CHAPTER 10

SLEEP IN GALEN

In line with his strict distinction between processes according or contrary to nature, in Galen's comprehensive system there is less room for ambiguities: health and disease are clearly separated, and disease is characterised by a *locus affectus*, a specific type of imbalance, and a quantitative degree of imbalance.

Boundaries between health and disease: natural versus non-natural sleep

Naturally, this author recognised healthy sleep and a non-healthy state, *kôma*, which could be wakeful or drowsy. The normal process is described in *On the distinction of diseases*:

. . . ἐπεὶ καὶ κοιμώμενοι, καὶ ἄλλως ἐν σκότῳ καὶ ἡσυχίᾳ διάγοντες, ἢ κατακείμενοι πολλάκις οὔτε τι μέρος κινοῦμεν, οὔθ' ὅλως αἰσθανόμεθα τῶν ἔξωθεν οὐδενὸς, οὐδὲν μὴν ἧττον ὑγιαίνομεν. *Morb. Diff. II. K.VI*: 837, 5–10.

. . . when we sleep and spend time in the darkness, quietly lying, often without moving any part, and perceiving absolutely nothing from outside, we are not less healthy.

This is the passage mentioned above where sleep is described as a quiet activity: in the dark, without external stimuli (which would suggest that observed sleep was an unusual situation). On a more physiological note, disconnection from the environment (*tôn exôthen*) is a crucial feature of sleep. Apart from perceptions – which had appeared in Aretaeus – Galen highlights the lack of movement. Considering that both are capacities of the *psuchê* in Galen's theoretical model, it is not surprising that the unhealthy kind of sleep will be considered together with the conditions that affect the ruling part of the soul (located in the brain):

. . . καὶ πρὸς τούτοις ἔτι δύο ἐξαίρετα, τὸ μὲν ἀγρυπνία, τὸ δὲ κῶμα . . . ἐφεξῆς δ' ἂν εἴη τὰς τῶν ἡγεμονικῶν ἐνεργειῶν βλάβας διελθεῖν . . . ἔστι δὲ καὶ ταύτης . . . ὃ δὲ

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κάρος καὶ κατάληψις . . . τὸ δὲ οἷον ἐλλιπὴς καὶ ἄτονος [κίνησις], ὡς ἐν κώμασί τε καὶ ληθάργοις. . . *Symp. Diff. CMG 3.6*: 220, 23; 221, 1. *K.VII*: 58; *3.9*: 224, 9–10. *K. VII*: 60.

. . . apart from these [damages common to all perceptual activities], there are also two special ones: sleeplessness and *kôma* . . . Subsequently, the damages to the *hêgemonikon* [itself] should be discussed . . . Amongst [those that affect imagination] are . . . torpor (*karos*) and *catalepsy* . . . [and] something akin to a defective [movement] lacking tone, as in *kômas* and *lethargies*. . .

In a nutshell, non-natural sleep occurs when the *psuchê* is either affected in the *aisthêtikon* or the *phantastikon* (which in turn belongs to the *hêgemonikon*). Hence, the *locus affectus* is clear, and with it, the site to which the treatment should be applied:

καὶ μὲν δὴ κἀπὶ τῶν ληθαργικῶν οὐδείς ἐστιν ὃς οὐ προσφέρει τῇ κεφαλῇ τὰ βοηθήματα· καὶ τοῦτο γὰρ τὸ πάθος . . . γίνεται δ' ἐγκεφάλου πάσχοντος, ἐν ᾧ τῆς ψύχης ἐστι τὸ ἡγεμονικόν. *MM XIII.21*. *LCL III*: 400, 26–7; 402,1–2. *K.X*: 929.

neither is there anybody who would not apply the treatment to the head in *lethargic* patients, for this affection also . . . occurs when the brain, where the *hêgemonikon* of the *psuchê* lies, suffers.

Sleep and wakefulness as a continuum

The consequence of the above-mentioned disturbances is designated as *kôma* or *kataphora*, namely, impaired consciousness:

. . . δύο εἰσὶν εἴδη καταφορᾶς . . . commune enim ambabus est, quia elevare non possunt oculos, sed mox gravantur et dormire volunt, proprium autem alterius, quia hii quidem dormiunt mox et profunde et diu hii vero vigiles versute sunt, alia super aliam fantasiam adveniente et mentem movente et somnum incidente . . . sive igitur somnolenta sive vigil fuerit catafora, vocare coma est consuetudo ei, et nequaquam sibi invicem repugnant . . . quandoque quidem in vigiliis parvis invenietur coma quandoque autem in somno. etenim et catafora quandoque quidem somnolenta est, quandoque autem vigil; quare non habes dicere de catafora patientibus, quod vigilant vel non.[1] *Hipp. Com. CMG II*: 187, 12–18; 29–33; 188, 1–2. *K.VII*: 653–4.

[1] The change from Greek into Latin follows the edition by Mewaldt, Diels and Heeg in the *CMG V: 9.2*. Melwadt explains (*Praefatio XIV–XV*) that the only extant version of the text was the *Codex Laurentianus* 74,3 from the twelfth century, which had a large *lacuna*. In order to solve it they used a Latin translation from the fourteenth century by Nicolao de Regio de Calabria (*Codex Parisinus* 6865) which, unlike Kuhn's edition, filled the *lacuna* with a reverse translation from Latin back into Greek. The passage transcribed is found exactly at the beginning of this *lacuna*, hence most of the text is in Latin.

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. . . drowsiness (*kataphora*) presents in two forms . . . common to both [of them] is the fact that [patients] cannot open their eyes but are soon weighed down and wish to sleep; but specific to one [form] is the fact that the former [sufferers from *kôma*] fall asleep quickly and deeply during the day, while the latter [sufferers from *kataphora*] are actually deceitfully awake, for dreamy apparitions come to their mind (*mens*) and move it, thereby interrupting their sleep . . . Regardless of whether the drowsiness (*kataphora*) is somnolent or wakeful we customarily call it *kôma*, and by no means do they [the two forms] oppose each other . . . *kôma* is sometimes found in short wakeful periods, and sometimes in sleep. Indeed, also drowsiness (*kataphora*) is sometimes somnolent and sometimes wakeful, wherefore you should not say whether patients who suffer drowsiness are awake or not.

The transition between abnormal sleep and wakefulness is so blurred that in conditions with impaired consciousness one cannot really tell one from the other. As a matter of fact, Galen is suggesting that it makes no sense trying to distinguish between them. In contemporary terms we would construe the concept as a single condition (*kataphora*, *kôma*, impaired consciousness) with various manifestations (drowsiness, hallucinations, confusion). Furthermore, such a view actually implies that somnolent and wakeful impaired consciousness are two presentations of a similar phenomenon. This stance is not only in utter contradiction to Celsus, who conceived sleep as an all-or-nothing phenomenon (where patients could only be either awake or asleep), but it also challenges the Hippocratic authors and Aretaeus. Indeed, although all of them did admit some grey areas with fuzzy edges between wakefulness and sleep, they nonetheless attempted to associate such conditions either with one or the other (as discussed within the sociological commentary, the specific treatment for each category required that kind of clarity in the classification).[2]

The blurred boundaries, however, are not limited to the distinction between delirium and sleep. A passage where Galen contrasted certain diseases of the *hêgemonikon* with *sunkopê* illuminates the way in which he understood the relationship between the three prototypes of impaired consciousness:

οὕτω γοῦν ἐπιληψίαι τε διὰ τὸν ἄτονον στόμαχον ἐνίοις ἐπιγίνονται, καὶ κάροι, καὶ κώματα, καὶ καταλήψεις, παραφροσύναι τε καὶ μελαγχολίαι, τῆς κατὰ τὸν ἐγκέφαλόν τε καὶ τὰ νεῦρα συμπαθούσης ἀρχῆς. αἱ δὲ ὀνομαζόμεναι καρδιακαὶ

[2] *On internal diseases* (*LCL 48*) offers a good example, where the author is also explicitly trying to separate hallucinations from nightmares.

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συγκοπαὶ τῆς κατὰ τὴν καρδίαν τε καὶ τὰς ἀρτηρίας ἀρχῆς συμπαθούσης ἐπιγίγνονται. *Caus. Symp. I.7. K.VII*: 137, 5–11.

In this way, epilepsy falls upon some due to a weak stomach, as do torpors (*karoi*), *kômas*, catalepsies (*katalêpseis*), deliria (*paraphrosunai*) and bouts of *melancholia*, providing there is *sympathy* towards the principle (*archê*) located in the brain and the nerves. The so-called cardiac *sunkopai* supervene as long as the *sympathy* occurs towards the principle (*archê*) located in the heart and the arteries.

First of all, the fact that Galen needed to contrast conditions with impaired *hêgemonikon* and *phantastikon* – such as *epilepsy*, *torpor*, *kôma*, *catalepsy* and delirium – with *cardiacum* (total loss of consciousness) suggests that he perceived them to be easily confused conditions.[3] In terms of their specific links, the three prototypes of impaired consciousness may well originate in the stomach, but they all ultimately affect a part of his tripartite soul: the *psuchê*.[4] The difference is that whereas the latter has sympathy towards the *archê* in the heart (spirited *psuchê*), all the others have it towards the brain (rational *psuchê*). The kind of disease that develops depends on where specifically the *sympathy* goes.

In other words, the problem begins in the stomach, but it is the second stopover that will determine the kind of affection: if it is the rational soul, it will trigger diseases of the *hêgemonikon* (with drowsy or hyperactive impaired consciousness), whereas if the spirited soul receives the *sympathy*, it will trigger a *sunkopê* (total loss of consciousness). The above shows that although the *psuchê* was affected in all the situations that we nowadays consider as impaired consciousness, there were nuances. As we shall see in Part III of this book, Galen consistently attributed delirium and sleep to the *hêgemonikon*, whereas fainting was sometimes related to a different part of his tripartite Platonic soul. When the emphasis was put on the loss of movement and perceptions that fainting

[3] Note Galen's preference for describing specific deficiencies attributable to determined *loci affecti* that he could target with the treatment: he considered that epilepsy was a spasm combined with cessation of the functions of the *hêgemonikon*, whereas *karos* and *katalepseis* were a paralysis of the *phantastikon*, both anatomically located in the brain.

[4] In the chapters on delirium I have discussed why I consider *melancholia* to be a form of mental illness and not impaired consciousness. The fact that in this passage Galen includes it among the others can be explained in terms of his system: regardless of the actual symptoms, it was a cold and moist *duskrasia* in the brain, and as such it could be triggered by *sympathy* from the stomach.

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causes, the affection of the *hêgemonikon* in the brain was emphasised. When, on the other hand the mechanism of swoons (the loss of blood) was under discussion, the attention was diverted towards the spirited soul in the heart, which carries the innate heat.

Levels of consciousness

For certain, Galen offers explicit speculation on the gradable physiology of both healthy and pathological sleep. As far as the former is concerned,

> ... κατὰ τοὺς ὕπνους ἤτοι παντάπασιν ἀργοῦσιν αἱ αἰσθήσεις, ἢ ἀμυδρῶς ἐνεργοῦσιν. εὔλογον οὖν ὀλίγην τινα ἐπιῤῥεῖν τηνικαῦτα δύναμιν ἀπὸ τῆς ἀρχῆς τοῖς κατὰ μέρος. καὶ τό γε βαθέως τε καὶ μὴ βαθέως κοιμᾶσθαι ... ἐν τῷ ποσῷ τῆς ἐπιῤῥοῆς ἐστι. τοσούτῳ γὰρ μεῖον ἐπιῤῥεῖν εἰκός ἐστιν, ὅσῳπερ ἂν ὁ ὕπνος ᾖ βαθύτερος. *Caus. Symp. I.7. K.VII*: 140, 4–10.

> ... during sleep, perceptions are either completely inactive, or they operate weakly. Hence, it is reasonable that in such circumstances there is little capacity flowing from the controlling centre towards them [the perception organs]. To fall asleep deeply and non-deeply depends on the amount of the flow: the lesser the flow, the deeper the sleep.

Galen explicitly conceives different levels of disconnection that manifest in progressive depths of sleep, and they depend on the quantity of perception capacity flowing from the *archê* (in the brain) towards the senses.

Concerning the abnormal kind of sleep, I have already pointed out that in Galen's system, the antithetic character of the qualities (cold–hot, dry–moist) enables a rational explanation for opposite symptoms (such as insomnia–drowsiness). We should now add that the gradual nature of such qualities allows – and even encourages – reflection upon their intensity. For certain, qualities admit degrees, which makes it relatively easy for a doctor to correlate levels of heat, coldness, dryness or moistness to a corresponding severity of the compromise:

> ὥσπερ οὖν ὕπνος καὶ ἀγρυπνία μᾶλλον τοῦ μετρίου γίνεται, τὸ μὲν δι' ὑγρότητα, τὸ δὲ διὰ ξηρότητα κράσεως, οὕτως ἐν αὐτοῖς τούτοις τὸ μᾶλλόν τε καὶ ἧττον ἐν ἀγρυπνίαις τε καὶ ὕπνοις ἔπεται τῷ μᾶλλον καὶ ἧττον ἐν ὑγρότητι καὶ ξηρότητι. *Loc. Aff. 3.6. K.VIII*: 163, 6–10.

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Just like sleep and insomnia are produced by a mixture exceeded in the amount of humidity in the former, and dryness in the latter; in the same way, on these particular qualities [depend] the seriousness or mildness of insomnia and [the depth or lightness of] sleep, for they correspond to the increased or reduced amount of humidity and dryness.

Clearly, Galen's system contemplates this perfect continuum between antithetical symptoms, which are correlated with opposed qualities. The same rationale underpins the polarity that contrasts *lethargy* with *phrenitis*. Consistently throughout his works, the former is hypoactive and caused by the coldest and wettest mixtures, whereas the latter is hyperactive and the result of the hottest and driest *kraseis:*

. . . φρενῖτις μὲν ξηρὸν καὶ θερμόν ἐστι νόσημα, καὶ διὰ τοῦτο ταῖς πρακτικαῖς ἐνεργείαις εὐρωστότατον· ὁ δὲ λήθαργος ἄῤῥωστον, ὑγρότητι δαψιλεῖ τε καὶ ψυχρᾷ. . . *Caus. Symp. III.10. K.VII*: 259, 18; 260, 1–3.

. . . *phrenitis* is a dry and hot disease and this is why it is particularly strong in active functions [hyperactive]. *Lethargy* is weak [in active functions, that is, hypoactive] due to abundance of humidity and coldness. . ..

Although Galen does not explicitly link these phenomena to the quantitative aspect of his humoural theory, he does illustrate his explanations with the same examples as those he had used to explore the gradability of the theory. Therefore, it is not unreasonable to think that – also in this regard – he did consider the levels of consciousness to be parallel to the degrees of the qualities: *somnolenta igitur, quantum ad praesens, ipsis litargicis insidet, insomnem vero, que freneticis supervenit, temptandum distinguere*. ('Therefore, somnolent [*kataphora*] – which determines the degree of *lethargy* itself – should be distinguished from sleepless [*kataphora*], which can befall *phrenitic* patients').[5] In other words, impaired consciousness (*kataphora*) can manifest with symptoms that extend from sleep – at the hypoactive end of the spectrum – all the way through to wakefulness, with a whole range of intermediate states. In such states, presumably, the degrees of heat, coldness, moistness and dryness determine the severity of the delirium or the depth of the sleep, which are ultimately two sides of the same coin.

[5] *Hipp. Com. CMG V.9.2; 3.1*: 188, 34–6. *K.VII*: 656.

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From a less pathophysiological point of view, it is interesting to place this concept of correlations between depths of sleep and seriousness of ailments within a broader context and amid the non-medical discourses. There is an explicit philosophical formulation in Aristotle's *Generation of animals*:

ὕπνος εἶναι δοκεῖ τὴν φύσιν τῶν τοιούτων, οἷον τοῦ ζῆν καὶ τοῦ μὴ ζῆν μεθόριον, καὶ οὔτε μὴ εἶναι παντελῶς ὁ καθεύδων οὔτ᾽ εἶναι. *GA. LCL V*: 778b.

Sleep seems to have this very nature: it is like a boundary between not living and living; for somebody asleep is neither being nor completely not-being.

If we consider that death is often the end stage of serious illnesses, and that according to these doctors becoming progressively sick manifests by becoming progressively drowsy, one can see how these closely connected ideas have possibly interacted and interfered with each other. Indeed, the liminality of sleep between life and death seems to have been deeply ingrained in ancient discourses (well beyond archaic epic poetry). It penetrated medicine to such an extent that even Celsus, who did not conceive a progression in the levels of consciousness, still regarded sleep as a sign of imminent death: *eadem mors denuntiatur . . . ubi adsidue dormit* ('Death itself is announced . . . when one sleeps uninterruptedly').[6]

To sum up, the way in which these authors tackled sleep illustrates how strict definitions and clear boundaries sometimes obscure phenomena, rather than help to explain them. Celsus' strict separation between wakefulness and sleep prevented him from considering intermediate conditions and stages that were present in other contemporary treatises. Furthermore, although he was interested – as most other post-Hellenistic sources – in the relationship between perceptions and reality, he only discussed the topic in connection with delirium but not with sleep (as Aretaeus and Galen did), thereby leaving out questions about the reality of dreams. In a similar manner, Galen's clear distinction between health and disease did not allow

[6] *Med. II: 6, 5.* In the Latin tradition, Pliny the Elder went a step even further by equating normal healthy sleep with death: *quid quod aestimatione nocturnae quietis dimidio quisque spatio vitae suae vivit, pars aequa morti similis exigitur?* ('What about the fact that by considering our nightly rest, everybody lives half of the time of his life, whereas an equal part is taken away by a state resembling death?' *Nat. Hist. VII.50, 167*: 618, 1–3).

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him to see the gradual transition between both stages. He seems to have clearly understood the progression in the seriousness of illnesses, the related nature of wakefulness and sleep, and even the subtle transition between delirium and drowsiness, but not the link between healthy and disturbed sleep. Paradoxically, both authors took such boundaries for granted and made no effort to define where exactly they set them. Celsus did not explain how to distinguish wakefulness from sleep, nor did Galen clarify where healthy sleep ended and disturbed sleep began. On the contrary, those limits remain as purely theoretical constructions in the texts, which are only self-evident when considering the prototypical extreme situations, but are much less obvious in the intermediate stages.

This lack of explanation is perhaps due to the fact that the exact location of such limits was not established by medicine but by the culture of that time. If – as Williams states – every society organises and schedules the sleep of its members, we can suggest that the medical discourse is only providing explanatory models and solutions (in the form of treatments) for situations where the transgression of social rules is construed as disease.[7] Ultimately, the amount of sleep regarded as normal, the pattern of sleep during night or day and the level of sleepiness acceptable in an interaction are socially regulated conventions.[8] Taking this idea a step further, the whole concept of consciousness that emerges from this analysis of sleep could be regarded as the way in which these medical writers accommodated some medical theoretical frameworks to the various non-medical discourses on sleep available in their time and place.

Galen's approach to HOFs, the mind and their terminology

Unlike the previous authors, where the idea of mind and the organisation of HOFs had to be deduced from hints in the descriptions, Galen was very explicit about it and delimited a systematic, coherent and consistent division of the different domains involved in the workings of the mind:

[7] Williams (2008: 637). [8] Worthman and Melby (2002: 90).

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. . . τὰς ψυχικὰς [ἐνεργείας] . . . τέμνοντες εἴς τε τὰς αἰσθητικὰς καὶ τὰς κινητικὰς καὶ τρίτας τὰς ἡγεμονικὰς . . . πάλιν ἑκάστην τῶν εἰρημένων διαιροῦμεν εἰς τὰς ἐν αὐτῇ διαφοράς. ἡ μὲν οὖν αἰσθητικὴ τῆς ψυχῆς ἐνέργεια πέντε τὰς πάσας ἔχει διαφοράς: ὁρατ<ικ>ήν, καὶ ὀσφρητ<ικ>ήν, καὶ γευστ<ικ>ήν, καὶ ἀκουστ<ικ>ήν, καὶ ἁπτ<ικ>ήν. ἡ δὲ κινητικὴ τὸ μὲν προσεχὲς ὄργανον ἓν ἔχει καὶ τὸν τρόπον αὐτοῦ τῆς κινήσεως ἕνα . . . ἡ λοιπὴ δὲ ἐνέργεια τῆς ψυχῆς ἡ κατ' αὐτὸ τὸ ἡγεμονικὸν εἴς τε τὸ φανταστικὸν καὶ διανοητικὸν καὶ μνημονευτικὸν διαιρεῖται. *Symp. Diff. CMG (G).3*: 216, 19–20; 218, 1–6, 7–9. *K.VII*: 55–6.

. . . Having separated the psychic [activities] into perception, movement and thirdly, authoritative (*hêgemonikas*) [activities] . . . we will divide them, again, into classificatory categories within each. The perceptual activity of the *psuchê* has five sub-categories: sight, smell, taste, hearing and touch. The motor [activity] has a single organ attached, and the form of its movement is also one . . . The remaining activities of the *psuchê* – which are controlled by the *hêgemonikon* (authoritative part) – [can be classified] into imagination (*phantastikon*), intellect (*dianoêtikon*) and memory (*mnêmoneutikon*).[9]

In this passage, Galen is establishing clear boundaries of what constitutes 'the psychic', what its sub-divisions are and what are their corresponding activities or functions. It is within these theoretical limits that he will later discuss all the conditions that we nowadays consider as wakeful and drowsy impaired consciousness. We could be tempted to regard the activities of the *hêgemonikon* as similar to our current medical idea of consciousness.[10] However, other texts present minor variations in terminology and some nuances in the concepts, which prevent such a correspondence. In a more philosophical work, for instance, Galen states that ἡ λογιστικὴ ψυχὴ δυνάμεις ἔχει πλείους, αἴσθησιν καὶ μνήμην καὶ σύνεσιν ἑκάστην τε τῶν ἄλλων ('the rational (*logistikê*) *psuchê* has several capacities: perception, memory and understanding (*sunesin*) of each of the others').[11] When comparing the two extracts there appears to be some overlap and

[9] For the translation of *hêgemonikon* as authoritative part, I have followed Johnston (2006: 188 n. 20).

[10] Particularly when Galen offers alternative designations to it: καὶ τὸ ἡγεμονικόν, καὶ τὸ ἡγεμονοῦν, καὶ τὸ ἡγούμενον καὶ τὸ δεσπόζον καὶ τὸ ἄρχον καὶ τὸ λογιζόμενον καὶ τὸ νοοῦν καὶ τὸ φρονοῦν ('the governing part, as well as the part with authority, the part that guides, rules, leads, calculates, thinks, and the part that has understanding', *PHP. CMG II.5*: 144, 5–6. *K.V*: 258).

[11] *QAM Teubner 2:* 34, 23–5. *K.IV*: 771. Because this passage summarises what Galen had said previously about the capacities, I interpret that ἑκάστην τε τῶν ἄλλων refers to perceptions and memory, thereby implying that the rational soul has an understanding of what has been perceived and what can be recalled.

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simplification between what he had defined as 'psychic activities' and what he is designating as 'the capacities of the rational *psuchê*'. In yet another treatise the *hêgemonikon* is the site where ἐπιστήμης τε καὶ δόξης ἁπάσης τε διανοήσεως ('knowledge (*epistêmê*), all the judgement (*doxa*) and intellect (*dianoêsis*) are to be found'),[12] and later on he states that αἱ μὲν τοῦ λογιστικοῦ τῆς ψυχῆς ἐνέργειαι καλείσθωσαν ἡγεμονικαὶ ('the activities of the rational (*logistikou*) part of the *psuchê* should be called *hêgemonikai* [that is, belonging to the authoritative part]').[13] Ultimately, although there are some discrepancies concerning what belongs to the rational *psuchê* in general and to the *hêgemonikon* in particular,[14] it seems that Galen is grouping together some HOFs, most of which are nowadays considered to belong in the sphere of consciousness.[15] Moreover, it could be argued that in this sense he remained remarkably consistent throughout his work. He considered all the diseases that affect these *psychikai*/*hêgemonikai energeiai*, or the *logistikon tês psuchês* to be related,[16] and he offered a comprehensive catalogue of them in his treatise *On the distinction of symptoms*:

καὶ τοίνυν αἱ βλάβαι τῶν αἰσθητικῶν ἐνεργειῶν κοιναὶ μὲν ἁπασῶν ἀναισθησίαι τινές εἰσιν, ἢ δυσαισθησίαι . . . καὶ πρὸς τούτοις ἔτι δύο ἐξαίρετα, τὸ μὲν ἀγρυπνία, τὸ δὲ κῶμα . . . τῶν δ' αὖ κινητικῶν ἐνεργειῶν ἀκινησία μὲν καὶ δυσκινησία τὰ πρῶτα συμπτώματα . . . ἐπειδὰν . . . ἐμπροσθότονός τε καὶ ὀπισθότονος καὶ τέτανος . . . ἐπιληψία . . . καὶ ἀποπληξία ἢ παντὸς τοῦ σώματος παράλυσις ἅμα ταῖς ἡγεμονικαῖς ἐνεργείαις . . . ἐφεξῆς δ' ἂν εἴη τὰς τῶν ἡγεμονικῶν ἐνεργειῶν βλάβας διελθεῖν, καὶ πρώτης γε τῆς φανταστικῆς. ἔστι δὲ καὶ ταύτης . . . ὧ δὲ κάρος καὶ κατάληψις . . . παραφροσύνη . . . τὸ δὲ οἷον ἐλλιπὴς καὶ ἄτονος [κίνησις], ὡς ἐν κώμασί τε καὶ ληθάργοις . . . καὶ μέν γε καὶ αὐτῆς τῆς διανοητικῆς ἐνεργείας . . . ἄνοια . . . μορία τε καὶ μώρωσις . . . παραφροσύνη. *Symp. Diff. 3 K.VII*: 56, 58–60.

The damages common to all the perceptual activities are certain *anaesthesiai* or *dusaesthesiai* . . . apart from these, there are also two special ones: sleeplessness and *kôma* . . . Again, the main symptoms of the motor activities are immobility (*akinesia*) and *duskinesia* . . . then, *emprosthotonos*, *opisthotonos* and tetanus, . . .

[12] *Loc. Aff. CAM II.10*: 372, 22. *K.VIII*: 126. [13] *Loc. Aff. 3.6. K.VIII*: 163, 2–3.

[14] We have seen yet another similar though not identical division of activities in *The art of medicine* (*Ars. Med. CUF 6.9:* 290, 11–14. *K.I*: 322).

[15] McDonald (2014: 139–40) has also noted some divergence and some coincidence in the verbs that Galen chose to describe the specific activities of the *hêgemonikon* in *On the affected parts* as compared to *On the doctrines of Hippocrates and Plato.*

[16] Galen sometimes uses these terms interchangeably, although according to the previous explanation one is subordinated to the other.

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epilepsy … and *apoplexy* or simultaneous paralysis of the whole body and the activities of the *hêgemonikon* [authoritative part] … Subsequently, the damages to the *hêgemonikon* [itself] should be discussed, and firstly those that affect the imagination (*phantastikon*). Amongst them are … torpor (*karos*) and *catalepsy* … delirium (*paraphrosunê*) … [and] something akin to a defective [movement] lacking tone, as in *kômas* and *lethargies* … And among those [damages] that affect the intellectual activities (*dianoêtikon*), there are … mindlessness (*anoia*) … folly (*môria*) and foolishness (*môrôsis*) … [and] delirium (*paraphrosunê*).

Although there are other classifications throughout the corpus with minor variations, as well as certain conditions that are not mentioned here (which Galen nonetheless considered to belong in this group),[17] there is consistency in terms of the anatomical and physio-pathological understanding. All these conditions affect the brain (because it is the seat of the rational soul), and they all occur as a consequence of an imbalance in the *krasis*,[18] namely, an approach with evident advantages in terms of therapeutic conduct, for it explained diseases in a way that enabled Galenic medicine to successfully treat them.

Regarding the organisation of the mind, Galen's fragmentation of the HOFs blurred several distinctions that we now make (because they were irrelevant to his therapeutic approach). Thus, by describing all these conditions as affections of the *psuchê*,[19] and classifying them according to the type of psychic activity disturbed (perception, motion or ruling part) and the kind of compromise (complete, partial or deviant), the edges between impaired consciousness (wakeful or drowsy) and mental illnesses become fuzzy, for they are both diseases where the intellectual

[17] τὰ μὲν οὖν πάθη τὰ ψυχικὰ φόβοι τέ εἰσιν ἐξαιφνίδιοι καὶ σφοδροί … αἵ τ' ἐναντίαι τοῖς φόβοις ἡδοναὶ μέγισται ('The psychic affections are sudden and excessive fears, as well as their opposite, namely, great pleasures', *MM. XII*.5: 370, 3–5. *K.X*: 841).

[18] In this respect, Devinant (2020) offers a similar idea from a different perspective. In his search for a delimitation of Galenic psychic disturbances, he also highlights the anatomical and qualitative dimensions of Galen's analysis (127–8), and the focus on the brain as the seat of these conditions (137–42). The problem with framing them as 'psychic disturbances' and not impaired consciousness is that Devinant's approach leaves out sleep and fainting, which also seemed to be connected to these conditions in the Galenic conceptions.

[19] Not surprisingly, several scholars have addressed Galen's understanding of madness while discussing his ideas on the soul: Pigeaud (2008: 562–83), Jouanna (2013: 97–118), Nutton (2013b: 119–28) and Boudon-Millet (2013: 129–46).

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(*dianoêtikon*) activities of the ruling part of the rational *psuchê* – the *hêgemonikon*[20] – are damaged. Similarly, because the *psuchikai energeiai* are affected in delirium and mental illness, as well as in tetanus, epilepsy and the case of the youth with speechlessness and traumatic paralysis (already mentioned, *Loc. Aff. CMG I.6*: 284, 12–17. *K.VIII*: 50–1), the boundaries between what we now consider as neurological conditions, impaired consciousness and mental illness also become faint. In other words, although Galen subsumed the mental capacities within constructs that are broader than our idea of consciousness, he was able to clinically distinguish cases with impaired consciousness, and he did perceive an abstract notion to be compromised in such situations (albeit a notion comprised of more HOFs than we nowadays consider).

Concerning terminology, as Jouanna has remarked,[21] a parallel passage from *On the causes of symptoms* (*II. 7. K.VII*: 200–4) complements and introduces slight lexical nuances to this list. In this other version Galen calls *môrôsis* what he had previously designated as *anoia*, and defines it as a complete paralysis of the activities of the *dianoêtikon*. The partial impairment of such activities, which he had previously defined as *môria* and *môrôsis*, are now referred to as νάρκαι τοῦ λογισμοῦ τε καὶ τῆς μνήμης ('reason and memory numbness').[22] Interestingly, in this rendering he expands the notion of deliria (*paraphrosunai*) and includes some specific diseases such as *phrenitis*, *mania* and *melancholikai paranoiai*.

Undoubtedly, these passages reveal a fairly standardised and rather concise vocabulary. Galen's use of terminology, therefore, is more in line with the post-Hellenistic authors than with the Hippocratic doctors, where we found an extensive use of partial synonymy. Although there was a certain instability (for example, between *anoia*/*môrôsis* when tackling the diseases of the *dianoêtikon*), in the last passages,

[20] These diseases affect the rational soul but do not alter its leading role within the human being. A whole other group of conditions, where the spirited and the desiderative soul prevail over the rational one are discussed in *On the doctrines of Hippocrates and Plato* (*PHP IV.6. CMG*: 278, 5–9. *K.V*: 412–13). Unlike the descriptions that we nowadays frame as character traits or ethical behaviours, in conditions that can be equated with impaired consciousness the rational soul tends to be compromised, but still in control over the others.

[21] Jouanna (2013: 109).

[22] *Caus. Symp. II, 7. K.VII*: 201, 16.

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his vocabulary reminds us of Aretaeus': *paraphrosunê* seems to be the most common word for delirium (even if *parakoptô* is exceptionally used to describe similar phenomena).[23] *Paranoia* in the comment on *melancholia* was used to designate the specific kind of delusion that characterised that condition. Finally, *paralêrêsis* – as in Aretaeus – is the word chosen to talk about the mental disturbance of old age (what we would nowadays call dementia): διὰ τί τοίνυν εἰς ἔσχατον γῆρας ἀφικνούμενοι παρελήρησαν οὐκ ὀλίγοι τῆς τοῦ γέρως ἡλικίας ἀποδεδειγμένης εἶναι ξηρᾶς; οὐ διὰ τὴν ξηρότητα φήσομεν ἀλλὰ διὰ τὴν ψυχρότητα ('Why do most of those who reach extreme old age act foolishly (*parelêrêsan*), if old age has been demonstrated to be dry? We shall reply, not due to the dryness but to the coldness').[24] Once again, there is a humoural correlate that will guide the specific treatment of this clinical condition.

[23] Devinant (2020, 112–14) offers a thorough analysis of Galen's use of this term.
[24] *QAM Teubner* 5: 47, 18–21. *K.IV*: 786.

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