CHAPTER 14

TOTAL LOSS OF CONSCIOUSNESS IN POST-HELLENISTIC AUTHORS

The post-Hellenistic writers under study responded in various ways to both the Hippocratic and the Hellenistic traditions on total loss of consciousness, and their way of integrating these elements constitutes a clear testimony of their methodology, namely, encyclopaedism in *On medicine*, and lax eclecticism in Aretaeus' work. A common trait that is shared by both authors is the fact that they deepened the Hippocratic dual understanding of this prototypical presentation. For them they were two independent phenomena: either a symptom that appeared in various circumstances – *anima deficit*, *leipothumiê*, fainting – or an independent disease – *cardiacum*, *sunkopê*.

Fainting versus *sunkopê*

In Celsus, for example, there seems to be a strong Hippocratic influence in the nomenclature and the presentation of fainting, but a radical difference in the underlying conception of the soul. Similarly, Aretaeus maintained, to a certain extent, the Hippocratic terminology (he used *leipothumiê* and *leipopsuchiê*), but his descriptions were less evidently influenced by the Hippocratic corpus (even if he did not explicitly contradict it). He was particularly concerned with explaining the physiological mechanisms underlying this presentation, in which the soul had limited involvement. The Hellenistic stamp, on the other hand, manifests itself very clearly in the approach to *sunkopê* that both authors express. As we shall see, this affection is regarded as primarily originating in the body, with some kind of alteration in consciousness and descriptions that are suspiciously evocative of our own idea of vasovagal syncope.

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Fainting

The terminology that Celsus used to refer to swoons is *anima deficere*. As von Staden has accurately remarked, it is a Latin calque of *leipothumia* and *leipopsuchia*.[1] Also in syntony with the Hippocratic predecessors, fainting was conceived as a separation of the soul. We shall see, however, that Celsus' *anima* is rather different from the Hippocratic *psuchê*.

in capite autem interdum acutus et pestifer morbus est, quem κεφαλαίαν Graeci vocant; cuius notae sunt horror calidus, nervorum resolutio, oculorum caligo, mentis alientatio, vomitus sic ut vox supprimatur, vel sanguinis ex naribus cursus, sic ut corpus frigescat, anima deficiat. *Med. 4.2*: 2.

There is often an acute and destructive disease in the head, which the Greeks call *kephalaia* that presents the following signs: hot shivering; flaccid paralysis; blurred vision; delirium; vomiting, capable of suppressing the voice; or bleeding from the nose, capable of cooling down the body, and of causing fainting.

Suffice here to say that unlike the Hippocratic life force that suddenly and momentarily abandons the body leaving it lifeless, this passage offers a crescendo of symptoms until fainting eventually occurs. In other words, in this disease total loss of consciousness evolves through a progressive loss of capacities – movement, vision, cognition, speech – before the *anima* finally gets to withdraw.

A similar term to designate the same phenomenon is *exanimo*, a calque of the Hippocratic *ekpsuchô*, which also conveys the idea of separation of the *anima*:

ex vulva quoque feminis vehemens malum nascitur … interdum etiam sic exanimat, ut tamquam comitiali morbo prosternat. distat tamen hic casus eo, quod neque oculi vertuntur nec spumae profluunt nec nervi distenduntur: sopor tantum est. *Med. 4.27*: 1A.

A violent disorder also originates from the uterus of women … Occasionally it can even cause fainting (*exanimat*), in such a way that they are thrown to the ground like in an epileptic attack. It differs though from the latter, in that neither are the eyes turned, nor is there any foaming, nor spastic paralysis: such is the level of drowsiness.

[1] von Staden (2010: 13).

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Note how fainting in this passage is distinguished from an epileptic seizure (another form of total loss of consciousness) and assimilated to *sopor* (drowsy impaired consciousness). Unlike Celsus' understanding of delirium, which presented – as discussed above – very clear boundaries with sleep, fainting was in its peripheries. This also becomes patent in the chapter on epilepsy (*morbus comitialis*), where the impossibility of *lethargic* patients waking up (*exper gisci*) contrasted with the spontaneous coming round (*ad se revertitur*)[2] of epileptic individuals. In other words, on two occasions the author explicitly discusses the difference between sleep and total loss of consciousness, which suggests that he perceived them as related or similar presentations.

It does make sense – from a purely clinical standpoint – that if sleep is an all-or-nothing phenomenon, with almost no intermediate states (as Celsus seems to have conceived it), sleep and fainting can be readily confused but not sleep and delirium. The idea seems perfectly reasonable when applying the anaesthetic model: in dreamless sleep (Celsus very seldom mentions dreams or parasomnia), as well as in drowsy states, alertness, connectedness and responsiveness are reduced. In the case of deep sleep – as in the total loss of consciousness – they are virtually abolished.

In summary, in agreement with Celsus' constant search for the 'middle way', there is a formal (mainly terminological) agreement with the Hippocratic forerunners and a coincidence in the notion of separation, but – as I will argue below – a rather different idea of the soul.

Aretaeus' take on this matter raises similar concerns:

ἔκλυσιν δὲ γουνάτων καὶ αἰσθήσιος πρόσκαιρον νάρκην καὶ ἀψυχίην καὶ κατάπτωσιν, λιποθυμίην καλέομεν. *SD I.7. CMG (H).III*: 44, 20–1.

The knees giving way, temporary numbness of perceptions, fainting (*apsuchiê*) and collapse is called 'swoon'(*lipothumiên*).

First of all, it is worthwhile to remark that one of the components of *lipothumiê* is *apsuchiê*, thereby distancing – from a terminological viewpoint – from the absolute synonymy found in the Hippocratic collection. In this passage, *apsuchiê* does not seem to encompass the

[2] *Med. 3.23*:1–2.

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loss of perceptions (otherwise Aretaeus would not have needed to add them independently to the list). Additionally, this definition appears in the chapter devoted to paralysis, in which *lipothumiê* is framed as an extreme version of it. In other words, it is the total suppression of motor capacities and perceptions. As a result, the passage and the context in which it appears both suggest that movement and sensitivity were central components of swoons, and that they were both encompassed in the idea of *leipothumiê* but not in the notion of *apsuchiê*. The question still remains, though, whether Aretaeus was using these terms in a lexicalised manner or if he was implying some separation of the *psuchê* by using them.

The role of the *psuchê* in swoons is rather unclear, for most explanations involve humours (mainly blood), different forms of heat and tension. Aretaeus often discusses fainting in connection with excessive blood-letting,[3] and the role of the soul in them is erratic (to say the least). Only once does the *psuchê* appear as a relevant component where it separates from the body. It is in the treatment of *pleuritis*, where large phlebotomies are recommended:

. . . τὸ δὲ πλῆθος μὴ μέχρι λειποθυμίης· περιπνευμονίην γὰρ ἐπιφοιτῆσαι κίνδυνος, ἢν τὸ σῶμα ἐπιψυχθὲν τὴν ψυχὴν ἐκλείπῃ. εἴσω γὰρ τὰ ὑγρὰ ξυνθέει, τῆς ἐκτὸς ἀφαιρεθέντα θέρμης τε καὶ τάσιος. *CA I.10. CMG (H).V*: 114, 5–6.

. . . the amount [of blood withdrawn] should not be enough to cause a swoon, for this can add the risk of *pneumonia* if the chilled body releases the soul (*psuchê*). Indeed, the moisture accumulates inside, having been separated from the heat (*thermê*) and tension (*tasis*).

In this passage, Aretaeus relates the release of the *psuchê* in swoons to becoming cold after excessive loss of blood. Beyond the coincidence with Hippocratic (and Celsian) works, this example is quite illustrative of his lax eclecticism. Indeed, the particle *gar* seems to be suggesting that the soul – which can be either associated with heat (*thermê*) and tension (*tasis*), or only with tension if we interpret that the heat is exclusive to the blood – is being released along with the blood. We can point out, therefore, a faint family resemblance with two different traditions. On the one hand, blood was considered to be hot in humoural theories,

[3] This cause also makes sense to modern medicine: a large haemorrhage, or perhaps the mere sight of blood, can produce loss of consciousness.

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hence its loss was equated with coldness. On the other, the assimilation of the *psuchê* with heat and tension reminds us of the *pneuma* as the key constituent of the soul, according to Stoic philosophy.[4] However, the blood is also moist in humoural theories (whereas the moisture stays in the body, according to this explanation), and there are no allusions to *pneuma* in this passage. Furthermore, the technical word that the Stoics frequently used to talk about tension was *tonos* rather than *tasis*.[5] Could Aretaeus be referring, instead, to the tone of the muscles, which is lost when one collapses? There is no explicit evidence of this either. Perhaps he is talking about yet another kind of tension: the tension presented in the chapter on *sunkopê* where the disease causes a 'weakening of the tension of nature'.[6] Undoubtedly, the concept of family resemblance (which characterises Aretaeus' eclecticism) describes this tangle of ideas quite accurately: we can see that his explanations have features in common with different traditions, but he is not strictly following any of them, because there are also important discrepancies.

Going back to the role of the *psuchê* in swoons, in most other descriptions, the soul is not mentioned. Such is the case with *melancholia*, which offers yet another example of Aretaeus' method:

. . . σμικρόν [αἷμα] ἀφαιρέειν, ὁκόσον αἴσθηται τομῆς ἡ δύναμις οὐκ ἐλεγχθείη δὲ ἐπὶ τῷ τόνῳ . . . τόδε ἐστὶ τῆς φύσιος ὁ χῶρος καὶ ἡ τροφή. ἢν ὦν τοῦ δέοντος ἀφέλῃς, ἀτροφίῃ ἡ φύσις ἐξίσταται τῆς ἕδρης. *CD I.5. CMG (H).VII*: 156, 7–8, 10–11.

. . . a small amount [of blood] should be let; enough that the strength [of the patient] may perceive the incision, but not be tested as to its force . . . [for] this [the blood] is the location and the nourishment of the *phusis*. Thus, if you let more than is necessary, the *phusis* will be expelled from its seat due to lack of nourishment.

[4] Shields (2018: 36).

[5] There are later testimonies that the terms (*tasis* and *tonos*) were used as synonyms:

ὁ δὲ ὡς τάσις τόνος λέγεται *Cleonides* (Musicus). *Introductio harmonica*: Sect. 12 line 38.
ἡ δὲ τάσις ἐλέχθη τόνος. *Theon* (Phil). *De utilitate mathematicae*: p. 70 line 12.
τόνος δέ ἐστιν ἡ τάσις τοῦ πνεύματος· *Commentaria in Dionysii Thracis Artem Grammaticam* Comm. et Gramm: Scholia Londinensia (partim excerpta ex Heliodoro).
These examples were taken from *Thesaurus Linguae Graecae*® Digital Library. Ed. M. C. Pantelia. University of California, Irvine. http://www.tlg.uci.edu (last accessed 2 November 2019).

[6] ἔκλυσις τοῦ τόνου τῆς φύσιος, *SA II.3. CMG (H).II*: 23, 4.

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Here it is the *phusis* and not the *psuchê* that seems to be expelled with the blood in large phlebotomies. Additionally, this *phusis* is associated – like the *psuchê* before – with tension (*tonos* in this case), carried in the blood and assimilated to food. The *tonos* might well be referring to the *phusis* (like in *sunkopê*) and may be a synonym of *tasis* from the previous example.[7] However, we can once again only talk about family resemblance and not adherence to Pneumatic thought, because according to the Stoics, perceptions were part of the Psychic and not the Natural capacities, each of which represented a different level within the *scala naturae*.[8] Also against this hypothesis is the equivalence between *psuchê* and *phusis*, which the analogy between the commented-on passages appears to be suggesting.[9]

Therefore, Aretaus' understanding of fainting presents echoes, resemblances and discrepancies with other theories (one of them being the separation of the soul). However, none of them is clearly predominant nor followed consistently. As a matter of fact, his lax eclectic method consisted of combining different elements of different theories at his convenience, regardless of possible contradictions or incoherence between them.

Sunkopê

I will begin the post-Hellenistic authors' approach to the second form of total loss of consciousness with the description of *sunkopê* that appears in the *Anonymus Parisinus*, because it offers a comprehensive exposition of certain elements that will partially reappear in Celsus, Aretaeus and other post-Hellenistic sources.

ὀνομαστὶ μὲν τοῦ πάθους οἱ παλαιοὶ οὐκ ἐμνήσθησαν ὡς καθ' αὐτὸ γινομένου, ἐπιγινομένου ... μάλιστα δὲ στομάχῳ, ὅ περ καλεῖται καρδία.[10] δι' ὅ περ τινὲς

[7] Especially considering that the strength is affected, which could be a way of referring to the muscular tone, that naturally disappears during swoons.

[8] Annas (1992: 71–2). [9] Annas (1992: 51).

[10] The ambiguity of the terms *stomachos* and *kardias* has led to confusion from antiquity up to the present day. As Lonie (1981: 268–88) has remarked, some Hippocratic authors used *kardiôgmon* or *kardialgia* to refer to liver-related symptoms. Similarly, Galen commented on Thucydides' use of *kardia* to refer to the orifice of the stomach (*PHP. LCL II.8, 2*: 158, 17–30. *K.V*: 274–5). Such a discussion is also relevant in

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καρδίας ὑπέλαβον εἶναι τὸ πάθος ... γίνεσθαι δὲ αὐτὸ ... ἐκτονιζομένου τοῦ πνεύματος καὶ λυομένου ... τοῖς δὲ ὑπὸ συγκοπῶν ἁλοῦσι συνεδρεύει σφυγμὸς μικρὸς, συνδεδιωγμένος ... ἀναπνοὴ συνέχεται, καὶ ὡς ἂν ἐκλείποντες ἀντιλαμβάνονται τοῦ ἀέρος ... ἱδροῦσι δαψιλῶς τὰ ἄνω μέρη μάλιστα, ψυχρὸς δὲ αὐτοῖς ἐστιν ὁ ἱδρώς ... βάρος θώρακος συναισθαίνονται ... ἀποχωρίζουσι. *Anon. Paris. X.1, 1–2*: 72, 4–8; *X.2, 1–2*: 78, 14–21; *X.2, 3*: 74, 3.

The ancients have not mentioned this affection by name as a condition in its own right. It originates ... especially in the stomach, which is called *kardia*. Hence, some have assumed that it is an affection of the heart ... It occurs because the *pneuma* loses tension and dissolves ... The following symptoms accompany those suffering from *sunkopê*: small and fast pulse ... chaotic breathing, they hold the air as if they had fainted ... they sweat copiously, particularly in the upper parts. They have cold sweat ... feel heaviness in the chest ... [and] vomit.

As stated, there is no explicit mention in the Hippocratic collection of this disease (even if I have suggested above a feasible Hippocratic origin for it), and thus it is acknowledged by this author's remark that 'the ancients' did not give a name to this condition. Also, this – as well as most other ancient descriptions of *sunkopê*[11] – appears to be compatible with our current understanding of vasovagal syncopes (with hypopnea, cold sweat, gastrointestinal symptoms, cardiac symptoms and hypotension – hence the changes in the pulse). However, in this source it is not clear whether consciousness is actually lost. In most discussions about *sunkopê* there are usually hints that point towards some kind of impairment in the level of consciousness (in this case it is the breathing 'as if they had fainted'), but it is seldom explicit whether the patient actually passed out or not.

Lucretius' re-creation of the Athenian plague, where the poet translates the original Greek *kardia* (*Thuc.II. 49.3*) referring to the stomach, as *cor* (*Rer. nat.VI. 1152*) (see Commager 1957: 105–6). In modern languages this ambiguity has given rise to lay expressions such as 'heartburn' or '*mal du coeur*' to describe the symptoms triggered by gastro-esophagic reflux. As a matter of fact, the 'cardia' is nowadays the anatomical name of the distal orifice of the oesophagus (which is exactly the same as the proximal orifice of the stomach). In the case of *sunkopê* it is likely that *stomachos* refers to the epigastric region, in which symptoms that usually accompany vasovagal syncopes (such as local distress, nausea, vomiting) are perceived. It is not unlikely that this terminological and semantic ambiguity has generated the debate concerning the origin of the condition (the stomach versus the heart), which will be discussed below.

[11] For example, the Pseudo-Galenic *Introduction* (*CUF XIII.1*4: 52, 23–8; 53,1–7) and the Pseudo-Galenic *Medical definitions 265* (*K.XIX.420*: 15–17; 421, 1–3).

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Celsus' take on *cardiacum* matches the previous description quite closely. In his narrative, it is clearly differentiated from *defectio animae*, because the problem is in the body, specifically in the stomach:[12]

id autem nihil aliud est quam nimia inbecillitas corporis, quod stomacho languente inmodico sudore digeritur. licetque protinus scire id esse, ubi venarum exigui inbecillique pulsus sunt … pedibus … et cruribus siccioribus atque frigentibus. *Med. 3.19*: 1.

It [*Cardiacum*] is nothing else than excessive weakness of the body, which is wasted away by excessive sweating because the stomach is weak. It can be immediately spotted when the pulse of the blood vessels is small and weak … feet and legs are drier [than the other sweaty parts of the body] and cold.

Then, later in the chapter devoted to this condition (*Med. 3.19*) he warns *si verendum est ne deficiat*… ('if it is feared that the patient might faint…').[13] This clarification indicates that *anima deficere* can certainly occur simultaneously with *cardiacum*, but is an occasional and independent symptom.[14] In other words, Celsus' approach to this disease was eminently physical, and both clinically and theoretically different from other forms of swoons.

In Aretaeus' text, on the other hand, the boundaries between *sunkopê* and *leipothumiê* are more blurred. Accordingly, there is no clear definition as to whether this disease primarily affects the body or the soul. The author begins the discussion by justifying the two names that he uses to designate the disease: *sunkopê* in the book on signs and causes, and *kardiakos* in the chapter devoted to its treatment. The former is due to the suddenness and strength of its presentation, whereas the latter points towards the affected organ. Trivial as this might seem, such an introduction positions the author at the opposite end of the ongoing debate concerning the *locus*

[12] Several other post-Hellenistic texts place the damage in the stomach, amongst them, the above-mentioned *Anonymus Parisinus* (*X*), the Pseudo-Galenic *Introduction* (*CUF XIII.14*) and the Pseudo-Galenic *Medical definitions* (*K.XIX*: 265).

[13] *Med. 3.19*: 4.

[14] Interestingly, a Hippocratic description of cerebral sphacelus shares many coincidences with Celsus' *cardiacum*: ἤν σφακελίσῃ ὁ ἐγκέφαλος, ὀδύνη … ἐπὶ τὴν καρδίην φοιτᾷ· καὶ ἀψυχίη καὶ ἱδρώς, καὶ ἄπνοος τελέθει ('if the brain becomes sphacelous, pain migrates towards the *cardias*, the patients faints, sweats and stops breathing'. *Morb. II. LCL 5*: 176, 10–12). However the author of *On diseases II* uses *apsuchiê* to refer to this fainting.

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affectus.[15] Aretaeus outspokenly rejects the esophagic/gastric hypothesis, and places the affection in the heart, thereby expanding on his views on this organ:

τί δὲ καρδίης ἄλλο καιριώτερον ἐς ζωὴν ἢ ἐς θάνατον; οὐδὲ τὴν συγκοπὴν ἄπιστον τῆς καρδίης νοῦσον ἔμμεναι, ἢ αὐτὴν σίνος τῆς ἐν αὐτέῃ τοῦ ζῆν δυνάμιος . . . ἔστι γὰρ τὸ πάθος λύσις τῶν δεσμῶν τῆς εἰς ζωὴν δυνάμιος, ἀντίξουν τῇ συστάσει τοῦ ἀνθρώπου ἐόν . . . ἔνθα καὶ ἡ ψυχὴ καὶ ἡ φύσις αὐτέης, εἰς ἣν καὶ τὸ πάθος ᾗ τῶν τῇδε δυνάμεων. ἔστι δὲ ἡ τῆς νούσου ἰδέη ἔκλυσις τοῦ τόνου τῆς φύσιος ἐπ᾽ αἰτίῃ ψύξει καὶ ὑγρότητι. *SA II.3. CMG (H).II*: 21, 30; 22, 1–5; 23, 2–5.

What is more decisive for life or death other than the heart? It makes sense to posit that *sunkopê* is a disease of the heart, or an injury of its capacities for living . . . Indeed, the affliction – being inimical to the human constitution – is the release from the bonds that fetter the capacity to live . . . In it [the heart] are the soul and its nature; hence, also against it [the heart] are the diseases of its capacities [of the soul]. The form of this disease is, namely, a weakening of the tension of nature due to coldness and moistness.

In order to understand the implications of this passage, it is useful to contrast it with Aretaeus' own understanding of total loss of consciousness. There is a striking terminological and conceptual coincidence between *leipothumiê* and *sunkopê* in the treatise: the intervening faculties are the same, particularly the living-capacity (*eis zôên dunamios*); the *psuchê* and the *phusis* participate in both; the tension (*tonos*) has a similar role;[16] and the qualities cold and moist are as involved in *sunkopê* as they are in swoons (where heat is expelled during excessive phlebotomies, and humidity accumulates in the body once it releases the *psuchê*, *CA I.10. CMG (H).V*: 114, 5–6).

On the contrary, the importance of the blood has been overtaken in this passage by the heart. While blood seemed to be the seat of the *psuchê* and *phusis* in the passages on *leipopsuchiê*, in this description the heart plays that role. So far, therefore, we are

[15] The dispute is also mentioned by the author of the *Introduction* (*CUF XIII.1*: 52, 22–6), who seems to agree with the esophagic affection during *sunkopê* (like Celsus and the author of the *Anonymus Parisinus*).

[16] In another example of family resemblance regarding mechanisms, Aretaeus talked about the loss of tension in the *phusis* (ἔκλυσις τοῦ τόνου τῆς φύσιος, *SA II.3. CMG (H).II*: 23, 4), whereas the author of the *Anonymus Parisinus* referred to the loss of tension in the *pneuma* (ἐκτονιζομένου τοῦ πνεύματος καὶ λυομένου, *Anon. Paris. X.2, 1–2*: 78, 14–21.

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presented with a condition that has many features in common with swoons concerning mechanisms and capacities affected, but a different location.

When looking at the symptoms the picture slightly changes:

σφυγμοὺς μικροὺς, ἀδρανέας, πάταγον τῆς καρδίης, ἐπὶ πηδήσι καρτερῇ, σκοτόδινος, λειποθυμίη, νάρκη, καὶ παρέσιες μελέων, ἱδρὼς ἄσχετος, πουλὺς, ψύξις ὅλου, ἀναισθησίη, ἀφωνίη. *SA II.3. CMG (H).II*: 22, 22–4.

Small and weak pulse, a loud heartbeat among strong palpitations, dizziness, swoon, numbness and weakness in the limbs, profuse uncontrollable sweating, coldness all over, insensitivity, speechlessness.[17]

The description of physical signs is much more thorough than in swoons, where the clinical presentation is barely mentioned. It is at this point that lax eclecticism comes into play because Aretaeus presents pathophysiological similarities with his own idea of fainting, but a clinical description that matches the presentation of *sunkopê* in the other post-Hellenistic treatises. In this sense, I partially disagree with Pigeaud's view that we cannot find in Aretaeus' work the type of careful observation that characterised the Hippocratic *Epidemics*, because the patient and his ailment become lost when forced into classification.[18] In fact, his work could be regarded as halfway between the exclusively patient-centred Hippocratic descriptions and other heavily theory-laden post-Hellenistic works. As this approach to *kardiakos* reveals, Aretaeus draws a lot from his own experience and is quite detailed in his clinical descriptions. Unlike his contemporaries, he clearly found important coincidences in the presentations of both conditions (swoons and *sunkopê*), along with their differences.[19]

In other words, Aretaeus conceived of two ways of losing consciousness: a simple one without accompanying symptoms

[17] Even to our contemporary understanding, this description seems like an eclectic amalgamation of the different types of syncopes that we nowadays distinguish.

[18] Pigeaud (1987: 81). Such a statement could certainly be argued about Celsus' and the other post-Hellenistic encyclopaedic endeavours (for example, the *Introduction*, the *Definitions* and the *Anonymus Parisinus*), but not about Aretaeus.

[19] Indeed, most of the other symptoms are equivalent. When comparing this passage with those where swoons are characterised, one finds *apsuchiê* in swoons and *leipothumiê* in *sunkopê*; ἔκλυσιν δὲ γουνάτων in fainting is the same as νάρκη, καὶ παρέσιες μελέων in *kardiakos*; and finally, αἰσθήσιος πρόσκαιρον νάρκην and ἀναισθησίη are virtually synonyms.

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(often triggered by excessive blood-letting) and a more complex one (with bradycardia, hypotension and sweating) which constituted a disease in its own right, namely *sunkopê*.[20] This lax eclectic approach, therefore, enables Aretaeus to never disregard his own observations and allows him to subtly distance himself from the predominant understanding of the affection, where *leipothumiê* and *kardiakos* were completely unrelated conditions. He does not need to fit any finding within a fixed broader theoretical framework, because he can always find a convenient model to explain unexpected, unusual or unforeseen phenomena. In this way, the lack of a strict adherence to any sect provides him with the freedom to always come up with a suitable theoretical justification for whichever clinical manifestation he encounters.[21] Naturally, such justifications are often suggestive of a certain system of thought, but they never completely fit within any single and distinct one.[22] Thus, without an important amount of non-textual assumptions, we can only speculate which authors were informing which explanations.

Total loss of consciousness and ideas of the soul emerging in post-Hellenistic authors

In post-Hellenistic authors both the tension between body and soul, as well as the idea of a life-giving power within *psuchê*/*anima*, are perhaps less emphatically stated (although still present) and strongly influenced by their methodological approach. Thus,

[20] The treatment of *phrenitis* offers further hints of an identity between swoons and *kardiakos*: in *phrenitis* excessive blood-letting can lead to a *sunkopê* (not to *leipothumiê*): ἀτὰρ καὶ φλέβα τάμνων μὴ πολλὸν ἀφαιρέειν … φρενῖτις γὰρ εὔτρεπτον ἐς συγκοπὴν κακόν ('when cutting a vein not too much [blood] should be withdrawn … for *phrenitis* is an evil that can easily turn into a *sunkopê*), *CA I.1*. *CMG (H).V*: 92, 21–2.

[21] Hence, he can say that the *psuchê* and the *phusis* depend on the blood, to justify fainting due to excessive blood-letting; then he can place them in the heart to explain *sunkopê*; and finally he can say that drawing too much blood can trigger a disease of the heart (in *phrenitis*).

[22] As discussed, debates on the location of the soul in the blood or the heart were present in the Hippocratic collection, and they might be underpinning these seemingly contradictory explanations. Moreover, as Thumiger (2017: 267) points out, the blood as the seat of emotions and cognition predates medical theorisations; and the blood around the heart as the location of *noêma* is Empedoclean … all these traditions bear family resemblances with Aretaeus' assertions.

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Celsus, as an encyclopaedist in search of the 'middle way', compiled different sources – including several Hippocratic ideas, which he tweaked in order to make them compatible with later philosophical theories – and transferred that knowledge into Latin. Aretaeus' lax eclecticism, on the other hand, allowed him to pick and choose more freely the elements that he needed from the various theories available to him.

Celsus: mens*,* animus *and* anima

Celsus offered no explicit philosophical speculation about the nature of certain constructs that he considered to be compromised in his descriptions of impaired consciousness. He gives no clear definition of the scope of the *mens*, the *animus* and the *anima*. As a result, his ideas about these matters can only be deduced from the way in which he used the terms, as well as how he explained the intervention of these concepts in his descriptions. So far, during the discussion on total loss of consciousness, I have mainly focused on the Hippocratic influence over Celsus in terms of vocabulary and his understanding of fainting as a separation of the soul.

Let us now revisit the above-quoted passage on *kephalaia*-associated total loss of consciousness and focus on an aspect that has remained undiscussed: the idea of the soul that emerges from it.[23]

The text illustrates how motion, vision, involuntary symptoms (such as vomiting), delirium (*mentis alienatio*) and speech are all independent of the soul (*anima*), because they are lost due to the disease before fainting actually occurs, namely, before the soul separates (*anima deficit*). Such a distinction suggests that many capacities that belonged to the Hippocratic *psuchê* – particularly the *mens* (the rational part affected by *vanas imagines* in *phrenesis*) – are no longer subsumed in the Celsian *anima*; on the contrary, they are independent of it. This presentation, therefore, hints at a different way of understanding and grouping ideas about

[23] To facilitate the readability of the analysis, I repeat here an excerpt from it that is relevant for my argument: *horror calidus, nervorum resolutio, oculorum caligo, mentis alienatio, vomitus sic ut vox supprimatur, vel sanguinis ex naribus cursus, sic ut corpus frigescat, anima deficiat* (*Med. 4.2*: 2).

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perception, cognition and movement, as compared to the Hippocratic predecessors, and questions the equivalence between the Hippocratic *psuchê* and the Celsian *anima*.

From the various alternative models of the soul available to Celsus, I consider that his choice leaned towards a view that shared Asclepiadean or Epicurean elements. In order to pursue this idea further, it is necessary to provide some context; namely, to outline some ongoing philosophical debates.

Polito, following some simplification by Galen, has drawn attention to a bipolar division of philosophical thought at the time.[24] On the one hand, there were the philosophers of the 'mainstream tradition', who – broadly speaking – considered matter as a continuum and a unity and believed in intentionality and rationality, both in nature and in human beings (namely, a teleological stance). On the other hand, a group that included Asclepiades and Epicurus advocated – with certain nuances – a mechanistic view of the cosmos, which was formed of particles and void. Despite Vallance's reluctance to associate Asclepiades with Epicurus,[25] more recent scholarship has made a strong case for the important influence of Epicurean thought on Asclepiades' theories. Through different approaches, Leith[26] and Polito[27] agree that although there are some discrepancies, Asclepiades' debt to Epicurus is considerable, both at the physical level and in his psychology. As we shall see, in his approach to impaired consciousness Celsus negotiated various positions within contemporary philosophical debates, whilst at the same time trying to make these ideas compatible with the Hippocratic texts. Considering his frequent citations of Asclepiades,[28] it should not surprise us to see Celsus' narrative leaning towards the Asclepiadean/Epicurean side of the debate, even when trying to stick to the middle way.

In terms of vocabulary, several scattered allusions to psychological concepts remind us of Lucretius' Epicurean use of terminology, especially the interchangeability between *mens*, *animus* and

[24] Polito (2006: 288–93). [25] Vallance (1990: 697–700). [26] Leith (2009: 283–320).
[27] Polito (2006: 285–335).
[28] As Gautherie (2017: 52–3) accurately points out, Asclepiades is the only author in *On medicine* whose works ('On the preservation of health' and 'On common remedies') are explicitly mentioned.

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consilium, which I have previously mentioned in the description of the third type of *insania* (*Men. III.18*: 19, 21). Such a synonymy also appears in *De rerum natura*, where the poet refers to '*consilium*, which we designate as *animus* and *mens*'.[29] This finding is rather eloquent, because several more or less contemporary examples testify that this correspondence was not universally accepted in Latin.[30]

Beyond the terminological coincidence, there seems to be a common theoretical background shared by *On medicine* and Lucretius' *On nature*, totally alien to the Hippocratic corpus. It consists of the primacy of the *mens* and *animus* over the *anima*. The followers of Epicurus had considered the soul to be comprised of a rational part located in the chest (*animus*) and a non-rational part diffused throughout the body (*anima*).[31] Lucretius is quite explicit about it: he considers the *animus* to be in control of the *anima* and through it, of the body.[32]

> . . . facile ut quiuis hinc noscere possit
> esse animam cum animo coniunctam, quae cum animi ui
> percussast, exim corpus propellit et icit. *Rer. Nat. III*: 136–7.
>
> . . . From this, anyone could easily realise that *anima* is united with *animus*, and that when it is shaken by the *animus*, it then moves and pushes the body.

Similarly, Celsus presents a causal link between *mens* and *anima*:

> denique omnis calor iecur et lienem inflat, mentem hebetat; ut anima deficiat, ut sanguis prorumpat, efficit. *Med. 2.1*: 11.

[29] *consilium, quod nos animum mentemque uocamus* (*Rer. nat. LCL III*: 139).

[30] When talking about individuals out of control (*exisse ex potestate*), Cicero states that *non sunt in potestate mentis, cui regnum totius animi a natura tributum est* ('they are not under the control of their *mens*, which rules by nature over the *animus*', *TD LCL III.5, 2*: 236, 11–13). Similarly, Valerius Maximus utilises the terms with different connotations. He uses *animus* to talk about character traits such as bravery (*Dicta et facta memorabilia III. 2.5*: 238, 22), endurance (*III.3 ext. 1*: 274, 16), etc. Also, he clearly distinguishes *animus* from *mens* when he states: *transgrediar ad saluberrimam partem animi, moderationem, quae mentes nostras impotentiae et temeritatis incursu transversas ferri non patitur* ('I shall pass to the most advantageous aspect of the character (*animus*), moderation, which prevents our minds (*mens*) from being carried away by an impulse of helplessness and indiscretion', *Dicta et facta memorabilia IV. praef*: 336, 1–2).

[31] Verde (2020: 89–119) convincingly argues that the division between a rational and a non-rational part of the soul was a key feature of several Epicurean followers, and possibly an idea developed by Epicurus himself.

[32] Bailey (1947: 1011).

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Finally, heat produces inflammation in the liver and the spleen, and weakens the *mens* so that the patient faints (*anima deficiat*).

This excerpt illustrates the thorough work carried out by Celsus in order to achieve his middle way. Hippocratic doctors had certainly made a related claim in the *Aphorisms*, although they had not ventured any causation: τὸ θερμὸν βλάπτει ταῦτα . . . γνώμης νάρκωσιν . . . λειποθυμίας. . . ('heat produces the following damages . . . benumbing of the *gnômê* . . . fainting spells . . . ').[33] Celsus, while apparently translating these ideas into Latin, is actually tweaking his sources and adding a heavy Epicurean bias to them, which, furthermore, was opposed to the Hippocratic texts, where *phronêsis*, *gnômê*, *sunesis* and *nous* were subordinated to the *psuchê*. In this way – through the *ut* final clause – Celsus subordinated the alleged equivalent of the latter (the *anima*) to the former (*mens*/*animus*).

In a similar manner, we can find coincidences in the implications of such ideas. In *On nature* it is stated *hic exsultat . . . pauor ac metus . . . hic ergo mens animusquest* ('here [in the chest] we feel terror . . . and fear . . . hence, here are the *mens* and the *animus*').[34] Celsus avoids the theoretical explanation and the localisation in the body, but maintains the consequences of such an understanding, namely, the involuntary automatic bodily reactions associated with the *psuchê* in the Hippocratic collection such as teeth being on edge, fear, anger and pulse changes (*Hum. CMG 9*: 18, 3–13), which are caused in *On medicine* by the *mens* and the *animus* instead of the *anima*: *is, qui menti suae non est . . . dentibus stridet* ('those whose *mens* is not sound . . . grind their teeth');[35] *eas* [*venas*] *concitare solet . . . metus et ira et quilibet alius animi adfectus* ('fear, anger and any other affection of the *animus* usually excites [the pulse]').[36] Although the terms used by Celsus could suggest a Hippocratic mark to them, the idea underpinning the roles that he attributes to *animus* and *anima* appear to be rather Epicurean. Once again his translation is not innocent.

Another aspect that can be explained by Celsus' adherence to this Epicurean-informed functional division of the *anima* into a rational and non-rational part is the way in which he conceived the relationship

[33] *Aph. LCL 5.16*: 160, 15–17. [34] *Rer. nat. LCL III*: 141–2. [35] *Med. 2.6*: 5.
[36] *Med. 3.6*: 6.

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between the different presentations of impaired consciousness, particularly the drowsy one. I have mentioned in Part II of this book that unlike many predecessors and contemporaries, Celsus' take on sleep avoided discussing HOFs, philosophical or physiological aspects.[37] Notably, *On medicine* did not mention intermediate states between wakefulness and sleep, but posited an utter separation between them, which strongly contrasted with the fuzzy edges that it did suggest between sleep and total loss of consciousness.

The Epicurean notion of the *anima* partially – not completely – expelled from the body during sleep (explicit in Lucretius)[38] can justify these fuzzy edges, for this idea is not far from Celsus' notion of a swoon (*anima deficere*). In this way, an *anima* partially expelled during drowsy impaired consciousness and more fully expelled during total loss of consciousness would provide a sound theoretical explanation for the blurred boundaries between these two presentations. Furthermore, the idea of a complete lack of connectedness during sleep (even from one's own perceptions)[39] would also be consistent with this idea of partial separation of the *anima*. As a matter of fact, it is the *anima* diffused throughout the body where perceptions belong, according to Epicurus' followers.[40] In other words, the union between body and soul, which allowed sentience,[41] would be interrupted during sleep because of the partial separation of the *anima*.[42]

Additionally, this model also explains the complete separation that Celsus suggested between delirium and sleep. In wakeful impaired consciousness it was not the *anima*, but the *mens* and

[37] In the Hippocratic corpus sleep had been related to the *psuchê*, the *gnômê* and *phronêsis*. Similar associations persisted in the post-Hellenistic tradition. Thus, the Pseudo-Galenic *Definitions* considers sleep as ἄνεσις ψυχῆς κατὰ φύσιν ἀπὸ τῶν περάτων ἐπὶ τὸ ἡγεμονικόν ('the natural loosening of the *psuchê* from the periphery towards the *hêgemonikon*', *Def. Med. 127. K.XIX*: 381, 14–15).

[38] *cum sopor . . . tum nobis animam . . . esse putandumst eiectamque foras; non omnem* ('during slumber . . . our *anima* is thought to be expelled out [of the body], not completely', *Rer. nat. LCL 4*: 921–3).

[39] I have highlighted above how Celsus conceived sleep as a process during which the individual is radically disconnected from his surroundings to the extent that he cannot even perceive his own pain.

[40] Annas (1992: 144). [41] Verde (2020: 93).

[42] In this regard, Dossey (2013: 226–7) also associated certain ideas akin to a near-separation or extreme disconnection between body and soul during sleep (which left the body virtually devoid of the capacities provided by the soul) with Latin late antiquity. Strobl (2002: 36) and Stock (2010: 105) support this idea.

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the *animus*, that became affected. The independence of sleep from the *mens* seems to be hinted at by the above-quoted definitions of *lethargy* and *phrenitis* (as remarked, *mens* is mentioned in the explanation of the latter but not of the former).[43] The lack of a link between sleeping and the *animus* is also present:

> ante adversam autem valetudinem . . . quaedam notae oriuntur, quarum omnium commune est aliter se corpus habere atque consuevit . . . si gravior somnus pressit, si tumultuosa somnia fuerunt, si saepius expergiscitur aliquis quam adsuevit deinde iterum soporatur; si corpus dormientis circa partes aliquas contra consuetudinem insudat . . . item si marcet animus. . . *Med. 2.2*: 1; 2–3.
>
> But prior to poor health . . . certain signs appear, all of which share in common that the body becomes different from its usual state: . . . if heavier sleep oppresses, if there are turbulent dreams, if the patient wakes up more often than usual and then falls back into sleep; if the sleeping body sweats around certain parts that it usually does not . . . Similarly, if the *animus* languishes. . .

This passage makes a clear distinction between types of symptoms that announce poor health. Among them, there are, on the one hand, sleep-related disturbances and, on the other, affections of the *animus*. They are both similarly predictive of illnesses; however, they are presented as completely independent from one another.

Finally, as suggested by some Hippocratic doctors and by Epicurus himself,[44] Celsus considered the soul to separate with death. In the *prooemium* (42), '*animam amittere*' designates death as a result of vivisection, thereby suggesting that by cutting the body the *anima* is lost.[45] An indirect hint of the close relationship between the separation caused by death and that caused by a swoon can be found in the terminology chosen in the pharmacological section. When discussing wounds in internal organs, Celsus recommends wine for those *ex profluvio sanguinis intermorientes* ('fainting (*intermorientes*) of haemorrhage').[46] The idea of dying

[43] *In eo* [*phrenesis*] *difficilior somnus, prompta ad omnem audaciam mens est: in hoc* [*lethargo*] *marcor et inexpugnabilis paene dormiendi necessitas* ('whereas in it [*phrenesis*] sleeping is difficult, and the *mens* is prone to any kind of insolence; in *lethargy* there is torpor and an almost overpowering need of sleep', *Med. 3.20*: 1).

[44] τοῦτο δὲ πᾶν αἱ δυνάμεις τῆς ψυχῆς δηλοῦσι καὶ τὰ πάθη καὶ αἱ εὐκινησίαι καὶ αἱ διανοήσεις καὶ ὧν στερόμενοι θνήσκομεν ('The capacities of the soul, its affections, its ease of motion, its thoughts, and its features whose loss causes our death demonstrate all this', *Ep. Hdt. 63*: 2).

[45] Quite close to the Hippocratic τὴν ψυχὴν ἀφῆκε (*Int. LCL 39*: 176, 3 and *Int. LCL 40*: 178, 13–14).

[46] *Med. 5.26*: 25B.

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(*morior*) is implicit in the term. There is a similar occurrence in the Hippocratic *Epidemics V*, where not only the resemblance of the condition, but also the verb chosen (*ekthnêskô*) refers to death: ἐξέθανε πεντάκις ὡς τεθνάναι δοκεῖν ('she fainted five times, she even seemed to be dead').[47] Once again, it might look as though the encyclopaedist was strictly following his Hippocratic predecessors; however, there is also an Epicurean explanation underpinning the choice of terms. Beyond the separation of the soul, the choice of *anima* and not *animus* or *mens* suggests an Epicurean influence. As Annas has accurately remarked, unlike the Stoics, who talked about the *hêgemonikon* (the ruling part) to refer to the soul as a whole, Lucretius uses *anima* (the non-rational part) for the same purpose,[48] as Celsus also seems to be doing.

Aretaeus: an erratic role of the soul in his eclectic approach to fainting

I have already pointed out the difficulty in defining a distinct notion of the soul in Aretaeus' work. Accordingly, despite the fact that in this condition patients collapse, loose movement, sensitivity and cognition, the author conveys neither a clear nor a consistent association between body and soul, and presents important contradictions regarding the way in which the mental capacities relate to the notion of the *psuchê*. Once again, Aretaeus seems to be combining different theories that partially overlap and partially disagree with each other.

In terms of the body–soul tension, both types of loss of consciousness (*leipothumiê*[49] and *sunkopê*/*kardiakos*)[50] suggest a separation of the *psuchê* from the body, but – as stated – the notion is rather erratic. Not only because the author uses *psuchê* and *phusis* interchangeably in swoons, whereas nature (*phusis auteês*) seems to be subordinated to the soul (*psuchê*) in *sunkopê*, but also because in the former condition he implies that the *psuchê* is located in the blood, whereas in the latter its seat is the heart. (I have already mentioned how Aretaeus had distanced himself from the seemingly mainstream conception of *sunkopê* by

[47] *Epid. V. CUF 42, 1*: 21, 4–5. [48] Annas (1992: 145).
[49] *CA I.10. CMG (H).V*: 114, 5 and *CD I.5. CMG (H).VII*: 156, 10.
[50] *SA II.3. CMG (H).II*: 21, 30; 22, 1–5; 23, 2–3.

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choosing a different *locus affectus* – the heart instead of the stomach[51] – and by involving the *psuchê* and not merely the body.)

The role of the *psuchê* as a life force is explicitly mentioned as 'the capacity to live' in *sunkopê* (*eis zôên dunamios*). An idea akin to a life force is considered to be lost in *leipothumiê*-causing phlebotomies during the treatment of *apoplexy*: τὸ σμικρὸν αἷμα δυνατώτατον, καὶ [ἡ] ἀλέη τῆς ζωῆς τοῦ σκήνεος καὶ τῆς τροφῆς ἐόν ('even a little blood is most powerful, for it is the heat of the life of the body and of nourishment').[52] However, it is not clear whether this ἀλέη τῆς ζωῆς τοῦ σκήνεος καὶ τῆς τροφῆς is equivalent to the other form of heat (*thermê*), or in any way associated with tension (*tasis*, *tonos*), with the soul (*psuchê*) or with nature (*phusis*), all of which Aretaeus had also involved in *leipothumiê* caused by excessive blood-letting. In any case, it sounds intuitively coherent that this author conceived total loss of consciousness at the very boundary between life and death, if he understood that the heat of life was lost during swoons, as was the capacity to live during *sunkopê*. He seems to be suggesting that the loss of the *psuchê* or the *phusis* or their tension in the form of heat left an inert and cold body (not too different from a corpse).

Concerning the relationship between mental capacities and the notion of the *psuchê*, in the discussion on HOFs I briefly mentioned some contradictions. As opposed to his usual opposition *aisthêsis–gnômê*, Aretaeus opposed, in the *prooemium* to the books on chronic illnesses, *aisthêsis* to *psuchê*.[53] Moreover, in his discussions on *leipothumiê* and *sunkopê* the *psuchê* is involved, but there is no mention of the *gnômê*. Could this be suggesting, perhaps, that he was symphoretically thinking of them in these passages as related notions (especially considering that the *gnômê* also tended to be anatomically located in the heart)?

Although this hypothesis is plausible given Aretaeus' lax eclecticism, there are passages that contradict such an identity. A rather

[51] In this respect, there are further examples of syncretism: in the chapter on treatment, Aretaeus suggests that the condition can alternatively be caused by φλεγμασίη τις ὑποχονδρίου, ἢ ἥπατος ('certain inflammation of the hypochondria and the liver', *CA II.3. CMG (H).VI*: 126, 22–3).

[52] *CA I.4. CMG (H).V*: 103, 1–2.

[53] ἀλλ' ἐς πολλὰ τὴν αἰσθησίην ἐκτρέπει, ἀλλὰ καὶ τὴν ψυχὴν ἐκμαίνει (*SD I.1. CMG (H).III*: 36, 16–17).

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puzzling phenomenon described during *sunkopê* – unheard of in the other sources – suggests a differentiation between *psuchê* and *gnômê*:

ἐπὶ δὲ τοῖσι καρδιώσσουσι καὶ αἴσθησις ὀξύτεροι, ὡς ἰδεῖν καὶ ἀκοῦσαι μᾶλλον ἢ πρόσθεν, καὶ γνώμῃ εὐσταθέστεροι, καὶ ψυχῇ καθαρώτεροι, καὶ τάδε οὐκ εἰς τὰ παρεόντα μοῦνον, καὶ ἐς τὰ μέλλοντα μάντιες ἀτρεκέες. *SA II. CMG (H).II*: 22, 26–8; 23, 1.

Amongst those who suffer from the heart, perceptions are sharper, so that they can see and hear better than before, their *gnômê* is clearer, their soul (*psuchê*) is purer and not only can they accurately prophesy about the present, but also about the future.

Beyond the inconsistencies with the other clinical features presented in the rest of the chapter, this situation of clairvoyance offers a division of the sphere of consciousness into three components, namely, *aisthêsis*, *gnômê* and *psuchê* (in the similar passage with prophetic visions caused by *kausôn*, the tripartite division included *aisthêsis*, *gnômê* and *dianoia*).[54]

It appears that in an extreme version of Aretaeus' lax eclectic approach, the idea of the *psuchê* that emerges from the analysis of total loss of consciousness is syncretic (in particular, the interplay between *psuchê* and *phusis* illuminates how some passages suggest a family resemblance with Stoic philosophy, whereas others contradict it). Like most of the other concepts and numerous theories within his reach (considering that he was a learned physician), Aretaeus used the soul variously in different contexts, which allowed him to explain certain findings. On most occasions though (*psuchê* is a relatively infrequent term), he disregarded the notion altogether and used alternative constructs to provide a theoretical correlate of his apparently vast practical experience.

Finally, in line with Aretaeus' ill-defined *psuchê*, the connection between the different forms of impaired consciousness does not

[54] The three concepts seem to be at the same level, which disproves Pigeaud's hypothesis that Aretaeus considers '*sensation et pensée*' (*aisthêsis* and *gnômê*) as two manifestations of the *psuchê* (Pigeaud 1987: 91). Actually, I do not think that we can talk about a *théorie de la connaissance* in Aretaeus, as this scholar suggests. Aretaeus certainly does often oppose these two notions, but – as I have pointed out, mainly to distinguish mental illness from impaired consciousness – on other occasions he contrasts them with other concepts.

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point directly towards the soul itself. However, the three prototypical presentations do evoke elements that were vaguely associated with the soul, such as heat, tension and *pneuma*.[55] These are the main components often related to the soul that – in one way or another – tend to be present in most discussions on conditions involving impaired consciousness.

[55] A benumbed (*nenarkômenon*) *pneuma* can cause fainting due to lack of *tonos* (*CA I. CMG (H).V.1*: 97, 25).

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