punishment. In vernacular Arabic, one was accustomed to calling it the 'prophetic disease' (*al-maraḍ al-kāhinā*), according to Ibn 'Imrān, because of the obscurity of its causes and its attribution to the jinn. The doctors called it the 'great illness', 'falling sickness' (*ṣar'*) or 'possession'/'madness' (*junūn*).²⁵ He also observes that a number of people who suffered from leprosy (*judhām*) became melancholic and were incurable.²⁶ As for treatment, one should first attack the psychic symptoms by persuasion of any kind together with music and potions.²⁷ Then, the bodily symptoms should be dealt with, especially the emaciation, insomnia, and bad digestion. Generally, the treatment centred, as usual, on the purging of the black bile and the adjustment of the six 'non-naturals', but each of the three types of melancholia had its special treatment. Twenty-nine detailed recipes are given by Ibn 'Imrān, which include pills, powders, electuaries, suppositories, laxatives, baths, oils, enemas, inhalants, and concoctions that generally purify the body.

Manfred Ullmann has observed three things about Ibn 'Imrān's treatise. First, the presentation is clear and schematic, developing logically the humoral theory in relation to melancholia. Ibn 'Imrān's psychogenic explanation of the illness, however, does not fit into this humoral explanation. Second, Ibn 'Imrān is completely dependent on ancient authors, especially Rufus' work on melancholia and Galen's *De locis affectis*. On the other hand, nothing is taken from the author's personal experience, which leads to Ullmann's third point, the highly abstract nature of the work. The types of melancholia and their symptoms are based purely on theoretical conjecture. Furthermore, the scholastic nature of the treatise is characteristic of most Islamic medical texts; Ullmann compares Ibn 'Imrān's work with al-Majūsī's similar treatment of melancholia, which was derived mainly from Alexander of Tralles.²⁸

(p.73) In addition to his philosophic pretensions, Ibn 'Imrān's treatise is, unfortunately, seriously flawed by digressions, lapses, and repetition, and he does not fully develop the humoral interpretation of melancholia in its various forms, as al-Majūsī and Ibn Sīnā did.²⁹ Ibn 'Imrān, like other medical writers, justifiably considered psychic events as causes of mental illnesses and tried to explain the damaging effects they could have on the spirits.³⁰ Despite the artificiality of such speculation, the work reflects a genuine medical need and suggests how mental disorders were conceived of by professional doctors and probably treated in many instances. Despite his lack of 'clinical' cases, Ibn 'Imrān appears to be the only author to admit frankly the difficulty of diagnosing mental disturbance: 'The diversity is confusing in the eyes of the doctors, who do not have an exact knowledge of the illness because of the variety in the symptoms of the soul [*nafs*].'³¹ And he complains about the difficulty of treatment, reflecting perhaps his own frustrating experience: 'The disturbed are the strongest of God's creatures in demanding a healer; they humble themselves to him and offer him whatever he wants from their

possessions. But if he comes to them and is willing to treat them, they do not submit to him and obey him.³²

(c) IBN SĪNĀ

A comparable discussion of these topics, but in a number of ways more important, is to be found in Ibn Sīnā's *Qānūn*. Ibn Sīnā (d. AD 1037) was considered the 'second teacher' after Aristotle because he was foremost an Aristotelian philosopher; with regard to medicine, his predominance was due as much to his reconciliation of Aristotle's natural philosophy with Galenic medicine as to his work's comprehensiveness. The *Qānūn* is an even more influential handbook than al-Majūsī's or the monograph of Ibn 'Imrān because of its wide dissemination. On the one hand, it was first translated into Latin by Gerard of Cremona (d. AD 1187) and became very influential in medieval and Renaissance European medicine.³³ On the other hand, the *Qānūn*'s authoritative status in the Islamic world (p.74) has continued down to the present day; the practice of so-called Yunānī, or Greek, medicine in the Asian subcontinent is largely based on Ibn Sīnā's encyclopaedic work.

The *Qānūn* is divided into five parts that cover the general principles of medicine, materia medica, diseases of the bodily parts, general diseases and cosmetics, and a formulary of compound medicines. As a follower of Aristotle, an immediate problem that was posed by mental derangement was the old question of the primacy of the heart over the brain. Predictably, Ibn Sīnā asserts in the first part of the *Qānūn* that Aristotle is correct; the heart is the ultimate source for the functioning of the whole body because of its manufacture of the pneuma, but it is not the immediate source of bodily functions. It is sufficient for the doctor to know simply the separate organs and their different functions. Similarly, Ibn Sīnā upholds a more complex philosophical scheme for the nature of the brain than the somatic one held by most doctors.³⁴

The third, fourth, and fifth chapters of the third part of the *Qānūn* deal with the various types of inflammation of the brain, the damaged functioning of the senses, and the cerebral injuries that affect voluntary movement. The third chapter is relevant because of its discussion of phrenitis (*qarānīṭis*), its symptoms and treatment, as well as other inflammations of the brain, phlegmon [*filgbamūnī*], erysipelas [*hamra*] and tetter, severe delirium [*ṣabārī*], lethargy [*sirsām barīd*], fluid inside and outside the brain, catochus [*qāṭāhūs*], apathy [*subāt*] and skull fracture.³⁵ Briefly, phrenitis is defined as the hot *sirsām* as distinct from lethargy, the cold *sirsām*. It is a hot inflammation of the meninges or the brain itself. Ibn Sīnā disagrees with other writers who maintained that the cerebral mass does not become inflamed. *Sirsām* is the special name for the inflammation of the meninges, and *qarānīṭis* may apply to that of the brain. The symptoms are delirium (*hadhayān*³⁶ and mental confusion (*ikhṭilāt*) with a serious fever. The common name, *sirsām*, is derived from this symptom; similarly, the symptom of forgetfulness (*nisyān*) is also the name for cold *sirsām* or lethargy. As a commonly used term, *sirsām* applies to the cerebral disease. Ibn Sīnā asserts that those who do not know languages consider that *birsām* is the name for phrenitis and that *sirsām* is less serious than it, but that is not so. As we have seen, *birsām* means chest inflammation or illness. Therefore, for Ibn Sīnā, *sirsām* is a generic term; it includes fevers, burnt humours at the mouth of the stomach that rise to the brain, or inflammation in the brain and its membranes. *Sirsām* might occur with *birsām* when the cerebral (p.75) inflammation is accompanied by the disease of the diaphragm, the chest muscles, and other organs. The description of this condition varies, according to the author, but he says that true *sirsām* is used by the medical profession to mean inflammation of the head.

Sometimes the inflammation of the brain was affected secondarily. The illness might be very bad on the fourth day, and most who die of *sirsām* die from injury to the spirit (*nafs*), although it may affect

various parts of the brain. Its origin is mostly in the bilious blood or yellow bile. The mental disorder consists of weeping and laughing, hour after hour. It is also a bad condition if it developed from pneumonia because it leads to a high fever. If various signs, including heaviness in the head and lungs, convulsions, and vomiting, appeared, the illness was fatal. Most of the time, phrenitis is dissolved by haemorrhoids if they are made to flow, or the phrenitic condition may become cold and change to lethargy, so that the patient escapes the disease. Phrenitis may consist of hectic fever/ consumption (*daqq*) or madness (*junūn*), in which reality is replaced by fantasy. Rarely do the elderly rid themselves of the illness of phrenitis. Some medical practitioners claimed that sometimes an illness similar to phrenitis occurred without fever; yet its existence without fever is an indication that it is devoid of inflammation.

At this point in the discussion of phrenitis, Ibn Sīnā gives a general description of what appears to be rabies, which is discussed later as a distinct disease. Ibn Sīnā relates that the victim is disquieted and greatly agitated. He is unsettled; he tries to climb the walls, and his irritation, sadness, thirst, and restricted breathing increase. If he drinks water, he chokes on it and discharges it. Most men become killers from that day on. Sometimes it lasts four days, and one cannot escape from it. The face and tongue of those afflicted with this illness turn black and their eyes are dry, and their condition is like that of the *mulhawqīn* (?). Then, their movements slacken, their pulse becomes slow, and they die. Most die from suffocation. Ibn Sīnā states that it is not unlikely that the cause of it is the connection of the brain with another important organ, where there is disease; it is conveyed to the brain, so that it confuses the brain, corrupts it, and disturbs the reason. And the victim is thirsty because of the desiccation of the regions of the throat and chest.³⁷

The author, then, proceeds to discuss the symptoms of *sirsām* and the treatment of its various forms. The *sirsām* that arises from the burnt (p.76) yellow bile, especially, causes madness and irritation, heavy breathing, joking, and so forth. The treatment is generally designed to bring about greater moisture and coldness in the body.³⁸ This last type of *sirsām* is obviously important with regard to the conceptualization of madness. *Ṣabārī* is said to be an excessive madness (*junūn mufriṭ*) that appears with hot *sirsām* caused by yellow bile, so that the patient, although he is stricken by *sirsām*, is mad (*majnūn*), disturbed (*muḍṭarib*), and muddled (*mushawwash*). According to Ibn Sīnā, simple phrenitis (*qarānītis*) is fever delirium and mental confusion, but there is no madness. If there were, it is *ṣabārī*. It is as if *māniyā* were compounded with phrenitis; similarly, phrenitis is like melancholia combined with inflammation and fever. When madness precedes the inflammation and fever, it is *ṣabārī*. Ibn Sīnā explains that the cause was the pure red bile or burnt bile that rushes to the brain, producing madness when it first reaches the brain, and creating with it or after it an inflammation. In phrenitis, mental disturbance is a sign of the inflammation, but in *ṣabārī* the madness and the inflammation are two occurrences of the same matter; they are not the cause of one another but often increase the intensity of each other. If *ṣabārī* begins to appear, insomnia is persistent and sleep is disturbed; there is agitation, hyperventilation, and forgetfulness. The patients' answers do not resemble the questions, and their eyes are red, disordered, and dull as if they were irritated. Sometimes there is a yellowness in the eyes. There is a sensation that spreads at the back of the head, a pain in the head because of the vapours, and involuntary crying. In one case, when the illness subsided, the fever continued and the tongue was rough and dry. In another, the movement of the eyelids quieted down, and the raving was interrupted by an incapacity to speak. The patient is preoccupied most of the time with picking at his bedclothes. The pulse increases slightly and is hard. The symptoms of *ṣabārī* may differ considerably, but its treatment is exactly the same as that for yellow-bile *sirsām*—an increase in the moisture of the body and the necessity to restrain the patient by binding his limbs.³⁹ The name of this syndrome strongly suggests the restraint of the patient: *ṣabārī* is

derived from the Arabic root *ṣabara*, which may mean ‘to bind, fetter, or shackle’; this meaning of the name is supported by Ibn Sīnā’s remarks on treatment at the end of his exposition.

The fourth chapter deals with the impaired functioning of the senses and the appropriate treatment: sleepiness or apathy (*subāt*); sleep and its disturbances; insomnia; injuries of the brain; mental confusion and (p.77) raving; frivolity (*ru’ūna*) and stupidity (*ḥumq*); deficiency of memory and imagination; mania and rabies; melancholia, lycanthropy, and love-madness.⁴⁰ After a discussion of the symptoms and treatments of injuries to the memory, cognition, and imagination and their locations in the brain, the section devoted to mental confusion and raving is the only general discussion by Ibn Sīnā of what could be called mental illness.

These symptoms are the result of a condition in the brain caused by the black bile, hot burnt blood, yellow bile, red bile, simple heat, hot vapours, or dryness; they deprive the brain of the substance of the natural spirit (*rūḥ*) that preserves the reason. Mental confusion could result from a disorder in another part of the body or from the whole body, as in fever. Concerning its symptoms, whoever has a strong pain, but does not complain about it or feel it, is mentally confused, and golden urine may indicate in fevers the confusion of reason. Regarding mental disturbance caused by black bile, its signs are anxiety, obsession, and the symptoms of melancholia. From yellow-black bile, there is predacity and boldness; from haematal black bile, there is joy and laughter and an abundant flowing of blood in the veins. The symptoms of yellow bile are numerous, including inflammation, irritation, ill nature, strong disturbance, delusions of fire and flames, yellow complexion, and stretching of the skin of the forehead. Of the red bile, the signs are the strongest and the most difficult to treat, such as the mental confusion that is seen in fevers and epidemics. From the phlegm, there is, with the mental disturbance, composure, depression, sleepiness, obsessiveness, and delusions of being animals and birds. Altogether, the confusion of reason, if it appeared with dry heat, is signalled by insomnia; that from a moist heat resulting from a corruption of the blood or phlegm is indicated by sleepiness; that caused by vapours is indicated by symptoms of the affected organ; and that from the whole body by the state of the body, as in fevers.⁴¹

The treatment for mental confusion caused by the blood is immediately to bleed the patient and to do everything possible to restore the balance in the blood; for yellow and red bile, its treatment is to evacuate the patient and to restore his temperament, either of the whole body or the head, by regimens, moistening, and compresses to the head after its shaving. If the patient becomes violent, he should be managed as in the case of madness. Oils and milk applied to the head are recommended to cool and strengthen it. If the confusion is in another part of the body, (p.78) these recommendations should not be followed. Many of these treatments, Ibn Sīnā says, are discussed under the pertinent illnesses. Yet, the confusion may be accompanied by weakness and signs of inflammation and it is necessary to slap its victim with a sharp blow. Sometimes it was necessary to strike him, so that his reason returns to him. Other times a useful thing for the malady was to pour on the patient’s head a broth made of trotters and heads and to give him bryony daily. And if nothing else were effective, it was necessary to cauterize the patient’s head, burning it in the shape of a cross.⁴²

Cautery seems to have been widely used by Muslim doctors, despite the Prophet’s admonition against it. Abū l-Qāsim az-Zahrāwī (d. c.404/ 1013) devoted the first chapter of his section on surgery and instruments to cauterization, which could be employed for a large number of ailments including melancholia.⁴³ According to az-Zahrāwī, melancholia caused by corrupt humours and a thick phlegm should be treated by cauterization like that for paralytics. If it arose from too much black bile and a humid body, the patient should first be purged and have his head shaved; then, one should

apply a compact ring-bandage of linen and put it round the middle of his head. Have him sit cross-legged, held firmly on all sides. Then take a pound of stale sheep's butter and warm it on the fire to a moderate heat so that a finger put in can bear it; then pour it out on the middle of the head inside the circle of the bandage and leave it till it has cooled. Do this once a week with other efficacious treatments till he is cured. If you wish, burn him with multiple small puncture cauterizations; nor [*sic.*] press long on the cautery but let this cauterization be only just punctured. For this kind of cauterization will moderately moisten the brain. Then let cotton soaked in butter or hen's grease be applied.⁴⁴

Concerning frivolity and stupidity, Ibn Sīnā states that the distinction between them and confusion of the mind is that, while they are all injuries of the reason and the cause of them may be located in the middle part of the brain, confusion of the mind is an injury to the thinking function depending on the changed nature of the thought process, and frivolity and stupidity are the result of deficiency or nullity. The latter are similar to the conditions of the senile and the child. Three types of injuries are recognized, and they are caused by simple coldness, dryness (p.79) in the middle part of the brain, and coldness with phlegm in its cavities. They are treated by warming the head and moistening it, by evacuants and vomiting if a substance has to be removed from the head, and by stimulating the heart. The failure of memory is like frivolity but is in the rear of the brain because it is a decrease in the activity in that region or its nullity. As Galen said, it was primarily from the cold, either simple or with dryness or, most commonly, with moisture. Dryness is indicated by insomnia, moisture by sleepiness, and plain cold by numbness and confusion. Forgetfulness in a healthy condition may signify a serious illness of the head, such as epilepsy, apoplexy, or lethargy. Deterioration of the imagination is precisely the same as the causes and signs described in the previous two topics except that it is in the front of the brain, and its corruption is due to the dominance of the black and yellow biles in the forehead or to evil hot temperament.

In his chapter 'On mania (*māniyā*) and rabies (*dā' al-kalab*)' (see Appendix 2), Ibn Sīnā states that mania is bestial madness (*al-junūn as-sabu'ī*), and rabies is a kind of mania. The cause of mania is burnt black or yellow bile in the brain. The signs of the dominance of burnt black bile in the body are detachment and silence, combined with madness and predacity, which lasts for an extended period of time. If the person became animated and spoke, he would be reasonable, but he could not prevent the recurrence of the illness. This type of madman was more emaciated than the melancholic; he had a blacker complexion; and his dreams were worse. The signs of burnt yellow bile are its more rapid onset and remission; there is more agitation, irritability, and mental disturbance. And this type of madman does not remember his evil thoughts like the first type. Because melancholia has a humoral aetiology similar to mania, it was closely related to mania and usually occurred with bestial madness, but melancholia is characterized by withdrawn and morose behaviour, and there is no serious mental derangement. On the other hand, the maniac was mentally very disturbed and was highly agitated. Indeed, his appearance was like that of a wild animal. There is usually no fever with mania, and it appears mainly in the autumn but sometimes in the spring and summer, depending on the nature of the individual's humours. Mania may be naturally healed by the body's expelling the burnt bile in the form of haemorrhoids and varicose veins or by the occurrence of dropsy, a moist illness, that counteracts the dryness of bilious humours. Ibn Sīnā notes the ancient association of madness with the stomach and says that vomiting cures the patient. In general, Ibn Sīnā recommends various forms of evacuation for the quantitative or qualitative changes of the body that have caused mania. (p.80) After evacuation, the body of the maniac, especially the head, should be cooled and moistened; the moistening treatments were more important than the cooling ones, and the diet should be moist. Sedatives may be necessary to calm the madman or to put him to sleep. Various methods are also recommended to draw the noxious bodily vapours down from the head. This is the purpose of Ibn

Sīnā's curious advice that someone who causes the patient embarrassment and fear should sit in front of him while he tightens his thighs and legs. If there were concern that the madman would inflict injury on himself, he should be tied up securely and put into a cage that is suspended from the ceiling like a cradle.

Melancholia is said to be 'the change of beliefs and thinking from the natural course to corruption, fear, and ruination because of a black-bile temperament. This temperament oppresses the spirit (*rūh*) of the brain from within and terrifies it by its darkness, as the external darkness oppresses and terrifies. The temperament of the cold and dry is excessive for the spirit because it is weakening—just as the temperament of the hot and moist, like the mixture of a beverage, is suited to the spirit because it is strengthening.'⁴⁵ If melancholia is accompanied by irritation, jumping about, and sparks flying before the melancholic's eyes, it is called madness. Melancholia, however, describes the results of burnt black bile.

The black bile that causes melancholia may be either natural black bile or phlegm that is converted into black bile by concentration or more commonly by burning, but the conversion of phlegm into black bile is rare. Blood is changed by cooking or by concentration without a serious burning. As for yellow bile, if the intense burning reached it, it created mania and is not limited to melancholia. Each one of the kinds of black bile, when it reached the brain, therefore, produced melancholia, but some caused mania. Ibn Sīnā related the different signs of melancholia directly to each of the four humours.

The origin of the malignant condition of the black bile is attributed to the brain or to another part of the body in the traditional manner. Ibn Sīnā proceeds immediately to combine the two theories of humours and temperaments to explain melancholia. If the condition arose in the brain, it is either from a cold and dry intemperament without substance, which transforms the essence of the brain and the temperament of the clear spirit (*rūh*) to darkness, or it is with substance. Presumably, Ibn Sīnā means in the latter case that there is a material change in the humours. The humoral change is in the veins coming to the brain from anywhere in (p.81) the body, or its change to blackness is by burning what is in the veins. It may make the psychic spirit turbid, which is more frequent; the substance may be absorbed into the mass of the brain; or it may damage the brain in its nature and essence. Thirdly, as expected, Ibn Sīnā attributes the condition to dark vapours arising from the stomach. Alternatively, melancholia may develop from epilepsy—the Galenic notion that Ishāq ibn 'Imrān devoted considerable attention to.

Although the immediate causes of melancholia were clear, i.e. the quantitative and/or qualitative changes in the humours and their qualities, Ibn Sīnā tries to explain the physiological mechanisms for these changes in the body. He says that melancholia may result from the whole body's black-bile intemperament or the dysfunction of the major organs, particularly the spleen, liver, and the stomach, for various reasons.⁴⁶ Or the cause of melancholia was obstruction in the veins, in which case the lack of nourishment caused corruption. Others reportedly attributed melancholia to suppressed urine, or inflammation in the uterus or any other organ of the body. Ibn Sīnā emphasizes the heart; its cold and dry intemperament was, according to him, a frequent cause of melancholia—at least it was impossible for the heart not to be associated in some way when such a temperament affected another part of the body. Therefore, Ibn Sīnā says that it is necessary that the heart as well as the brain be treated in this malady. In a later passage, Ibn Sīnā uses the Hippocratic notion that melancholia increases when the heart is hot and the brain is moist. For the heat of the heart generates melancholia, and moisture in the brain is susceptible to its influence.

The melancholic's symptoms are speech defects, flushed face, hirsutism, especially on his chest, and thick black hair, wide veins, and thick lips. Some of these are signs of the heat of the heart and others

are signs of the moisture of the brain. Like other writers on melancholia, Ibn Sīnā also believed that some foods and drinks generated black bile in the body and should be avoided by the melancholic. Furthermore, he remarks, some doctors thought that melancholia may be caused by the jinn. 'We do not pay any attention to it because we are doctors; whether melancholia is caused by the jinn or not is a remote question. If it were caused by the jinn, it happens by changing the temperament to black bile, for melancholia's cause is the dominance of black bile. Thus, the cause of that black bile may be jinn or something else.'⁴⁴ In general, Ibn Sīnā was (p.82) faithful to Galen: he does not subscribe to the belief that the cause of these related illnesses is demons or divine displeasure, sorcery, or the stars. Finally, Ibn Sīnā considered the excess of grief or fear to be powerful causes of melancholia.

Following Rufus, Ibn Sīnā says that melancholia increases in mature men and the elderly. It lessens in the winter and increases in the summer and autumn. It may often arise in the spring because the spring stirs up the humours, which mix with the blood and excite the black bile; this agitation predisposes many to melancholia.

The symptoms of the beginning of melancholia, according to Ibn Sīnā, are evil thoughts, fear without reason, quickness to anger, love of solitude, trembling, dizziness, and disease, especially in the hypochondria. The fears are usually unreasonable, and some become outright delusions. Some melancholics fear the heavens falling and others the earth swallowing them up; some fear the jinn and others the government. There might be a slight cause for some of these delusions, but in other cases, the melancholic sees things that are not there. They sometimes imagine that they are kings, lions, devils, birds, or artisan tools. The sanguine and morose signs are directly related to melancholia arising from the blood and black bile specifically. Common symptoms of the latter, pure melancholia, were concern with death, self-hate, obsessiveness, delusion, a fixed stare, and the blackness of the complexion, eyes, and hair. Insomnia and reflection precede serious melancholia; the patient objects to the sun and what is bright; and brain illnesses may come before it. General signs of disease in other parts of the body may be associated with the advent of melancholia. There may be black-bileness of the entire body because of its failure to evacuate waste in the normal manners, or the condition may be caused by harmful foods that produce black bile.

A sign of the malfunction of the spleen in melancholia is excessive passion because of the outpouring of the black bile to the stomach, with poor digestion and a rumbling noise; sometimes there is swelling of the spleen, quartan fever, and pain. In the stomach, the symptoms are its swelling, indigestion, and corpulence. Symptoms of hypochondria are heaviness, vomiting, bad breath, poor digestion, sour belching, rumbling in the stomach, flatus, and pain in the stomach or shoulders, especially after meals.

(p.83) Subsequently, we find Ibn Sīnā's complete scheme that relates the symptoms of melancholia to the four humours:

The black bile is the effective agent of melancholia. If it were mixed with the blood, the melancholia appears with merriment and laughter, without deep grief. If it were mixed with phlegm, the melancholia is characterized by indolence, lack of movement, and quiet. If it were mixed with yellow bile, it is associated with restlessness, being closer to madness and like *māniyā*. If it were pure black bile, then there was much contemplation and less agitation except when the individual is provoked and quarrels, or nourishes a hatred that he cannot forget.⁴⁸

Concerning treatment, Ibn Sīnā states, as usual, that melancholia is easy to treat at its outset but is difficult to cure when it has taken root. It is necessary in every case that its sufferer be cheered up and seated in a temperate place; the air of his dwelling should be moist and scented with aromatic herbs.

He should always be given good scents and oils and be served with agreeable foods. He should go to the baths before meals, in which lukewarm water is poured over his head; when he leaves the baths and is thirsty, there is no objection to his drinking a little water. Massage is beneficial, and his moistening is more important than his warming. Sexual intercourse and perspiring are to be avoided. Legumes, dried meat, lentils, cabbage, thick drinks, salted and acrid foods should be avoided. What is fat and sweet is advantageous. If a soporific is needed, the melancholic's head should be bathed with poppy water, camomile, and daisy, for sleep is one of the best methods of treatment. Because melancholia is caused by a harmful cold and dry temperament, it is desirable that his heart be warmed, that he be cheered up, and that he be given remedies of musk, theriac, mithridate, and similar medicaments.

When melancholia is firmly established in the brain, there are three treatments: evacuation of the black bile in one way or another; moistening by baths, hot oils, and remedies; and strengthening the heart. Regarding evacuants, Ibn Sīnā gives detailed instructions for phlebotomy, purges, emetics, inhalants, cupping, compresses, baths, and fomentations. It is necessary that the melancholic should also be kept busy. The patient should be occupied with listening to story-tellers and singers. If there were a decline of appetite, the illness is ruinous and the dryness is overpowering. It is a good sign, however, if the black bile appears in other ways in the body, such as in the colour of the skin, various skin (p.84) eruptions, varicose veins, haemorrhoids, elephantiasis, and so forth; they indicate the rejection of the toxic black bile in other forms than in melancholia.

Concerning lycanthropy, Ibn Sīnā says that it is a kind of melancholia, which often appears in the month of February and makes a man a fugitive from social life. He likes the cemeteries and tombs and has evil intent toward whoever surprises him. He appears at night and conceals himself during the day out of his love of privacy. He wanders about but is wary of people. Some people, however, are not cautious of him, which is negligent. He is extremely quiet, gloomy, and sad; he has a yellow complexion, a dry tongue and mouth, and sores on his legs that do not heal. The cause of the sores is the corruption of the black bile and much movement of his legs. Sometimes a dog bites him and causes this condition. His eyes are dry, hollow, and weak because of their dry temperament. Because of his flight from society, he is called a *harbān* or a fugitive, who has no purpose; because of his unusual movement—he does not know his direction as he flies from one person to the next—he is sometimes called a *duwaybba* or 'insect', which glides over the surface of the water and moves around erratically. The treatment of lycanthropy is the same as for melancholia. If it were caused by burnt yellow or black bile, he should be bled until a large amount of blood is withdrawn and he comes close to fainting. He is given appropriate foods, moisturizing baths, and whey⁴⁹ for three days. Then, he is evacuated by the laxative *arkāghānīs* (Archigenes) and put to sleep; his heart is strengthened after evacuating the body with a theriac and a diuretic. Generally, his body is to be kept very moist and his heart warm. If this treatment did not work, and he struck his head and face because of pain, his head should be cauterized.⁵⁰

Another well-known syndrome was *'ishq* or love-madness, which was only briefly described by al-Majūsī.⁵¹ Ibn Sīnā's description of lovesickness is relatively full and was influential in both the East and the West. (See Appendix 3.) Lovesickness is a delusionary (*waswāsi*) illness, which is similar to melancholia in its symptoms. The lovesick brings about his (p.85) condition by his own obsession with the loved one, giving up his normal discretion about another person's character. The characteristics of this illness are hollow, dry eyes except when crying, continuous movement of the eyelids, and unpredictable laughter. On the other hand, there is withdrawal, much sighing, and insomnia. The mood of the lovesick changes from exhilaration to sadness when he hears love poetry. His behaviour is disordered, and his pulse is irregular. His pulse and his general condition alter dramatically when his

beloved's name is mentioned or when he encounters the beloved unexpectedly. Because of the change in his pulse-rate, it is possible for the doctor to discover the identity of the loved one when the patient won't reveal it. 'Knowledge of the beloved is the best way of treating the patient.' Ibn Sīnā had tried this procedure by reciting names, occupations, and locales while he felt the patient's pulse, and he had been successful. If the lovesick cannot be cured, the two should be legally married, so that his health is fully restored. In one case, 'We were astonished at it and realized the subordination of the bodily constitution to mental delusions.'

Concerning the treatment of the lovesick, the doctor should consider whether the condition is caused by a burnt humour; if so, the patient should be evacuated. Then, the body should be moistened, well nourished, and made to rest, and the mind should be diverted from its obsession and calmed. One way of diverting the patient's interest is for the doctor to arrange a meeting between the lover and someone other than the beloved; the second attachment should be broken off before it becomes serious but after the first has been forgotten. If the lover is a reasonable person, he can be given sincere advice as well as being rebuked by the physician, for his obsession is nothing but a delusion and a kind of madness. The old women are also useful because they can effectively malign the beloved and disabuse the lovesick of his infatuation. Among the things that the old women do is mimic the appearance of the beloved and display part of their bodies in a shameful parody of the beloved's attributes. They are better at this than men, except for effeminate men, whose skill is not inferior to that of the old women in encouraging the lover's lust for someone else. Another solution for lovesickness is for the lovesick to buy slave-girls and to increase his sexual activity. Some people are consoled by entertainment and recitation; others are diverted by hunting, games, or the company of important individuals.

The following section in Ibn Sīnā's *Qānūn* (ii. 76 ff.) is devoted to the injuries to the brain that affect voluntary movement; it includes discussions of vertigo, nightmares, a long section on epilepsy, and (p.86) apoplexy. Psychic disturbances are still mentioned and related to melancholia/madness. For example, the chapter on nightmare or incubus (*kābūs*) describes terrifying dreams about phantoms that oppress the patient in his sleep; this type of dream is considered to be a prelude to three other illnesses: epilepsy, apoplexy, and mania. Incubus could be due to a bad temperament or a noxious vapour that rose to the brain, as in melancholia.⁵²

Ibn Sīnā's *Qānūn* became the standard of medical orthodoxy, so that his discussion of mental illnesses in the *Qānūn* may be taken as representative, and it is useful as a means of summing up the medical point of view.⁵³ The specific sources for Ibn Sīnā's discussion are significant, although he rarely cites them. He largely takes his exposition of cerebral disturbances from Paul of Aegina's encyclopaedic medical work, which was known in Arabic translation.⁵⁴ In turn, Paul had not claimed originality for his seven-book compendium, the *Epitome medicae*; it was based primarily on Oribasius' seventy-volume encyclopaedia. Through Oribasius, Paul had acquired and passed on Galen's principal medical teaching. Specifically, Galen's *De locis affectis*, which is important to the question of psychic disorders, was combined by Paul with the views of many later Greek physicians.⁵⁵ The section on mental disorders in Paul's third book on the illnesses of the body⁵⁶ is closely paralleled by Ibn Sīnā's treatment in his *Qānūn*; Ibn Sīnā, however, does not cite his source.⁵⁷

Beginning with headache in each work, we have the following order, according to Adams's translation of *The Seven Books* and the anonymous editors of the Būlāq edition of the *Qānūn*: (p.87)

Ibn Sīnā	Paul of Aegina
Headache [30 subdivisions]	Headache
	Cephalaca and Hemicrania

Ibn Sīnā	Paul of Aegina
Phrenitis	Phlegmon
Phrenitis	Phlegmon
Erysipelas and Tetters	Erysipelas
Severe Delirium	
Lethargy	Lethargy
Fluid inside and outside the Brain	
Catochus	Catochus, or Coma Vigil
Skull Fracture	
Apathy and Sleep	
Wakefulness and Insomnia	
Injuries of the Mind	
Mental Confusion and Raving	
Frivolity and Stupidity	
Loss of Memory	Loss of Memory and of Reason; on Carus and Fatuity
Loss of Imagination	
Mania and Rabies	
Melancholia	
Lycanthropy	
Lovesickness	
Vertigo	Vertigo
Colic	
Nightmare or Incubus	
Epilepsy	Epilepsy
	Melancholia, Mania, and Demoniacs
	Nightmare or Incubus
	Lycaon or Lycanthropy
	Lovesickness
Apoplexy and Stroke	Apoplexy and Hemiplegia, or Paralysis

The discussions of these topics by Ibn Sīnā, consistently organized according to aetiology, symptoms, and treatment, are generally much longer than those of Paul and with a greater emphasis on humoral pathology. The only significant addition in Ibn Sīnā's pathological survey, aside from his inclusion of external injuries to the skull, is the subject of rabies. Paul obviously did not associate rabies directly with mania or mental illnesses generally, although he did fully address the subject of hydrophobia in another section of his work. He accurately described the symptoms of hydrophobia in dogs and men and stated that no one survived the bite of a rabid dog. The only cases of recovery were (p.88) those bitten by rabid people. Paul took from Oribasius a test that could be used to determine whether a bite was inflicted by a mad dog or not. If the dog were definitely rabid, the bite should be opened and treated with various medications as well as cataplasms, bathing, cauterization, potions, a selective diet, and purges, especially hellebore.⁵⁸ On the other hand, Ibn Sīnā's incorporation of the topic among mental illnesses, both with phrenitis and mania, may indicate his strong inclination to

attribute unusual, violent behaviour to a humoral imbalance in the brain. Yet, Ibn Sīnā's account of rabies in this section of the *Qānūn* is slight; rabies is dealt with thoroughly in Part IV of the *Qānūn*.⁵⁹

When comparing the other topics in the surveys of mental illnesses by Paul and Ibn Sīnā, it is apparent how dependent the latter was on Paul. Phlegmon is a good example of a Greek category of mental illness that was long-lived in Islamic medicine. Paul described it as an inflammation of the brain with swelling, strong and persistent pain, anxiety, redness and swelling of the face, protruding eyes, and swelling of the head. It was (p.89) to be treated by blood-letting from the arm, nose, and vessels under the tongue, as well as fomentations of the head.⁶⁰ Al-Majūsī and Ibn Sīnā say virtually the same thing. With regard to phrenitis, Paul's unrestrained madness caused by black bile appears to correspond directly with what Ibn Sīnā called *ṣabārī*.

Paul's discussion of melancholia and mania is relatively short and succinct. Unlike Ibn Sīnā, Paul does not consider the possible causes of melancholia. Ibn Sīnā emphasizes the temperament, the physiological processes that create melancholia, and its relationship to the heart. Concerning symptoms of the illness, Ibn Sīnā does not say anything about those who were believed to be divinely inspired, whereas Paul says about them: 'Some believe themselves impelled by higher powers, and foretell what is to come, as if under divine influence.'⁶¹ Otherwise, the described behaviour and signs are similar. The treatment of melancholia is also similar in the two works with a common emphasis on a moist regimen, drastic purges, phlebotomy, baths, and bandaging. Ibn Sīnā's particular recommendation of Armenian bole for melancholia seems to be taken from Alexander of Tralles. Ibn Sīnā appears to disagree with Paul only about the loss of bodily fluids; the former advises against diuretics and evacuation by perspiration. There is a common reliance on strong purges, together with bitters and carminatives. The short section in Paul on the treatment of mania is almost completely duplicated in Ibn Sīnā. The mad are generally to be treated like melancholies. Neither Ibn Sīnā nor any other Islamic doctor appears to follow Paul's recommendation of leeches, nor is there any evidence in the Islamic medical texts of trepanation, which appears to have been practised in antiquity for brain disorders. Nevertheless, the source for Ibn Sīnā is quite obvious where Paul has written: 'Above all things, they [the maniacs] must be secured in bed, so that they may not be able to injure themselves, or those who approach them; or swung within a wicker-basket in a small couch suspended from on high.'⁶²

The descriptions of lycanthropy in Paul and Ibn Sīnā are also close, but Ibn Sīnā does not mention the use of opium as a soporific in advanced cases; on the other hand, Paul does not mention cauterization.⁶³ Concerning lovesickness, the psychological interpretation of Galen⁶⁴ and Paul has given way to Ibn Sīnā's view of passionate love as a distinct (p.90) syndrome, and it is indicative of the general picture of mental diseases in Islamic medicine.

Eros appears to have been recognized as a malady in antiquity, but the earliest medical description of love-madness was apparently given by Oribasius, and it was copied by Paul of Aegina.⁶⁵ Paul is far less detailed on this topic than Ibn Sīnā, but there are significant similarities and differences. Ibn Sīnā was not original in considering love to be an illness or in attributing it to the brain, but ardent love was, according to Ibn Sīnā, more than an emotional state; it was a mental delusion like melancholia. Ibn Sīnā is consistent with the Greek authors in emphasizing the signs of depression, but he also suggests the presence of extreme mood swings. As in earlier Islamic writers, Ibn Sīnā also introduces the pulse-lore from Erasistratus and Galen as a means of diagnosing the disease. The uniting of lovers quickly cured the lovesick, and this fact prompts Ibn Sīnā to acknowledge the strong effect of the mind on the body. His recommendation for treatment shows how the illness is considered as a black-bile disease and the patient should be evacuated as for other bilious diseases, as well as bathing and a healthy

regimen. Unlike Paul, Ibn Sīnā says nothing about wine and does not recommend the use of fear as a means of diverting the lover from his obsession. On the contrary, Ibn Sīnā urges the preservation of one's equanimity. He is particularly informative about various strategies for disabusing the lover of his delusion, the ordinary man's madness. Besides medicine, Ibn Sīnā is quite remarkable for his advice to use old women and effeminate men to divert the lover's attention to someone else. This recourse to beldams and homosexuals is unprecedented in the medical literature. Moreover, as we have seen, Ibn Sīnā suggests buying slave-girls and increasing one's sexual activity. These suggestions certainly imply that a major component of the illness was believed to be the frustration of the lover's strong sexual desire.⁶⁶ Similar to Ibn Sīnā's explanation of lovesickness, Ibn al-Jazzār (d. AD 980), a Tunisian doctor who wrote a number of works that were translated into Latin and became influential in Europe, also describes *'ishq* in his medical vade-mecum, and he begins by saying that it is 'an excessive desire accompanied by anxiety and lust'. Quoting Rufus, Ibn al-Jazzār emphasizes the need for coitus as a natural way of removing bodily superfluities. Like Ibn Sīnā, Ibn al-Jazzār recommends various forms of entertainment and activities that would engage the (p.91) lover's mind, relieving his dejection and avoiding his solitary obsession, but he also strongly urges the use of wine for the improvement of the body and music for the soul.⁶⁷ Finally, because of Ibn Sīnā's opposition to the supernatural, it is quite understandable that he did not recommend magic, in one form or another, as a means of removing a man's passionate love, which, like other violent sentiments, was often believed to be caused by the jinn.⁶⁸

Three general features of Ibn Sīnā's account of these topics, as well as those of other Islamic medical writers, are noteworthy with regard to Galen's presentation of the subject: the unrelenting adherence to humoral pathology as the cause of mental disorders and its location in the brain; the creation of an intricate nosology according to syndromes that were derived from observable signs; and an emphasis on treatment.

(1) Pathology

It is quite apparent that behavioural disturbances were increasingly considered to be diseases of the brain or literally 'mental illnesses'. This trend may have been accentuated in Islamic medicine because of the inheritance of late Greek anatomy, particularly the description of mental disturbances by Poseidonius.⁶⁹ The early medical writer aṭ-Ṭabarī used the tripartite division of the brain to locate psychic disorders, and this cerebral localism was employed by all later writers, as we have seen.⁷⁰ As opposed to the Aristotelian view of the heart as the centre of emotion and thought, the Islamic physicians followed Galen in attributing a wide range of conditions to the malfunctioning of the brain. The heart even lost its prerogative as the haven for romantic love. Ibn Sīnā appears to have made some concession to Aristotelian physiology by his emphasis on the heart and the need to treat it as well as the brain in cerebral illnesses. The influence of Aristotle is strongest and quite conspicuous in (p.92) the psychology of Ibn Sīnā, which is implicit in his medical discussions but is explicitly described in his philosophic works. There also seems to have been a concession to older ideas about emotional disorders by retaining the notion of the intimate relationship between the brain and the stomach. Yet, the overwhelming impression of the texts is the common assumption that the focus of affective disorders was in the brain. Phrenitis is clearly a malfunction of the brain, deplating the antique *phrenes*; compared to Galen, the syndrome had been simplified and brought into line with other mental illnesses.

As mechanical processes, mental activity was subject to environmental circumstances, and the Hippocratic attention to these conditions was maintained in the medieval period. More immediately, mental health was affected by one's bodily temperament that might predispose an individual to

mental illness. A major reason for the emphasis placed on this aspect of the humoral system, as in Ibn Sīnā, was surely the belief in the inheritability of mental disorders. Physiognomy also seems to have played a part, correlating physical characteristics to mental states, if not to personality types. Furthermore, cerebral disorders were clearly distinguished from mental aberrations caused by other diseases, especially fevers and poisoning. The disorders were also clearly designated as either acute or chronic, and their courses were carefully described.

(2) Syndromes

Although Galen promoted the humoral theory of disease, he does not appear to have worked out a clearly defined disease entity called ‘melancholia’, and certainly not one for madness.⁷¹ There was no ‘syndrome’—which may be defined as a cluster of symptoms in a predictable sequence—of mental illness based on the predominance or change of a specific humour. ‘In brief, the Galenic concept of *melancholia* was not that of a purely mental disease, but of mental symptoms in the course of bodily afflictions due to humoral etiology.’⁷² In the post-Galenic period, however, the congeries of signs became independent syndromes taking on lives of their own.⁷³

(p.93) It is apparent that the late Greek writers brought the notions of melancholia and mania as mental illnesses into close relationship with one another, which Galen had not done; the cost was the loss of their non-medical connotations. Insanity was closely tied to Galen’s humoral pathology despite the therapeutic difficulties that it presented. No uniform view of this relationship between melancholia and mania, however, can be found in late Greek medicine.⁷⁴ In the Islamic period, *mālikhūliya* retained its prominence, perhaps for practical as well as academic reasons—the prevalence of harmless mental disturbances, from depression to delusion, their profitable treatment by physicians, and a scholarly tradition begun by Rufus and continued by medieval writers. Nevertheless, in the textbooks of al-Majūsī and Ibn Sīnā, melancholia was demoted to just another mental illness with distinctive features, while the other psychic maladies were promoted to comparable status on the basis of their nosological kinship. Madness also became a prosaic affliction, and its causes were similar to those of melancholia. Ibn Sīnā, particularly, emphasized the humoral qualities that created these illnesses, as Galen had done for other diseases. By the time of Ibn Sīnā, there seems to have been considerable agreement about mental illnesses—their terminology, pathology, symptomatology, and treatment. There was understandable uncertainty, as in Ibn Sīnā, about the physiological mechanisms that created the qualitative or quantitative changes in the black bile and the alteration of the temperament. In any case, mania and melancholia consistently appear together as mental disturbances that were chronic, non-febrile, and cerebral; mania generally suggested excited psychotic states, and melancholia depressed psychotic states. This close and frequent association of the two conditions as well as the common description of dejection among maniacs would seem to suggest that manic-depressive psychoses were often observed.⁷⁵

Syndromes of mental disorders appear to have become well-rooted in medieval Galenism. Whatever the ultimate cause, an illness could be translated into aetiological terms and nosological categories. For somatic illnesses, this process caused no serious problems, but for mental illnesses, the basis of classification, symptomatology, was highly variable because it depended on social values and personal assessments. None the less, the medieval doctors appear to have confidently recognized a number of illnesses based on signs with an assurance that may be comparable to pre-modern European iatrochemists and mechanists. (p.94) Greek syndromes were adopted and extended, as with phrenitis, lethargy, or phlegmon; at least one new condition was created or recognized, Ibn Sīnā’s *ṣabārī*. Perhaps the syndrome of lycanthropy reflects best the remarkable faith in humoral pathology and its explanatory potential; it also illustrates well the accretions to medieval Galenism and the all-

encompassing nature of this medical system.⁷⁶ In sum, it was a steady process of medicalization of a wider field of human behaviour.

Specifically, the syndromes of serious mental disturbances were the result of changes that were thought to occur to the humours by scorching or overheating. Galen had mentioned in *On the Affected Parts* the creation of this burnt bile from the burning of blood and yellow bile, which provoked serious mental derangement.⁷⁷ We have seen in Ibn Sīnā's exposition on melancholia how its various signs were attributed to the four humours. By burning, any of the four natural humours could become a pathogenetic agent with distinctive symptoms.

The evolution of this theory that ties the humours directly to behavioural patterns is a good example of the development of medieval Galenism.⁷⁸ This development can be traced from Alexander of Tralles (d. AD 605), who wrote a treatise on melancholia that is no longer extant. He drew an overall picture of mental disturbances, and his work was eventually translated into Arabic. His major work was a compendium (*al-Kunnāsh*) of medicine, whose Arabic translation has only survived in citations of later writers.⁷⁹ His work on melancholia appears to have had some impact on the presentation of mental disorders in Arabic compendia, as in the work of al-Majūsī. In Alexander's discussion of melancholia the term encompassed most forms of non-febrile mental illnesses, including mania. Mania was an advanced stage of melancholia, as in the older (pre-Galenic) literature.⁸⁰ Specifically, Alexander's scheme of mental disorders is closely tied to Galen's humoral theory, and it shows better than the description of Paul of Aegina the stage that medical thinking on mental illnesses had reached before the Islamic era. Alexander recognized the multiplicity in the forms and causes of mental disorders. Yet, he proposed four types of melancholia of increasing (p.95) severity with distinct bodily changes, which are frequently mentioned in the Arabic texts: (1) a surplus of blood; (2) a qualitative change in the blood by the admixture of bile, arising from too much food or stress; (3) black bile in the blood whose vapours rise to the head; and (4) chronic melancholia or insanity. As Flashar has noted, Alexander's organization of melancholia into four forms is based on a definite physiological model, which appears to be derived from the pseudo-Galenic *On the Humours*, where the pathological conditions were divided into four and were usually related to a humour. Thus, Alexander relates the four different types of melancholia with distinctive psychic signs, to changes in the body. But he did not attribute the fourth form of melancholia to phlegm probably because this humour, according to Galen, would have been inappropriate.⁸¹ A further stage was reached in al-Majūsī's textbook, where the scorching of blood, yellow bile, and black bile of the whole body affected the brain, causing various types of melancholia corresponding to the humour. As we have seen, in the discussion of Ibn Sīnā, all four humours were related directly and simply to distinct symptoms of melancholia. Although this evolution has been recognized,⁸² little attention has been paid to what may be called the pathological side of this fourfold concept: the burning or combustion of the four humours to produce more serious or elevated symptoms, leading in the case of burnt yellow bile to mania or bestial madness. Galen's seminal notion of the alteration of the humours by burning and their relationship to mental disorders appears to have been taken to its logical but extraordinary conclusion.

Despite the impression of the doctors' considerable confidence in their nosologies of mental illnesses and their tidy system, one unusual form of behaviour caused particular difficulties. Leibbrand and Wettley have called attention in their comprehensive history of insanity to the importance of Ibn Sīnā's account of passive male homosexuality as a 'sexual-pathological description within the presentation of mental disturbances'.⁸³ They have relied, as others have, on Petro Vatterio's translation of excerpts from Ibn Sīnā's *Qānūn*.⁸⁴ Vatterio clearly, although somewhat arbitrarily, took Ibn Sīnā's account of *uhna* (passive male homosexuality) from a later section of the *Qānūn* that deals with sexual irregularities⁸⁵ and incorporated it within Ibn Sīnā's principal discussion of brain

disturbances.⁸⁶ Therefore, the subject of homosexuality (p.96) was not included, *pace* Leibbrand and Wettley, by Ibn Sīnā in his presentation of mental illnesses.⁸⁷

More importantly, Ibn Sīnā was discussing a familiar, yet controversial, subject. Homosexuality was a problematic subject in the past, as it is today. No Greek or Arabic medical writer appears to have regarded homosexuality *per se* as a pathological condition; however, passive male sexuality associated with feminine behaviour was described as a disease.⁸⁸ Caelius Aurelianus grouped male homosexual passivity and opposite-gender identification together and considered it to be a mental disorder: 'this condition is different from a bodily disease; it is rather an affliction of a diseased mind.... For, as Soranus says, this affliction comes from a corrupt and debased mind ... [They] are victims of an affliction of the mind. For there exists no bodily treatment which can be applied to overcome the disease; it is rather the mind that is affected in these disgraceful vices, and it is consequently the mind that must be controlled.'⁸⁹ The only recourse appears to have been self-restraint, which would have been consistent with the author's Stoic point of view. This disease was due, according to Caelius Aurelianus, either to heredity or to a birth defect. Effeminate homosexuals were, then, victims of an incurable mental illness, but elsewhere the writer describes active homosexuality as quite healthy and normal.⁹⁰ Jackie Pigeaud claims that this account is unique in ancient medicine, for it is the one case in which an illness is specifically attributed to the mind/soul.⁹¹

Male sexual passivity was known in medieval Islamic society as the 'hidden illness' and was referred to as the 'incurable (*'udāl*) illness'. (p.97) Franz Rosenthal has recently published ar-Rāzī's short treatise on *ubna*, which may have been, as ar-Rāzī claims, the first detailed medical monograph devoted to the subject. It is another indication of the medicalization of human behaviour in Islamic medicine. Briefly, ar-Rāzī considered the illness to be a birth defect; despite the implication that it was incurable, he believed that it could be treated under favourable circumstances, and he gives a number of treatments and prescriptions.⁹²

In this context, Ibn Sīnā's brief description is significant for his complete denial of a genetic cause of *ubna*; it is an illness (*'ila*), in which the afflicted is tormented by a host of lustful thoughts and an abundance of sperm. The patient may have this condition from birth or it may have been brought on by a gradual weakening of his faculties. Like other writers, Ibn Sīnā considers it a shameful condition: 'the fruit of a mean and lowly spirit; it bespeaks a depraved character, wicked habits, and a female disposition that is usually the endowment of women'. Ibn Sīnā continues quite bluntly: 'We should have no doubt but that other popular opinions about this sort of person are foolish. People who imagine they can cure effeminate homosexuals are singularly stupid. For this is a mental—not a physical—disease. Things that break the desire, such as worries, fasting, vigils, detention and beatings, constitute useful treatments.' Finally, he rejects a physiological explanation for the illness. Ibn Sīnā never mentions ar-Rāzī's earlier treatise.⁹³

The medical consensus on passive male homosexuality seems to have been that it was an incurable mental illness. It was like the mental derangements described by Galen, which were not amenable to medical treatment or moral instruction. Apparently, only ar-Rāzī considered the condition a medical problem that was treatable; there is, however, no hint of anything that would suggest psychotherapy. More than for other mental afflictions, most medical writers shift the issue to a non-medical, moral plane, where male passive homosexuality together with opposite-gender identification was considered as a socially unacceptable form of behaviour. In general, homosexuality is forbidden by Islamic law, but there is a difference of legal opinion about the penalty.⁹⁴

The understanding of homosexuality with regard to mental illness in medieval Islamic society may be illustrated by the discussion of Qusta ibn Lūqā, who took a special interest in

psychological/physiological questions. He deals with homosexuality in his treatise *On the Causes of* (p.98) *the Differences Between Men in Their Character, Behaviour, Passions and Tastes*.⁹⁵ Men's passions include food, drink, music, carnal pleasures, wealth, and fame; curiously, he devotes the section on carnal pleasures to homosexuality. He is strongly opposed to homosexuality and condemns it from various standpoints—human nature, religion, medicine, and habit. Briefly, he believed it was an error of judgement to choose what is unnatural. One of the sons of the caliph al-Mu'tasim (AD 833–42) posed to him the opinion of al-Kindī (d. AD 860), the well-known philosopher, that homosexuality was not unnatural because it was practised by animals; Ibn Lūqā replied that men should simply not deviate from human nature. He claims that neither the New Testament nor the Qur'ān said anything about the subject; therefore, he cites the Levitical law against homosexuality. He says that many people believe that it does little damage to the body and they support their belief with medical opinion. Ibn Lūqā responds that only an ignorant, senseless, and irreligious doctor would give such advice because the ancient doctors were strongly averse to it; the sexual organs were suitable only for heterosexual intercourse; and the prophets were opposed to it. Only greed and lack of religion would induce a doctor to encourage an homosexual and not disabuse him of his error. Specifically, the doctor is ignorant because he does not know that Rufus had said that it was incompatible with nature and causes considerable injury to the body; it greatly wearies the male organ, and the body is thrown into even greater disorder than in sexual intercourse with women. Ibn Lūqā notes that Galen said nothing about this matter although other ancient doctors agreed with Rufus. And as for habit, the author says that homosexual practices are common among men because of the inaccessibility of women. Turning to the subject of *uhna*, Ibn Lūqā found it difficult to believe the accounts of the preference for male passivity until he was told about its common occurrence by his friends, including another son of the caliph al-Mu'tasim and Hunayn ibn Ishāq, the famous translator and physician. Ibn Lūqā claims that he read about *uhna* only in the works of Aristotle among the antique texts. Ibn Lūqā believed the reason for *uhna* was the smallness of the penis and the putrefaction (*fasād*) in the body that caused itching, like mange. According to Ibn Lūqā, such men depilate their beards and cut their nails with their teeth. 'I do not know, therefore, a reason [for this] except a weakness of judgement that created a habit that, in turn, induced a bad temperament [*sū' al-mizāj*] in those parts, that is in the beard and the fingertips.' Thus, Ibn Lūqā was at least (p.99) consistent with the Galenic view that mental illness was the result of a serious and enduring error of judgement that might disturb the bodily temperaments. Furthermore, his various arguments attest to the prevalence of homosexuality in medieval Islamic society. Far from being considered a mental illness, homosexuality was regarded by most people with indifference, so long as it was not flaunted in public. Like mental disorders generally, *uhna* really provoked fear—fear of effeminacy and of emotional dependence—not about sexuality but about the status of the Muslim male in a highly sexist society.⁹⁶

The issue of *uhna* demonstrates well the possibility of designating some forms of human behaviour as signs of mental illness and of treating the condition as a viable medical condition; it also shows the difficulties that this labelling creates. In the case of *uhna* in medieval Islamic society, the determination was easy because of conspicuous behaviour. There was apparently considerable ambiguity, however, about homosexuality in general, and historical analysis of the issue is complicated, as with insanity, by present-day uncertainties about the subject. Yet, the development within Galenic medicine of the general notion of mental illness, as serious impairment of mental functioning and not temporary emotional distress, was significant; in late antiquity, the medical diagnosis of signs was extended, and divorced from the patient's report of symptoms, it could encompass a wide spectrum of human activity.

While no attempt has been made to survey mental illnesses in all the medieval textbooks of Islamic medicine, it is reasonable to say that the works of al-Majūsī and Ibn Sīnā set the guide-lines for later

discussions of these topics in the various oriental languages; at least, there appears to have been no major divergency. Two examples, one in Persian and the other in Turkish, appear to corroborate this generalization. The mid-seventeenth-century Persian work by Muhammad Akbar, entitled *Ṭibb i-Akbari*, is a translation of Naflīn 'Iwaḍ al-Kirmānī's (d. 853/1449) commentary to Najīb ad-Dīn as-Samarqandī's (d. 619/1222) *Kitāb al-Asbāb wa l-'alāmāt*, a comprehensive survey of bodily illnesses, topically arranged, that gives the causes, symptoms, and therapy for each illness. This textbook by as-Samarqandī as well as the commentary by al-Kirmānī were quite popular in the later Middle Ages.⁹⁷ The textbook is strongly dependent on the works of Ibn Sīnā, al-Majūsī, ar-Rāzī, and at-Tabarī. Most interesting is the apparent eclipse of melancholia by mania (p.100) in many instances, which seems to be comparable to the evolution of the notion of melancholia in early modern Europe.⁹⁸ *Saudā'* in Persian can mean both melancholia and madness; in the work of Muhammad Akbar it means the latter, whereas melancholia is only a preliminary stage of madness. Akbar's organization follows roughly the three types of mania/melancholia according to their pathogenesis: (1) *soudā ā tabee* (bodily), (2) *murrāē soudā* (cerebral), and (3) *mālīkhōliā ā marāk* (hypochondriac). Insanity (*dīwanagī*) includes lycanthropy, mania, rabies, and *sadar* (defined as insanity with swelling of the brain). *Hazayān* (delirious raving) is defined as 'a disorder of judgement, resulting in the loss of the power of thought' and having three divisions. *Raonut* and *himak* are forms of insanity where all mental powers are lost and the patient is like a child. Love-madness (*ishk*) is either forbidden or permitted. *Saudā'* or *sōdā* could also mean passion in Persian and Urdu, and it was equivalent to '*ishq*' in Arabic.⁹⁹ *Nisyān* is loss of memory with three divisions, for which the symptoms and treatments were unknown.¹⁰⁰

A well-known and typical exposition of head diseases in Turkish is reportedly Mukbilzāde Mü'min's fifteenth-century account in his *Zahîre-i Muradiye*.¹⁰¹ Some conditions that would today be considered mental disturbances, such as hysteria and psychosomatic illnesses, do not appear among the head diseases but in sections on related physical illnesses, as we have seen in the classical Arabic works. Noteworthy are the apparently new, separate discussions of alcoholics, opium-eaters, and tobacco addicts. The descriptions of cerebral illnesses follow Ibn Sīnā. The first group of mental illnesses are grouped under *sersâm*, whose symptoms are generally mental confusion, talking nonsense, fever, and trembling. One type of *sersâm* is phrenitis (*tîz sersâm*) that is swelling of the brain; phlegmon (*demevî verem*) is the inflammation of the brain with the familiar symptoms going back to Paul of Aegina. Another type is *subârî* (*ifratla olan sersâm-i tîz*), a syndrome obviously taken from Ibn Sīnā it is characterized by madness (*divânelik*) and agitation (*aşûftelik*). Descriptions of other forms of *sersâm* follow: erysipelas (*humre*), demregü (probably severe delirium), and the cold *sersâm* (*soguk sersâm*) or lethargy. Concerning non-febrile head diseases, the author discusses (p.101) sleepiness or apathy (*subât* or Turkish *ogunmak*) and insomnia (*ogunmak*) and insomnia (*ogunmak*) and insomnia (*seher*). As in Ibn Sīnā, Mukbilzāde discusses the combination of these two contradictory signs, *seher subât* where the patient wants to go to sleep but wakes up soon after falling asleep; the patient talks nonsense like the insane and shows some of the signs of phrenitis. Apparently, there was also *subât-i seherî* according to Mukbilzāde; it is the opposite to *seher subât*, being characterized by somnolence, asthma, and difficulty in swallowing, urinating, and defecating. *Ahze*, catochus or catalepsy, is the same as in the classical works: a sudden paralysis as if dead. *Mâl-i hülya* is a general term that corresponds to the various forms of melancholia described in Ibn Sīnā: *merâki* is the hypochondriac form of melancholia. Madnenses (*envâ-i divânelikler*) include mania, rabies, bestial madness (*subara*), and lycanthropy; they are all characterized by aggressive behaviour. Lovesickness (*aşk*) is still interpreted as a mental illness. In general, despite some rearrangement, the order is close to that of Ibn Sīnā and the discussions are quite similar.¹⁰² Thus, most of the mental and neurological illnesses are treated by the Turkish doctor under the title of 'diseases of the head'. The relationships between the various types of diseases are described, and there is the usual confusion,

from a modern point of view, between signs and syndromes; the basis of classification remains physical signs and behaviour.¹⁰³

One cannot help but be struck by the resilience of the conventional classification of mental disturbances from late antiquity until the early modern period, apart from the recognition of new or additional illnesses that affected mental functioning. Generally, the medical works of the later Middle Ages have been overshadowed by the classical Arabic texts and have, consequently, been neglected, but these later works, particularly those in Turkish, do admit more readily conditions that caused mental incapacity and behavioural changes, such as various addictions—alcohol, drugs, tobacco, and coffee—and new diseases, such as syphilis. On the other hand, repetition of the formal classification of mental ailments naturally raises doubts about their viability, especially when they are presented in the textbooks in such a non-clinical manner. Were (p.102) conditions like melancholia and phrenitis, mania and lovesickness actually diagnosed and treated by medical practitioners? Undoubtedly they were, but it is impossible to determine to what extent. Some of the syndromes, however, were purely notional. Lycanthropy is a good example. There is, to my knowledge, no non-medical evidence in Arabic for this condition in the medieval period; no layman mentions werewolves. The category of lycanthropy appears to have been a medical relic preserved in Greek medicine, where it may have corresponded originally to popular perceptions of madness. Aside from such conceptional fossils, the traditional medical categories seem to have corresponded adequately to types of unusual behaviour that were actually observed and, to varying degrees, entered into popular perceptions, which is signalled by the use of medical jargon.

(3) Treatment

Concerning the treatment of mental illnesses, Ibn Sīnā relied heavily on the physiological tradition of Galen and resisted the occult in his theoretical explanation of diseases; specifically, he did not follow the lead of Alexander of Tralles or early Islamic doctors in admitting magical treatments and remedies. There is no basis for the modern view that Ibn Sīnā recommended electroshock therapy. Joshua Leibowitz has suggested that ‘it would appear that Ibn-Sina approaches closer to the present-day indications for electroshock therapy, namely, in mental disease’.¹⁰⁴ There is little support for this suggestion. The passage in question is found in the section on simples in Ibn Sīnā’s *Qānūn*¹⁰⁵ under *ra’da* (an electric ray): ‘It is said that the electric ray, if it were placed on the head of someone suffering from a headache, will take away the headache[*as-sudā*]. Galen said: “I think that it works in this manner when it is alive; as for a dead one, I experimented with it and nothing happened”’.¹⁰⁶ It is the stupefying [*mukhaddir*] fish.’ *As-suddā* may mean ‘melancholia’ in Persian and Turkish, but that is not the meaning here.¹⁰⁷ As a treatment for headache, Ibn Sīnā is quite consistent with the use of a torpedo in earlier Greek medicine.¹⁰⁸ In the secondary literature Ibn Sīnā is also reported to have claimed that malaria was a cure for insanity; this (p.103) assertion is apparently based on the mistranslation by O. C. Gruner.¹⁰⁹ Ibn Sīnā actually says that ‘one illness is a healing for another like quartan fever, which very often heals epilepsy’ and other diseases.¹¹⁰ Finally, there is no evidence in Ibn Sīnā’s discussion of melancholia that he was the inventor of ‘the whirling chair’, a therapy of the early modern period.¹¹¹ Nevertheless, the considerable detail in the oriental descriptions of mental diseases, especially the proliferation of procedures, would suggest more active treatment than in antiquity.

Notes:

(1) *MI*, 140–6; the text is generally the basis of Manfred Ullmann’s important study of Islamic medicine: *Islamic Medicine* (Islamic Surveys, II; Edinburgh, 1978).

(²) For an account of al-Majūsī's description of mental functioning, see Harvey, *The Inward Wits*, 15–21.

(³) *Kāmil* (2 vols., Bulaq, 1294 AH), i. 216 f.

(⁴) Quoted in Harvey, *The Inward Wits*, 19.

(⁵) Cf. Isaac Judaeus, *On Consumption*, ed. and trans. J. D. Latham and H. D. Isaacs (Cambridge, 1981), 7. Find it in your Library

(⁶) *Kāmil*, i. 236f; see also 242.

(⁷) Ibid. Find it in your Library. i. 332 ff.

(⁸) *IM*, 30.

(⁹) *Sadar* (*Kāmil*, ii, 256 ff.) is usually translated as 'vertigo' (Lane, s.v. *sadar*). Balfour, however, says that it was 'mania associated with swelling of the brain'; its symptoms were insomnia, depression, violent behaviour, incoherence, red eyes, tremors, and white and thin urine; and its treatment was the same as for *sirsām* and the limbs should be tied. 'The advantages of restraint are, 1st, that the patient may not show restlessness; 2nd, that his brain may have rest; 3rd, that he may be prevented from killing himself or others' (J. G. Balfour, 'An Arab Physician on Insanity' *Journal of Mental Science*, 22 (1876), 247. Find it in your Library).

(¹⁰) Lane, s.v. *aṣ-ṣājīn*.

(¹¹) *WKAS*, s.v. *kīmūsun*.

(¹²) See Leiser and Dols, 'Evliyâ Chelebi's Description of Medicine in Seventeenth Century Egypt', part I, *Sudkoffs Archiv*, 71 (Wiesbaden, 1987), 209. Find it in your Library *et passim*.

(¹³) As-Sulamī, *Imtiḥān al-aṭibbā'*, fo. IIb.

(¹⁴) Ibid. Find it in your Library, fo. 21b; see *Kāmil*, i. 430.

(¹⁵) Paul Sbath, *al-Fihris* (3 vols.; Cairo, 1938–9). Find it in your Library, i. 19 (no. 106); *MI*, 114; *GAS*, iii. 235.

(¹⁶) Sbath, *al-Fihris*, i. 43 (no. 315).

(¹⁷) Ibid. Find it in your Library. i. 87 (no. 733); *GAS*, iii. 302.

(¹⁸) Ishāq ibn 'Imrān, '*Maqāla fī l-Mālikhūliyā*' (*Abhandlungen über die Melancholie*) und *Constantini Africani 'Libri duo de melancholia'*, ed. and trans. Karl Garbers (Hamburg, 1976); *MI*, 125; *GAS*, iii. 266. Find it in your Library

(¹⁹) Manuscript copies of the treatises by Ibn Māsawayh, Hunayn ibn Ishāq and al-Ash'ath existed apparently in the Sbath Collection (Aleppo), but unfortunately, I have been unable to locate these manuscripts. Furthermore, Sezgin claims (*GAS*, iii. 414) that there is a treatise on melancholia by Ibn al-Jazzār in Bodleian MS Marsh 215/2; no such treatise exists in this volume.

(²⁰) *EI2*, s.v. 'Constantinus Africanus' (B. Ben Yahia).

(²¹) *MI*, 137f.

(²²) *MI*, 125; 'Imrān, pp. xiii–xiv; M. Laignel-Lavastine and Ahmed ben Milad, 'L'École médicale de Kairouan au X^e et XI^e siècles', *Bulletin: Société française d'histoire de la médecine*, 27 (Paris, 1933), 236f. Find it in your Library

(²³) 'Imrān, p. 17/195a.

(²⁴) 'Imrān, p. 18/95b: 'It is like the dregs of the blood; it is the black *kaymūs* and it has not matured, but it becomes a true black bile. Its development is that of the other kind [of melancholia] that rises to the brain.'

(²⁵) 'Imrān, p. 37/101b.

(²⁶) 'Imrān, p. 35/101a; see also his report of healing a leprous patient, p. 52/107b.

(²⁷) 'Imran, p. 39/102b–103a; on music, see also p. 31/99b–100a.

(²⁸) *IM*, 72–9.

(²⁹) See the assessment of the work by Garbers, 'Imran, pp. xxvi–xxvii.

(³⁰) 'Imrān, pp. 13f/94a.

(³¹) 'Imrān, p. 21/96b; see also pp. 28. /99a.

(³²) 'Imran, p. 28/99a.

(³³) See Ursula Weisser, 'Ibn Sīnā und die Medizin des arabisch-islamischen Mittelalters—Alte und neue Urteile und Vorurteile', *MJ*, 18 (1983), 283–305 Find it in your Library, and Nancy G. Siraisi, *Avicenna in Renaissance Italy: The Canon and Medical Teaching in Italian Universities after 1500* (Princeton, NJ, 1987) Find it in your Library.

(³⁴) Harvey, *The Inward Wits*, 22–7.

(³⁵) Qānūn, ii. 44–54.

(³⁶) See also *ibid* Find it in your Library. iii. 93.

(³⁷) *Ibid* Find it in your Library. ii. 45. Cf. Ibn Zuhr (d. 557/1162), who, in his medical textbook, confuses rabies with raving madness and does not discuss mania or melancholia at all; he does give, however, an interesting account of a rabid donkey and the symptoms of rabies (Gabriel Colin, *Avenzoar, sa vie et ses oeuvres* (Publications de la Faculté des lettres d'Alger, Bulletin de correspondance africaine, 44; (Paris, 1911), 108–9.) See the discussion of rabies below.

(³⁸) Qānūn, ii. 47, 49.

(³⁹) *Ibid* Find it in your Library. 50.

(⁴⁰) *Ibid* Find it in your Library. 54–73.

(⁴¹) Cf. Paul of Aegina, *The Seven Books of Paulus Aegineta*, trans. Francis Adams (3 vols.; London, 1844–8), i. 372. Find it in your Library

(42) *Qanun*, ii. 60 f.

(43) *On Surgery and Instruments*, ed. and trans. M. S. Spink and G. L. Lewis (Berkeley-Los Angeles, 1973) Find it in your Library, ch. I. See Nil San, 'Cerrahiyetü'l-Haniye'de Dağlama Yoluyla "Mâl-i Hülya" Tedavisi ve Akupunktur Yöntemi ile Karşılaştırılması', in *Tip Tarihi Araştırmaları*, 2 (1988), 85–91. Find it in your Library

(44) *On Surgery and Instruments*, 40–1.

(45) *Qānūn*, ii. 65. Cf. Ishāq ibn 'Imrān's definition of melancholia ('Imrān, p. 3/fo. 90b): 'a certain feeling of dejection and isolation which forms in the soul because of something which the patients think is real but which is in fact unreal' (*IM* 72).

(46) On the malfunction of the liver that causes atrabilious illnesses, see the section on the liver from the *Qānūn* that is translated in P. de Koning, *Trois traités d'anatomie arabes ...* (Leiden, 1903), 718–21. Find it in your Library.

(47) *Qānūn*, ii. 66. Perhaps the more common Muslim view of jinn in relation to disease, especially epilepsy, is represented by Ibn Qayyim al-Jawzīya in his *aṭ-Ṭibb an-nabawī*, ed. 'Abd al-Mu'tī Amin Qal'ajī (Cairo, 1978), 135–41. Ibn Qayyim distinguishes between two types of epilepsy, that caused by the corruption of the humours and that caused by the evil spirits. See also Felix Klein-Franke, *Vorlesungen über die Medizin im Islam*, ch. 4, and Temkin, *The Falling Sickness*, 118–33.

(48) *Qenūn*, ii. 68, see also p. 67; cf. Klibansky *et al.*, *Saturn and Melancholy*, 89. A similar scheme for the explanation of the various symptoms of epilepsy can be found in 'Alī ibn Rabbān at-Ṭabarī's early compendium: *Firdaws al-ḥikma fī ṭ-ṭibb*, ed. M. Z. Siddīqī (Berlin, 1928), 63–71. Find it in your Library

(49) *Mā' al-jubn*. See 'Imrān, pp. 51 ff./fos. 107a ff.

(50) Cf. *Lycanthropy Reader: Werewolves in Western Culture*, ed. Charlotte F. Otten (Syracuse, NY, 1986). Find it in your Library

(51) In an otherwise impressive study of *hereos* or lovesickness, John L. Lowes reviewed the Arabic medical writers (in Latin translation) on the subject: 'The Lover's Malady of Hereos', *Modern Philology*, 11 (1914), 507–17. Find it in your Library. Unfortunately, Lowes misunderstands *quṭrub* for lovesickness in ar-Rāzī; he briefly mentions descriptions of the malady by al-Majūsī and az-Zahrāwī and devotes more attention to those of Ibn Sīna and Ibn al-Jazzār. Furthermore, Lowes points out the description of the progressive stages of love-madness in ad-Damīrī's *Ḥayāt al-Ḥayawān*.

(52) For Ibn Sīnā's discussion of hysteria, see Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages*, trans. Matthew Adamson (Cambridge, 1988), 174–6. Find it in your Library

(53) See the assessment of Ibn Sīnā's pathology and treatment in Kurt Sprengel, *Histoire de la médecine*, trans. A. Jourdan (4 vols.; Paris, 1815), ii. 314–22. Find it in your Library

(54) See *MI*, 86 f. The assertion (*MD*, 62) that Ibn Sīnā's discussion of melancholia was derived from al-Majūsī, who in turn was influenced by Ibn 'Imrān, appears to be mistaken.

(⁵⁵) Moreover, *De locis affectis* was translated into Arabic as *Kitāb al-A‘dā’ al-ālīma* and was known to Islamic doctors. See Kühn, viii. 1–452; trans. C. Daremberg, *Œuvres anatomiques, physiologiques et médicales de Galien*, ii. (Paris, 1856), 468–705 Find it in your Library; and Siegel, *Galen on the Affected Parts*. See also *MI*, 41 f.

(⁵⁶) *The Seven Books*, i. 350–91.

(⁵⁷) *Qānūn*, ii. 54–89.

(⁵⁸) Galen had given several prescriptions for the prevention and cure of hydrophobia but no description of it. Ibn Sarābiyūn in the 9th cent, AD repeated almost exactly what Paul had written about rabies, but he added two new methods to force the patient to drink that were copied by Ibn Sīnā—a confection containing water and a vessel furnished with a long tube that was put into the patient’s throat. Ar-Rāzī apparently did not differ from earlier authors but made the interesting personal observation that he had known a case of a mad person who was cared for in a hospital; the patient desired to drink but refused the water that was brought to him because he believed it contained the intestines of cats and dogs, which may indicate visual hallucinations. Ar-Rāzī’s treatments consisted basically of cupping, cauterization, and scarification. See Jean Théodoridès, *Histoire de la rage, ‘Cave canem’* (Paris, 1986), 47–54 Find it in your Library; idem, ‘Rabies in Arabian Medicine’, *Studies in the History of Medicine*, 4 (New Delhi, 1979), 13–22 Find it in your Library; idem, ‘Ibn Sīnā et la rage’, *Actas, XXVII Congreso Internacional de Historia de la Medicina, Barcelona, 1980* (Barcelona, 1981), 756–60 Find it in your Library. See also the translation of the section on rabies in Ibn al-Jazzār’s *Kitāb Zād al-musāfir* in G. Dugat, ‘Études sur le traité de médecine d’Abou Djāfar Ah‘mad, intitulé: Zad al-Moçafir “La Provision du voyageur”’, *Journal asiatique*, 5th ser., 1 (1853), 313–19. In general, the disease, and particularly its signs, were precisely known by laymen, such as al-Jāhīz, as well as by medical men (al-Jāhīz, *Kitāb al-Ḥayawān*, ed. ‘Abd as-S. M. Hārūn (Cairo, 1938–45), ii. 5). In one instance, the threat of rabies led the governor of Basra, Ziyād Abī Sufyān, in 45/665–6 to post a treatment for the disease on the wall of the Great Mosque of the city, which appears to have produced good results. *EI2*, s.v. ‘Kalb’ (F. Viré)). In Persia, the term ‘dog-bitten’ meant pain, madness, and suffering. The connection with love-madness is obvious in the verses of Nizāmī (d. 590/1194) in his *Khusrau wa Shīrīn*: ‘I am so persevering (in love) that with all this pain I (still) ran covered in mud and blood as if bitten by a dog’ (quoted in Abbas Daneshvari, *Animal Symbolism in Warqa Wa Gulshāh* (Oxford Studies in Islamic Art, 2; Oxford, 1986), 49). Dogs are generally despised by Muslims as unclean animals, except for those that are socially useful, such as guard dogs and hunting dogs. On social attitudes toward dogs in Islamic society, see Ibn al-Marzubān, *The Book of the Superiority of Dogs Over Many of Those Who Wear Clothes*, ed. and trans. G. R. Smith and M. A. S. ‘Abd al-Halīm (Warminster, 1978), pp. xxvii–xxxiv. It is plausible that the Muslim aversion toward dogs was increased by the well-recognized domestic danger of rabies and that the periodic destruction of packs of scavenging animals may have reduced the incidence of rabies.

(⁵⁹) *Qānūn*, ii. 162–8.

(⁶⁰) *The Seven Books*, i. 364.

(⁶¹) Ibid Find it in your Library. i. 383. In Adams’s translation the following phrase is: ‘and these are, therefore, properly called demoniacs, or possessed persons’. Jackson (*MD*, 56) has rightly called attention to this mistranslation; the sense of the Greek *entheos* should be that the person is ‘enthused’ or ‘inspired’ by God and not by demonic forces.

(⁶²) *The Seven Books*, i. 385.

(⁶³) Ibid Find it in your Library. i. 390.

(⁶⁴) *MD*, 353.

(⁶⁵) *The Seven Books*, i. 390–1. For the history of lovesickness, see Adalheid Giedke, ‘Die Liebeskrankheit in der Geschichte der Medizin’, diss. (Düsseldorf, 1983), and Massimo Ciavolella, *La ‘malattia d’amore’ dall’Antichità al Medioevo* (Rome, 1976) Find it in your Library.

(⁶⁶) Cf. *MD* 363.

(⁶⁷) See Gustave Dugat, ‘Études sur le traité de médecine, 306–13.

(⁶⁸) Edmond Doutté, (*Magie et religion dans l’Afrique du Nord* (Algiers, 1908), 224–6) Find it in your Library quotes as-Suyūṭī’s discussion of this matter from his work on magical medicine. As-Suyūṭī devoted a chapter to the treatment of love, following those on fevers; he begins by saying, similar to Ibn Sīnā, that the best treatment is the union of the two lovers; if that is impossible, another lover should be substituted for the first. Otherwise, one should devote oneself to trade or study, especially grammar or the sources of the law. If none of these succeed, as-Suyūṭī gives a number of magical recipes, which are largely sympathetic magic and rites that cause one to forget, and Doutté quotes one of the latter. Naturally, there was also magic to create ‘ishq; see *ibid* Find it in your Library. 254–6.

(⁶⁹) See Leibbrand and Wettley *Der Wahnsinn*, 134 ff.

(⁷⁰) See Hans-Jürgen Thies, *Erkrankungen des Gehirns insbesondere Kopfschmerzen in der arabischen Medizin* (Bonn, 1968), 23, 26 f. Find it in your Library

(⁷¹) Cf. *MD* ch. 2.

(⁷²) Siegel, *Galen on Psychology*, 191; see also *idem*, *Galen’s System of Physiology and Medicine* (Basle–New York, 1968), 300–4 Find it in your Library.

(⁷³) In this regard, Ibn ‘Imrān appears to return to earlier views about melancholia when he writes: ‘The name of “melancholia” is not identified properly with the essence of this illness, but it refers to its basic source, the black bile [al-mirra asawdā’]. As for the meaning of illness, it is known by its properties; that is to say, a disease [*marad*] invades the body, and its symptoms and injuries affect the soul[*nafs*]’ (‘Imrān, p. 2/90a).

(⁷⁴) Flashar, *Melancholie*, 135 f.

(⁷⁵) Cf. *MD*, 254 ff.

(⁷⁶) For the demise of this syndrome in Western medicine, see *MD*, 345–51.

(⁷⁷) Siegel, *Galen on the Affected Parts*, 88, 90.

(⁷⁸) A comparable evolution of Galenic principles may be seen in the development of the pneumata; see Temkin, *Galenism*, 107; *idem*, ‘On Galen’s Pneumatology’, *Gesnerus*, 8 (1951), 180–9. Find it in your Library

(⁷⁹) Perhaps his *al-Maqāla fī l-Mālankūhliyā*, which is cited by ar-Rāzī, belonged to this compendium. Also, his work on phrenitis (*Kitāb al-Birsām*) was apparently translated by Ibn al-Bīṭrīq in the early 9th cent, AD, but it is no longer extant. *MI*, 85 f.; *GAS*, iii. 164.

(⁸⁰) Th. Puschmann, ed., *Alexander von Tralles*, i. 590

(⁸¹) Flashar, *Melancholie*, 126–30.

(⁸²) Ibid Find it in your Library

(⁸³) Leibbrand and Wettley, *Der Wahnsinn*, 156.

(⁸⁴) *De Morbis Mentis Tractatus* (Paris, 1659).

(⁸⁵) Qānūn, ii. 549 (1593 edn., i. 562 f.).

(⁸⁶) Ibid Find it in your Library. ii. 45–73.

(⁸⁷) For the Western medical reception of Ibn Sīnā's ideas on homosexuality, see Jacquart, *Sexuality and Medicine*, 55–8.

(⁸⁸) John Boswell (*Christianity, Social Tolerance, and Homosexuality* (Chicago, 1981)) Find it in your Library suggests that this prejudice in Roman society may have been due to attitudes toward female sexuality (p. 53) and to popular association of sexual passivity with political impotence (pp. 74 ff).

(⁸⁹) *On Acute Diseases and On Chronic Diseases*, ed. and trans. I. E. Drabkin (Chicago, 1950), i. 900–5 Find it in your Library. Elsewhere the editor makes the following pertinent observation: 'In any discussion of mental diseases in antiquity we must take account of sexual perversion and of homosexuality in particular; and modern psychiatry emphasizes the importance of this phase of our subject. There is a great deal of pertinent non-medical literature, but relatively little medical discussion in antiquity. The most interesting medical account of homosexuality is Soranus', as we read it in the pages of Caelius Aurelianus. It is remarkable that Soranus, who is generally so careful to emphasize the essential indivisibility of the mind-body complex, and who, in his therapy, seeks to apply both psychic and somatic measures together, seems to make homosexuality basically an affliction of a corrupted mind, to be overcome, if at all, not by any bodily treatment, but by a controlling of the mind. At the same time, Soranus reports the view widely held throughout antiquity, that this condition is inherited from generation to generation' (Drabkin, 'Remarks on Ancient Psychopathology', 228–9). See also P. H. Schrijvers, *Eine medizinische Erklärung der manlichen Homosexualität aus der Antike* (Amsterdam, 1985) Find it in your Library.

(⁹⁰) *On Acute Diseases*, 122.

(⁹¹) Pigeaud, *La Maladie de l'âme*, 122.

(⁹²) Franz Rosenthal, 'Ar-Rāzī on the Hidden Illness', *BHM*, 52 (1978), 45–60. Find it in your Library

(⁹³) Qānūn, ii. 549.

(⁹⁴) Rahman, *Health and Medicine in the Islamic Tradition: Change and Identity* (New York, 1987), 122–3. Find it in your Library

(⁹⁵) *MI*, 126 ff.; R. P. Paul Sbath, ed. and trans., 'Le Livre des caracteres de Qostā ibn Louqā', in *Bulletin de l'Institut d'Égypte*, 23 (1940–1), 112, 133–6/144, 162–5—a very free translation.

(⁹⁶) See Boswell, *Christianity*, 194–7; P. Brown, ‘Late Antiquity’, in *A History of Private Life*, ed. P. Ariès and F. Duby (4 vols.; Cambridge, Mass-London, 1987), i. 243 Find it in your Library. The subject of homosexuality in Islamic society has not yet been critically investigated.

(⁹⁷) *MI*, 170.

(⁹⁸) See *MD*, 82 *et passim*.

(⁹⁹) See J. C. Bürgel, ‘Psychosomatic Methods of Cures in the Islamic Middle Ages’, *Humaniora Islamica*, 1 (Paris, 1973), 165–7 Find it in your Library.

(¹⁰⁰) J. G. Balfour, ‘An Arab Physician on Insanity’, *Journal of Mental Science*, 22 (1876), 241–9 Find it in your Library. On this matter as well as others, G. Zilboorg and G. W. Henry, *A History of Medical Psychology* (New York, 1941), 123 Find it in your Library, should not be relied upon.

(¹⁰¹) For a survey of melancholia and its treatment in Ottoman medicine from the 15th to the 17th cent., see Nil San, ‘Osmanlica Tıp Yazmalarında Mâl-i Hülya ve Tedavisi XV–XVII.yy’, thesis, 1982.

(¹⁰²) The correspondence continues between the two works: forgetfulness (*unutsaguluk(?)* or, *unutsallgul(?)*) parallels Ibn Sīnā’s discussion of loss of memory; *eblehlik*, stupidity or imbecility; *ihtilât-t zihn*, mental confusion; *uykusuzluk* and *uyamklik*, insomnia and wakefulness; *sûbân*, hydrocephalus; *devvâr* and *sedeve*, vertigo; *kâbus*, incubus; *sar’a*, epilepsy; *sekke*, apoplexy; *ihtilâc*, convulsion; *lâkve*, facial paralysis; *hadr*, insensitivity (see *Qânun*, ii. 107)—Mukbilzâde mentions opium-eating as one of its seven causes; *ra’še*, tremor; *falic*, paralysis or hemiplegia; *teşennüc*, spasm; *küzâz*, various forms of spasm and paralysis; *levî*, overeating; *suda*, headache; and *şakîka*, migraine (Editor unable to verify reference).

(¹⁰³) Nil San, ‘The Classification of Mental Diseases in the Ottoman Medical Manuscripts’, in *Tıp Tarihi Araştırmaları*, i (Istanbul, 1986), 105–12. Find it in your Library

(¹⁰⁴) ‘Electroshock Therapy in Ibn-Sīnā’s Canon’, *JHMAS*, 12 (1957), 71 f Find it in your Library.

(¹⁰⁵) *Qânun*, i. 432.

(¹⁰⁶) See Kühn, xii. 365.

(¹⁰⁷) Cf. Ibn Sīnā’s detailed discussion of headaches in his *Qânun*, ii. 24–44.

(¹⁰⁸) See John F. Fulton, ‘Origins of Electroshock Therapy’, *JHMAS*, 11 (1956), 229 f. Find it in your Library

(¹⁰⁹) *A Treatise on the Canon of Medicine of Avicenna, Incorporating a Translation of the First Book* (London, 1930), 171.

(¹¹⁰) *Qânun*, i. 79.

(¹¹¹) Peter Sedgwick, ‘Michel Foucault: The Anti-History of Psychiatry’, *Psychological Medicine*, 11 (1981), 241. Find it in your Library