CHAPTER 9

SLEEP IN POST-HELLENISTIC SOURCES

The landscape slightly changed in the post-Hellenistic treatises due to the emergence of *lethargy* as a specific sleeping disease. It could be argued that the authors maintained the key elements of discussion that were apparent in the Hippocratic corpus, but they reformulated them. As a result, we are still able to find ambiguities and tensions between health and disease, consciousness and unconsciousness, as well as a redefinition of the kind of disconnection that characterised sleep, where the accounts are shaped by the particular interests and the specific methodological approach of each author.

Disconnection during sleep

The status of sleep in Celsus' *On medicine* has some parallels with the Hippocratic corpus,[1] but it also has divergences. Indeed, the topic offers a good example of the author's encyclopaedic approach, in which he makes different sources compatible by juxtaposing some coincidences and some discrepancies without evident contradictions. In this sense, Celsus maintains the characterisation of sleep as a disconnection from the environment; however, his idea of disconnection is much stronger. According to his view, individuals are not only insensitive to the world surrounding them while asleep, but they also seem to be unaware of their own bodily sensations.

The former and more Hippocratic type of disconnection is evidenced by the repeated insistence on applying physical stimuli to patients with *lethargy*: *aegros . . . excitare, expergiscatur aeger* (*Med. 3.20*: 1, 2). Such prodding constitutes an active attempt at reconnecting them with outside reality through external agents aimed at waking them up, such as strong unpleasant odours, or by provoking sneezing.

[1] Martinez (1974: 68).

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On the other hand, the interruption of one's own perception during sleep, which is a more radical (and un-Hippocratic) kind of disconnection, is illustrated by the use of *anodyna . . . quae somno dolorem levant* ('painkilling [drugs] that relieve pain through sleep').[2] Undoubtedly, such an idea is not compatible with the *psuchê* in full control of its household while sleeping (*Vict. CMG 4.86*),[3] even less so with the description of the patient who was so in touch with his perceptions that he enacted his own dreams while having them, and was afterwards capable of giving a full account of his vivid nightmares (*Int. LCL 48*). As will be discussed below, this complete disconnection from the environment as well as from the body as described by Celsus will make it easier for him to relate sleep to total loss of consciousness.

Aretaeus' take on this issue is evident in his discussion of *lethargy*, but he only adheres to the Hippocratic kind of disconnection. He considers that the patient is unaware of his environment because αἱ αἰσθήσιες πλέαι γίγνονται ἀτμῶν ('perceptions are full of vapours').[4] To cure the condition he also recommends – like Celsus – strong stimuli to wake sufferers up: ἐμβόησις· νουθεσίη ὀργίλη· δεῖμα ἐφ'οἷσι δειμαίνει ('shouts, angry reprimands and violent threats).[5] Unlike Celsus, though, he does not seem to support the radical disconnection described in *On medicine*. Sleep does not prevent individuals from feeling pain, which suggests that they do not become disconnected from their own bodily sensations. There is proof of this in the treatment for kidney lithiasis. There, Aretaeus explains that once the urinary stone falls into the bladder, ἄπονοί τε γίγνονται, οὐδ' ὄναρ δοκέειν τοῦ πόνου εἰθισμένοι ('they become free from pain, so that not even in their dreams do they consider themselves to be in pain'), which hints that they could potentially feel pain while asleep.[6]

[2] *Med. 5.25*: 1.
[3] I agree with Bartos' (2015: 202) interpretation of *On regimen*, that body and soul are still closely cooperating during sleep, even if the latter is more independent than during wakefulness.
[4] *CA I.2. CMG (H).V*: 99, 11. [5] *CA I.2. CMG (H).V*: 98, 11–12.
[6] *CA II.8. CMG (H).VI*: 138, 16–17.

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Fuzzy edges, clear boundaries and peripheries: sleep–wakefulness, health–disease

Regarding the ambiguities around sleep, both these authors seem to have negotiated their positions in respect to their Hippocratic predecessors and their more contemporary sources.

The boundaries of consciousness: ways of being conscious and unconscious

The distinction between sleep and wakeful impaired consciousness appears to have been a well-worn debate in the post-Hellenistic era. Despite Aristotle's statement that ἐνδέχεται γὰρ τοῦ ἐγρηγορέναι καὶ καθεύδειν ἁπλῶς θατέρου ὑπάρχοντος θάτερόν πῃ ὑπάρχειν ('although wakefulness and sleep exist separately from each other, it is possible for both to somehow coexist'),[7] medical writers struggled to identify these intermediate states. Such is the case of Caelius Aurelianus' version of Soranus,[8] who criticised Asclepiades for confusing sleep (*somno*) with stupor (*pressura*) caused by poppies:

> his nos respondebimus differre pressuram a somno. contra naturam etenim pressura intelligitur, secundum naturam somnus. papavera autem pressuram, non somnum faciunt. *Aur. Acut. I.17*: 10, 22–5.
>
> To him [to Asclepiades] we will reply that subduing differs from sleep, for the former is contrary to nature, whereas the latter is in accordance with nature. That is, the poppy subdues a person but it does not cause him to sleep.

In Celsus' account, painkillers offer a good example of the above discussion. Like Asclepiades (and unlike Soranus/Caelius Aurelianus), Celsus does not seem to have distinguished this nuance. He related the poppy (*papaver*) to *somnus*,[9] thereby equating sleep with the hypoactive type of impaired consciousness that a compound

[7] *Insomn. LCL 462.a.*

[8] Although Caelius Aurelianus is a much later author (around the fifth century CE), in the work referred to he was translating a treatise by Soranus, who did live between the end of the first and beginning of the second century CE (therefore, roughly contemporary with Aretaeus).

[9] Still referring to the *anodyna* pills (that calmed pain through sleep), Celsus adds: *potest tamen etiam ad conquendum, quod habet papaveris lacrimae* ('there is, however, one that helps digestion, which is composed of poppy-tears', *Med. 5.25*: 1).

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containing poppy would likely have caused. However, he did clearly differentiate sleep from hyperactive delirium. His definition of *lethargy* in opposition to *phrenesis* illustrates this: *in eo difficilior somnus, prompta ad omnem audaciam mens est: in hoc marcor et inexpugnabilis paene dormiendi necessitas* ('In [*phrenesis*] sleeping is difficult, and the mind is inclined to any kind of insolence. In [*lethargy*] there is drowsiness (*marcor*)[10] and a hardly bearable need to sleep').[11]

As a matter of fact, Celsus seems to have almost conceived sleep as an all-or-nothing phenomenon. Such a simplification might explain why *On medicine* leaves out a few conditions mentioned in other post-Hellenistic sources, where the boundaries between wakeful hallucinations, drowsy deliriums and nightmares were faint. *Catalepsia* or *catochos* and *tuphomania*, which are discussed in the pseudo-Galenic *Medical definitions*,[12] are not mentioned in his encyclopaedia. Furthermore, he even ignored the cognitive symptoms that other authors assimilated to *lethargy*, thereby further distancing sleep from conscious mental processing.[13]

[10] Although *marcor* can also refer to putrefaction, no other sources hint at such a phenomenon. Conversely, Celsus' description seems to be following a well-established tradition. Both the *Medical definitions* and the *Introduction* offer similar ideas: καταφορὰ δυσδιέγερτος ('drowsiness, difficulty in waking up', *Def. Med. 235. K. XIX*: 413, 4) and καταφορὰ γὰρ ἐστι βαθεῖα καὶ δυσανάκλιτος ('drowsiness is deep, and it is difficult to get out of bed', *Introd. CUF XIII.25*: 57, 23).

[11] *Med. 3.20, 1*.

[12] εἴδη δὲ κατόχου τρία. ὁ μὲν γὰρ ὑπνώδης ὃς παράκειται τῷ ληθάργῳ. ὁ δὲ ἕτερος ἐγρηγορώς, ᾧ παράκειται τέτανος … τρίτον εἶδος κατόχου … γίνεται δὲ ἐκ μίγματος δύο ἀῤῥωστημάτων κατόχου τε καὶ φρενίτιδος ὥσπερ καὶ ἡ τυφομανία ('*Catalepsia* has three forms; the somnolent one that is similar to lethargy; the other one is wakeful, which resembles tetanus … the third form of *catalepsia* … is produced by the mixture of two illnesses, both *catalepsia* and *phrenitis*, in the same way as *tuphomania* as well', *Def. Med. 241. K.XIX*: 414, 15–18; 415, 1–3).

τυφομανία ἐστὶ λήθαργος παρακοπτικὸς ἢ παρακοπὴ ληθαργικὴ. ἢ οὕτως τυφομανία ἐστὶ μικτὸν ἐκ φρενίτιδος καὶ ληθάργου πάθημα ('*Tuphomania* is a delirious lethargy, or a lethargic delirium. Otherwise, *tuphomania* is a mixture of *phrenitis* and *lethargy*', *Def. Med. 243. K.XIX*: 415, 7–9). Both definitions refer to diseases in the middle of the spectrum of consciousness.

[13] A few extant Hellenistic descriptions of *lethargy* include forgetfulness and delirium as important symptoms. The author of the *Introductio*n states that affected individuals ἐπιλανθανόμενοι πάντων ὅσα λέγουσι ('forget about everything they say', *Introd. CUF XIII.25*: 57, 24). The *Anonymus Parisinus* mentions speech difficulties and a delirious *dianoia* (παραπαίουσι τῇ διανοίᾳ, *Anon. Paris. II.2, 2*: 12, 7).

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This lack of fuzzy edges between hallucinations and nightmares (present in most other authors) is replicated in the terminology. Unlike the Hippocratic treatises, there is no overlap in Celsus' use of vocabulary: both falling asleep (*dormire*, *somnus accedere/capere*, *soporare*, etc.) and waking up or being awake (*vigilare*, *excitare*, *expergisci*, etc.) are expressed with a lexicon that is only used in relation to sleep, and completely different from the terms used in descriptions of wakeful impaired consciousness and its recovery.

On the other hand, Celsus did seem to recognise a certain similarity between swoons and sleep. Although he did not elaborate on the activity of the *anima* during sleep – and this is why it seems to be independent of the soul in a superficial analysis – sleeping is perceived as a phenomenon akin to total loss of consciousness (with a link that is mainly based on the clinical presentation, rather than on a physiological explanation).[14]

Despite this asymmetry, where delirium seems to be totally unrelated to sleep as opposed to fainting, the explicit contrasts that Celsus makes between *phrenesis*, *lethargy* and *cardiacum* supports the hypothesis that the three ideal exemplars of impaired consciousness were somehow related in his understanding (and are not a mere modern idea forced onto his text), particularly considering that *phrenesis* was one among three possible presentations of *insania*, yet the only one worth explicitly opposing to the other prototypical presentations of impaired consciousness (*cardiacum* and *lethargy*).[15] This suggests that the second and third forms of *insania* (which we would now consider as mental illness) were so unrelated to impaired consciousness that they did not even need to be contrasted.

[14] I will later question this view and suggest that Celsus did have an idea of the soul involved in the process of sleep.

[15] A similar need for distinction appears in another post-Hellenistic text. The *Introduction* offers a Stoic-informed differentiation of the same selection of three entities: τῶν δὲ πνευμάτων μήτε ἐπιτεινομένων ἄγαν ὡς ἐπὶ τῶν φρενιτικῶν, μήτε ἐκλυομένων, ὡς ἐπὶ τῶν ληθαργικῶν, ἢ ἐπὶ τῶν ἐν καρδιακῇ διαθέσει ὄντων ('The *pneumata* are neither too tense as in *phrenitis*, nor too loose as in *lethargy*, or as in the *cardiac* condition', *Int. CUF 13.3*: 46, 20–3). Note how – despite grouping the three of them as comparable entities, much like Celsus, this author also draws a slight asymmetry between *phrenitis*, on the one hand, and *lethargy* and *cardiacum*, on the other.

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Aretaeus also construed *phrenitis* and *lethargy* as opposed conditions; however, his eclectic method did not prevent him from equating sleep with hyperactive impaired consciousness. Evidence for this conception is given in the discussion on *pleuritis*: γίγνονται δὲ παράληροι· ἔστι δ' ὅτε καὶ κωματώδεες, καὶ ἐν τῇ καταφορῇ παράφοροι ('[patients] become delirious (*paralêroi*); on occasion even stuporous (*kômatôdees*), and in their drowsiness (*kataphorê*) they are deranged (*paraphoroi*)').[16] This passage illustrates rather explicitly the way in which drowsiness and delirium may become one and the same phenomenon. Also, during certain acute exacerbations of *melancholia*, patients seem to suffer from threatening nightmares that are hard to distinguish from reality:

κατηφέες, νωθροὶ ἔασι ἀλόγως . . . ἄγρυπνοι, ἐκ τῶν ὕπνων ἐκθορυβούμενοι. ἔχει δὲ αὐτέους καὶ τάρβος ἔκτοπον, ἢν ἐς αὔξησιν τὸ νόσημα φοιτῇ, εὖτε καὶ ὄνειροι ἀληθέες, δειματώδεες, ἐναργέες. ὁκόσα γὰρ ὑπερεκτρέπονται οὕπω οἱ κακοῦ, τάδε ἐνύπνιον ὁρέουσι ὥρμησε. *SD I.5. CMG (H).III*: 40, 15–20.

With drowsy sunken eyes [sufferers] become irrational . . . [moreover, they are] restless and disturbed from their sleep. If the disease progresses, they are dominated by unjustified terror as well as true-looking, threatening and vivid dreams. Indeed, they are scared because they can see in their dreams the things that horrify them the most (even though they are actually not under threat).

The passage, indeed, reminds us of certain elements present in Hippocratic descriptions of hallucinations and visions (*Int. LCL 48*, and *Virg. CUF I.1*). In this description, however, the uncertain limit between sleep and wakefulness enables Aretaeus to reflect upon one of his constant concerns, which is the truth behind real-looking apparitions (in this case, visions in dreams come under scrutiny). In other words, not only the *phantasiai* of delirious *phrenitics* (as commented above), but also the *oneiroi alêthees* and the *enupnion* of the drowsy *melancholics*, question the relationship between perception and reality.[17]

[16] *SA I.9. CMG (H).I*: 12, 28–9.

[17] Such deliberations are also underpinned by powerful cultural constructions. As Aubert and White (1959: 48) have remarked, the idea that waking life is real life and the world of dreams is unreal is valid in our society but not necessarily in others (they give the example of the Ashanti, who can be punished for transgressing social rules in their dreams).

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We can posit, therefore, that these lax boundaries between wakeful and drowsy impaired consciousness – added to the overlap between fainting and sleeping – suggest that Aretaeus also perceived our three prototypes of impaired consciousness to be related.[18] Furthermore, we can even find hints of a more theoretical relation between swoons, sleep and delirium in Aretaeus' pathophysiological explanations (apart from the clinical similarities just referred to).

There is an emphasis on the loss of heat during swoons (referred to as *thermê*[19] and *aleê tês zoês*[20]), which evokes the *psuxis emphutos*[21] of *lethargic* patients and opposes the alterations in the *oikeiou thalpeos*[22] during *phrenitis.* Ultimately, the distortion of any kind of heat, which was at the very boundary between life and death, also seems to cause some compromise of cognition, thereby unifying these three alterations of consciousness. In the context of Aretaeus' eclectic method, this could be interpreted as an example of *symphorêsis* (or, to put it more simply, a lax use of terminology).

In terms of Aretaeus' keen interest in perceptions, we have seen that an altered *aisthêsis* had a central place in the descriptions of delirium. The fact that in *lethargy* αἱ αἰσθήσιες πλέαι γίγνονται ἀτμῶν ('perceptions are full of vapours'),[23] and that they are also mentioned in relation to swoons (*SD I.7. CMG (H).III*: 44, 20 and *CD I.5. CMG (H).VII*: 156, 7), only confirms their key role in consciousness, and that they are a further trait that is shared by the three prototypical presentations.

To sum up, the way in which these authors conceive the limits between different forms of impaired consciousness and sleep mirrors their understanding of the boundaries between consciousness and unconsciousness. While Celsus conceives a clear-cut separation between wakeful impairment of cognitive capacities and sleep, and a certain continuity between the latter and hypoactive impaired consciousness, Aretaeus' take is more

[18] The blurred boundaries between sleep and total loss of consciousness will be discussed in detail when addressing the treatment of *saturiasis.*
[19] *CA I.10. CMG (H).V*: 114, 5–6. [20] *CA I.4. CMG (H).V*: 103, 1–2.
[21] *CA I.2. CMG (H).V*: 98, 9. [22] *CA I. CMG (H).V.1*: 96, 29.
[23] *CA I.2. CMG (H).V*: 99, 11.

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in harmony with Hippocratic ideas. Like his Hippocratic predecessors, he understood such limits to be rather blurred, with intermediate states between wakefulness, sleep and hypoactive impaired consciousness. Moreover, although both post-Hellenistic authors found links between the three exemplars, it could be argued that Celsus' were mainly based on their similar clinical features, whereas in Aretaeus (and also in the *Introduction*) the connection was not only clinical, but also pathophysiological.

Boundaries between health and disease

Despite this discrepancy concerning the nature of sleep and its relation to wakefulness, Celsus and Aretaeus both seem to agree with their Hippocratic predecessors about the liminal zone between health and disease that the process occupies.

In the case of Celsus, this feature is illustrated in book 2, which offers a good example of his encyclopaedic prowess. In a passage that is virtually a translation from the HC, he is able to combine both Hippocratic and un-Hippocratic ideas.

> . . . gravis morbi periculum est . . . ubi nocturna vigilia premitur, etiamsi interdiu somnus accedit; ex quo tamen peior est, qui inter quartam horam et noctem est, quam qui matutino tempore ad quartam. pessimum tamen est si somnus neque noctu neque interdiu accedit: id enim fere sine continuo dolore esse non potest. Neque vero signum bonum est etiam somno ultra debitum urgueri, peiusque, quo magis se sopor interdiu noctuque continuat. *Med. 2.4*: 1–2.

> There is danger of severe illness . . . when [the patient] is worn out by nocturnal wakefulness, even if during the daytime he gets some sleep. In the latter case, however, it is worse to sleep between the fourth hour and night-time, than between the morning hours and the fourth. Worst of all, though, is if sleep comes neither during the night nor during the day, for this can hardly ever happen without continuous pain. But it is not a good sign either to be oppressed by sleep beyond measure, and the more the stupor persists day and night, the worse it is.

This is part of a discussion on bad signs in illnesses and the text follows almost word by word *Prognosis CUF 10*. However, Celsus omits to mention the very last words, where μὴ κοιμᾶσθαι, μήτε τῆς νυκτὸς μήτε τῆς ἡμέρης. . . ('lack of sleep, whether by night or

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by day… ')[24] can be a predicting sign of imminent delirium (naturally, for him, delirium and sleep were unrelated). More remarkably, however, the author is acknowledging the existence of a good and a bad kind of sleep, thereby introducing its ambivalent status. Ultimately, three key concepts are enunciated in this passage: both excessive sleep and sleeplessness are detrimental, sleep is good during the night and insomnia is often associated with pain. In summary, like the author of *Prognosis* (and also the author of *On the sacred disease*), sleep can have positive or negative effects, but unlike them the process is completely alien to conditions where individuals are awake (that is, alert and hyperactive but disconnected, such as during hallucinations and delirium).[25]

The ambiguous status of sleep regarding health and disease also manifests in Aretaeus through its dual capacity of being a cure for certain conditions and at the same time a disease in its own right (as is the case with *lethargy*). Interestingly, he also took inspiration from the same passage of *Prognosis* to sustain the status of sleep as a cure for or prevention of delirium in *peripneumonia*:

ἢν δὲ ἄϋπνοι ἔωσι δι᾽ ἡμέρης, ἠδὲ ἐγρηγορῶσι πάννυχοι, δέος μὴ ὁ ἄνθρωπος μανῇ, καὶ ποικίλων φαρμάκων ὑπνωτικῶν χρέος. *CA II.1. CMG (H).VI*: 120, 4–6.

If they are sleepless during the day and remain wakeful during the whole night, diverse sleep-inducing drugs are needed for fear of delirium.

Unlike Celsus, Aretaeus does maintain the Hippocratic conceptual relationship between sleep disturbances and delirium. As mentioned above, *phrenitis* is also a delirious condition that can be cured by sleep.[26]

In a similar manner, sleep is recommended as a treatment for *saturiasis*, a disease conceived as a permanent erection with delusion. The chapters tackling this particular condition offer an

[24] *Prog. CUF 10.3*: 27, 2–3.

[25] In terms of sleep patterns, this passage questions Nissin's (2016: 48) idea of a biphasic siesta culture among the Romans. If Celsus was actually discussing real social conventions, and not merely translating the Hippocratic author, his disapproval of sleep between the fourth hour and night-time speaks against an accepted culture of sleep during the *sexta hora*.

[26] ἢν γὰρ πάννυχοι μὲν ἐγρήσσωσι, μηδὲ δι᾽ ἡμέρης εὕδωσι ('if they are wakeful the whole night, and cannot sleep in the day', *CA I.1. CMG (H)*: 94, 15–16). Of note is the similarity with the above-commented passage on *peripneumonia*.

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interesting nuance about the author's conception of the peripheries of sleep. A subtle difference between its discussion in Aretaeus' book devoted to causes and signs and the one devoted to treatment reveals some interesting aspects about the nature of sleep. In the book on causes and signs ἴησις, ὕπνος βαθὺς καὶ μήκιστος. ψύξις γὰρ καὶ πάρεσις και νάρκη νεύρων, ὕπνος πολύς ('the cure is a deep and prolonged sleep. Indeed abundant sleep produces coldness, weakening and benumbing of the nerves').[27] In the book on treatment, on the other hand, Aretaeus suggests utilising abundant blood-letting, for οὐδὲ γὰρ ἄκαιρον νῦν λειποθυμίην ἐμποιέειν, ἔς τε νάρκην τῆς γνώμης ('it is not untimely to bring about fainting, in order to numb the *gnômê*')[28] (the disease was located in the nerves and the *gnômê*). In other words, a deep and prolonged sleep is equated to fainting, thereby blurring the boundaries between sleep and total loss of consciousness. It seems that for Aretaeus, the loss of consciousness that occurs with sleep is regarded as a treatment for diseases where there is hyperactive responsiveness, that is, the delirium characteristic of both *phrenitis* and *peripneumonia*, and the delusions of *saturiasis*.

The other side of the coin is sleep in and of itself – without being associated with delirium – regarded as the key symptom of a disease. Like Celsus and the author of the *Introduction*, Aretaeus construes *lethargy* as the perfect opposite of *phrenitis*. Accordingly, the treatment of *lethargy* is the exact antithesis of the former.

ληθαργικοῖσι κατάκλισις ἐν φωτὶ καὶ πρὸς αὐγήν· ζόφος γὰρ ἡ νοῦσος· ἠδὲ ἐν ἀλέῃ μᾶλλον· ψῦξις γὰρ ἔμφυτος ἡ αἰτίη. κοίτη εὐαφὴς, τοιχογραφίη, στρώματα ποικίλα, πάντα ὁκόσα περ ἐρεθιστικὰ ὄψιος, λαλιὴ, ψηλαφίη ξὺν πιέσι ποδῶν ... ἢν βαθὺ κῶμα ἴσχῃ, ἐμβόησις· νουθεσίη ὀργίλη· δεῖμα ἐφ'οἷσι δειμαίνει ... πάντα ἐς ἐγρήγορσιν ἐναντίως τοῖσι φρενιτικοῖσι. *CA I.2. CMG (H).V*: 98, 8–14.

For lethargic patients, lying in the light surrounded by brightness; darkness is actually the disease. Preferably warm, for innate cold is the cause. Soft bed, paintings on the walls, colourful bedclothes, whatever stimulates the sight, conversation, touching with compression on the feet ... If the patient falls into a deep stupor, shouts and angry reprimands [are needed] as well as threats about things that terrify them ... contrary to *phrenitis*, everything is aimed at waking them up.

[27] *SA II.11. CMG (H).II*: 34, 32; 35, 1–2. [28] *CA II. 11. CMG (H).VI*: 142, 3–4.

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The way in which the treatment is described – unfortunately the relevant chapter in the book of symptoms and causes is not extant – suggests that Aretaeus conceived two opposing affections of consciousness: one at the hyperactive end (*phrenitis*), in which perceptions were exacerbated and needed to be assuaged, and the other at the hypoactive end (*lethargy*), where the exact opposite stimuli (visual, auditory and tactile) were required (again, perceptions are a key part of his construction). In the middle of both is the grey area where hallucinations and delirium can be confused with nightmares. Accordingly, therapy through the spoken word is opposed; unlike the non-upsetting conversation recommended for *phrenetics*, *lethargy* warrants an aggressive and distressing approach.

Clearly, for both authors, at the centre of the definition of sleep is the kind of perceptions that are preserved and those that go unnoticed, which determine the model of disconnection conceived. They both distinguished a healthy and unhealthy type of sleep dependent on its amount (too much or too little were bad), and on the hour of the day in which it happened. Moreover, due to the post-Hellenistic redefinition of certain diseases, and the emergence of others, sleep became the cure for those with hyperactive impaired consciousness, mainly *phrenitis* (but also *saturiasis* in Aretaeus' account), and the main symptom of *lethargy*.

Some non-medical aspects of sleep

From a sociological point of view, beyond the seemingly well-established pattern of monophasic night-sleep in antiquity, the 'medicalisation' of excessive sleep and the 'pharmaceuticalisation'[29] of sleeplessness, the texts mention certain rituals, environments and artefacts, which suggest that in the real world the theoretical blurred limits of sleep were, perhaps, less vague.

Particularly, the overriding of certain conventions seems to indicate that relatives must have been clear regarding the status of a patient, whether he was sick or healthy, awake or asleep. Only through this assumption can one explain the normalisation of

[29] Williams (2008: 647).

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'observed sleep during diseases'. Taylor points out that in a culture like ours, where sleep tends to be private, observed sleep reverts individuals to a powerless situation (like a baby or a patient).[30] Although we cannot automatically attribute the same connotations to the ancient descriptions, a passage by Galen (*Morb. Diff. II. K. VI*: 837, 5–10) that will be discussed later does suggest that sleeping was a quiet activity, with no external stimuli among healthy individuals. In other words, it would appear that infirmity operated also in antiquity as enough justification for intruding on an otherwise quiet and dark space. Similarly, aggressive therapies aimed at waking patients up from their *lethargy* broke the 'entitlement of the sleeper' (if such a thing ever existed in ancient societies).[31]

On the contrary, when sleep is construed as a remedy for hyperactive impaired consciousness (for example, *phrenitis*) or insomnia, all the conventions and rituals are enhanced, and intimate and quiet surroundings are encouraged or recreated. Aretaeus mentions some sleep-favouring environments in the treatment of *phrenitis*, when he relates that everyone finds delightful rest in their usual milieu (the sailor in his boat in the middle of the sea, the musician accompanied by music, the teacher amid the voices of his students).[32] Moreover, the sleeping arrangements to favour sleep in *phrenitis* (or wakefulness in *lethargy*) also reveal the practical artefacts available (soft or hard beds, colourful bedclothes, plain versus decorated walls, etc.). Although Celsus offers fewer details about these matters, he does refer to *suspensi lecti motus* ('hammocks, which [encourage sleep through their rocking] motion')[33] and *silanus iuxta cadens* ('the sound of falling water').[34]

All these details – which answer Taylor's questions How? Where? When? – show that, blurred as the boundaries between healthy and abnormal sleep might theoretically seem, once a diagnosis was reached (and therefore the ambiguity health/

[30] Taylor (1993: 466).

[31] According to Williams (2008: 642), in our society sleeping seems to be protected from disturbance in certain classes and ages.

[32] *CA I.1. CMG (H).V*: 94, 29–32; 95, 1–3.

[33] *Med. 3.18*: 15–18.

[34] *Med. 3.18*: 15. Perhaps he is referring to the *impluvium* in the traditional Roman *domus*? In any case, Nissin (2016: 32–5) did not make any allusion to it in her in-depth analysis of sleeping spaces within Roman houses.

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disease vanished), completely opposing practical approaches were put into place (the same could be said regarding the ambiguity between wakefulness and sleep). As a result, it is reasonable to speculate that in the face of actual cases all the ambiguities needed to be resolved, and patients ended up being classified as either having healthy or disturbed sleep, and as either suffering from vivid dreams or wakeful hallucinations. Accordingly, the corresponding measures were put into place (for example, a quiet, comfortable environment, soft mattresses, plain walls and pleasant talk for favouring sleep versus shouts, prodding, hard mattresses and colourful bedding to prevent it).

Levels of consciousness

In accordance with his conception of sleep as an all-or-nothing phenomenon, there is only one passage in which Celsus seems to acknowledge different depths, and relates deep and disturbed sleep to more severe diseases. When discussing predictor signs of illness he mentions:

si gravior somnus pressit, si tumultuosa somnia fuerunt, si saepius expergiscitur aliquis quam adsuevit, deinde iterum soporatur. . . *Med.* 2.2: 2.

if heavier sleep oppresses, if there are unsettling dreams, if somebody wakes up more often than usual and then becomes drowsy again. . .

In most other cases, Celsus seems to have regarded sleep and wakefulness as mutually exclusive phenomena, and accordingly, we can find in his work no further attempts at distinguishing different levels of drowsiness. Moreover, in the discussion on *lethargy*, the lack of interest in the depth of sleep becomes particularly evident. He utilises no adverbs, comparative adjectives or any other linguistic resource to nuance different degrees or intensities. It seems as though for Celsus the patient can be either asleep or awake but there are no intermediate states.[35]

[35] Mudry (2006c: 138–9) has studied how Celsus distinguishes between mortal and severe diseases, and among the latter, how he refers to the different degrees of severity through adverbs and comparative degrees of adjectives. Such rhetorical devices are not used to talk about sleep.

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On the contrary, Aretaeus' endeavours to define different levels of consciousness are particularly evident in his characterisation of *peripneumonia*:

Ἢν δὲ ἐπὶ τὸ θανατῶδες ἐπιδιδοῖ, ἀγρυπνίη, ὕπνοι σμικροὶ, νωθροὶ, κωματώδεες, φαντασίαι ἀξύνετοι· παράληροι τὴν γνώμην ἐκστατικοὶ οὐ μάλα. *SA II.1. CMG (H).II*: 16, 8–10.

If [the disease] becomes terminal, there is restlessness, interrupted sleep, sluggishness, stupor, unintelligible visions. Sufferers are deluded in their *gnômê*, although not extremely deranged.

The accumulation of nouns, qualifiers and adverbs suggests that Aretaeus is trying to describe different and apparently increasing levels of drowsiness. Considering that the condition seems to be reaching a deadly (*thanatôdes*) stage one could even suggest a correlation between severity of the disease and degree of disconnection, although this is less explicit than in the Hippocratic collection. Be that as it may, in clear agreement with the Hippocratic doctors, the author is describing discrete stages or levels of consciousness. Moreover, apart from the patient becoming progressively less reactive, he seems to be suffering – as part of the same phenomenon – *phantasiai axunetoi* and *paralêroi tên gnômên*, thereby, again, blurring the boundaries between delirium, wakeful hallucinations and visions in dreams.

Terminology and HOFs

As in the HC, the use of terminology among these authors is also revealing of their ideas about the workings of the mind. We have been seeing in the analysis of both hallucinations and sleep how perceptions acquired increasing relevance among post-Hellenistic authors (possibly connected to new insights into the functioning of the nervous system developed during the Hellenistic period).

Naturally, due to their abridged nature, HOFs are scarcely elaborated in the *Introduction* and the *Medical definitions*. Nevertheless, their compilers did associate a disturbed *dianoia* with descriptions

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of *phrenitis* and *mania*.[36] In the cases of Celsus and Aretaeus, there seems to be more reflection on the topic.

Although Celsus' understanding of the mind and the soul are radically different from the ideas that emerged from the Hippocratic authors, it is precisely in the passages that show strong Hippocratic influence that his conceptions appear more clearly. Indeed, his use of partial synonymy and his coinage of phrasal terms, which follow (from a formal point of view) rather closely some Hippocratic models, reveal his underlying (un-Hippocratic) ideas on these matters. Similarly, in Aretaeus' work we can see a use of language that reminds us of the HC; however, such similarities are only restricted to the formal aspects.

Persistent use of partial synonymy

A common practice among scholars has been to find correspondences between *On medicine* and some Hippocratic texts. By using this technique, Stok and Pigeaud have convincingly argued that the term *delirium* in Celsus is sometimes used as an equivalent of *paraphrosunê* and sometimes of *parakopê*.[37] I propose to reverse the method; in other words, to apply it in the opposite manner, in order to see which other words in Celsus' text are used to talk about delirium (my emphasis):

si quid etiam abscessit, et antequam suppuraret manente adhuc febre subsedit, periculum adfert primum **furoris**, deinde interitus. auris quoque dolor

[36] As noted, *phrenitis* was defined as: ἔκστασις διανοίας μετὰ παρακοπῆς σφοδρᾶς (*Int. CUF 13.9*: 51, 4–5) and παρακοπὴ διανοίας . . . καὶ διανοίας ἔκστασις (*Def. Med. 234. K. XIX*: 412, 17–18), whereas *mania* was defined as: περὶ τὴν διάνοιαν ἐκστάσεως· (*Int. CUF 13.24*: 57, 6–7) and ἔκστασις τῆς διανοίας (*Def. Med. 246. K.XIX*: 416, 8).

[37] Pigeaud (1994: 267), and Stok (1996: 2336) juxtaposed *On medicine* with *Aphorisms* (my emphasis):

*neque is servari potest . . . qui febre aeque non quiescente simul et **delirio** et spirandi difficultate vexatur* (*Med. 2.6*: 7).

ὅκου ἐν πυρετῷ μὴ διαλείποντι δύσπνοια γίνεται καὶ **παραφροσύνη**, θανάσιμον (*Aph. LCL IV.50*: 148).

*aestiva quartana fere brevis est, cui calor et tremor est, saluti **delirium** est* (*Med. 2.8*: 16).

ὁκόσοισιν ἂν ἐν τοῖσι καύσοισι τρόμοι γένωνται, **παρακοπὴ** λύει (*Aph. LCL VI.26*: 184).

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acutus cum febre continua vehementique saepe **mentem turbat** . . . suffusae quoque sanguine mulieris mammae **furorem** venturum esse testantur. *Med. 2.7*: 26–7.

Moreover, if an abscess appears, and before it suppurates it [the abscess] starts decreasing while the fever persists, it carries the risk first of delirium (*furoris*), then of death. Also, acute earache with continuously elevated fever often disturbs the *mens* (*mentem turbat*) . . . Women's breasts, when flooded with blood, also attest to the fact that delirium (*furorem*) is about to occur.

This extract belongs to the second book within the dietetics section, where Celsus discusses generalities about diseases. In this particular passage he is addressing bad prognostic signs specific to certain ailments. Stok has shown how Celsus condensed within it three different fragments from the Hippocratic corpus.[38] The first appearance of *furor* corresponds to *paraphronêsê* in *Prognosis 18.6*, the second one to *maniên* in *Aphorisms V.40*. *Mentem turbat*, finally, is Celsus' equivalent of *paraphronêsai* as it appears in *Prognosis 22.1*. The synonymy between *furor* and *mentem turbare*, therefore, is not only clear through comparison with their Greek sources, but also by the context in which they appear, for the repetition of the adverb *quoque* also suggests that they have similar meanings. Furthermore, Celsus recaps later in the pharmacological section of his work a fragment of this passage and paraphrases it:

aurium inflammationes doloresque interdum etiam ad **dementiam** mortemque praecipitant *Med. 6.7*: 1A.

pain and inflammation of the ears often trigger delirium (dementiam) and death.

In this way, *dementia* also seems to correspond to *paraphronêsai* in *Prognosis 22.1*, thereby becoming yet another partial synonym

[38] Stok (1996: 1335–6). Below are the three passages (my emphasis):

1. ἢν δὲ ἀφανίζωνται . . . αἱ ἀποστάσιες, τοῦ πτυέλου μὴ ἐκχωρέοντος τοῦ τε πυρετοῦ ἔχοντος, δεινόν· κίνδυνος γαρ, μὴ **παραφρονήση** καὶ ἀποθάνῃ ὁ ἄνθρωπος (*Prog. CUF 18.6*: 53, 10–12; 54, 1–2).
2. γυναιξὶν ὀκόσῃσιν ἐς τοὺς τιτθοὺς αἷμα συστρέφεται, **μανίην** σημαίνει (*Aph. LCL V.40*: 168).
3. ὠτὸς δὲ ὀδύνη ὀξεῖη ξὺν πυρετῷ συνεχεῖ τε καὶ ἰσχυρῷ δεινόν· **παραφρονῆσαι** γὰρ κίνδυνος τὸν ἄνθρωπον καὶ ἀπολέσθαι (*Prog. CUF 22.1*: 63, 1–3).

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of *furor* as well as *turbare mentem* (and also of *delirium* if we take into account Stok and Pigeaud's above-mentioned deductions). This use of partial synonymy suggests that – much like the Hippocratic doctors (albeit with a smaller number of terms) – Celsus also perceived the very nature of delirium as changing and variable. Like them, and as with present usage, these partial synonyms express subtle nuances – often difficult to define – within a broader continuum of wakeful impaired consciousness.[39]

Another important aspect that these correspondences reveal is the intervention of the *mens* in wakeful impaired consciousness, both in the compound *dementiam* (with the negative prefix *de-*) and in the phrasal term *turbare mentem*. We shall see below that this concept, along with *animus* (and less frequently *consilium*) – which Celsus used interchangeably in his discussion on *insania* (*Med. 3.18*: 19–21) – are comprised of several HOFs and play an important role in his idea of consciousness.

In the case of Aretaeus, the sleep and delirium terminology also reflects his ideas about the mind, and partial synonymy is still present, even if the vocabulary has also been quantitatively reduced (that is, he utilises fewer words than the HC to discuss impaired consciousness). In this sense, I disagree with Pigeaud and Murphy, who argue that *mainomai* only refers to the delusions that characterise *mania*.[40] On the contrary, in some passages discussed above *mainomai* appears in the discussion on *phrenitis*, where it is semantically equivalent to *paraphorê*,[41] and in the distinction between substance-induced delirium and *mania*, where *ekmainomai* and *paraphorê* are again used interchangeably.[42]

There are, however, certain nuances. The concept of *lêrêsis*, which was also a partial synonym of all these terms in the HC, has now become an independent entity: it refers to a disease in its own right (which we would now associate with dementia of the elderly).[43]

[39] I do not think that the alternation between terms is necessarily a case of *variatio sermonis*, which is, otherwise, a recurring feature of Celsus' style (Mudry 1994: 137).
[40] Pigeaud (1987: 84), Murphy (2013: 19). [41] *CA 1. CMG (H).V*: 91, 16–17; 92, 1–2.
[42] *SD I.6. CMG (H).III*: 41, 15–17. [43] *SD I.6. CMG (H).III*: 41, 19.

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Phrasal terms, HOFs and the organisation of the mind

The use of phrasal terms is particularly revealing of Celsus' theoretical framework, especially because, in *On medicine*, such periphrastic constructions are less lexicalised than in the Hippocratic corpus.[44] Unlike the Greek technical vocabulary that was better developed and had become estranged from etymology, Celsus explicitly complained about the scarcity of Latin terminology, which led him to make careful choices in his vocabulary while trying to avoid polysemy.[45] As a result, when he refers to delirium with *turbare mentem* (*Med. 2.7*: 27) and *dementia* (*Med. 6.7*: 1A), the disturbance that he envisaged actually did affect what he understood to be the *mens*. Its compromise is expressed through other phrasal terms. Examples abound in descriptions of diseases with impaired consciousness:[46] in *insania* the *mens labat* ('the *mens* declines', *Med. 3.19*: 1); in *apoplêxia* – which is a case of hypoactive impaired consciousness – the *mens stupet* ('the *mens* is stunned', *Med. 3.26*); in hot weather the *mens hebetat* ('the *mens* is weakened', *Med. 2.1*: 11); and in *kephalaian* there is *alienatio mentis* ('aberration of the *mens*', *Med. 4.2*: 2). Some of these phrasal terms even have a direct correlation with the Hippocratic corpus. For instance a passage of *On medicine* where *mens labat*[47] matches a Hippocratic one where *gnômê noseei*,[48] thereby suggesting a correspondence between *mens* and *gnômê*.

The relevance of the *mens* for normal cognitive functioning is also emphasised in situations where consciousness is preserved (that is, in the 'vocabulary of lucidity'). Thus it is possible that after *insania*, *mens redit* ('the *mens* returns', *Med. 3.18*: 23); in *cardiacum* the body is affected but the *mens constat* ('the *mens* remains firm', *Med. 3.19*: 1); in cold weather *mens erectior est* ('the *mens* is more elevated', *Med. 2.1*: 11); and a good sign after a wound is when *mens consistit* ('the *mens* resists', *Med. 5.26*:

[44] Langslow (1994: 305). [45] Langslow (1994: 300).

[46] Gourevitch (1991: 564) has remarked that *delirium* and *desipere* are similar cases.

[47] *. . . quibus causa doloris neque sensus eius est, his* ***mens labat*** ('. . . for those who, having a cause for pain, do not feel it', my emphasis) (*Med. 2.7*: 21).

[48] ὁκόσοι, πονέοντές τι τοῦ σώματος, τὰ πολλὰ τῶν πόνων μὴ αἰσθάνονται, τούτοισιν ἡ γνώμη νοσεῖ (*Aph. LCL II.6*: 110, 1–2).

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26A). Throughout all these examples, *mens* seems to refer to different intellectual capacities, apart from 'la faculté de penser'.[49]

Furthermore, as stated in the discussion on *insania*, *animus* and *mens* are used interchangeably. Not surprisingly, there are also phrasal terms where the noun head is *animus*. Thus, fever-associated delirium is expressed as *animus laborat* ('the *animus* suffers', *Med. 3.5*: 11); in *phthisis* it is advisable to avoid anything that can *sollicitare animum* ('disturb the *animus*', *Med. 3.22*: 9). Finally, successful treatments in *phrenesis* – in which *mens . . . [vanibus] imaginibus addicta est* ('the *mens* has succumbed to empty visions')[50]– contribute *ad quietem animi* ('to the repose of the *animus*', *Med. 3.18*: 5), and some *phrenitic* patients that are offered a treatment through the spoken word begin to *convertere animum* ('change their *animus*', *Med. 3.18*: 11).

When trying to delimit the scope of these terms, it becomes evident that sense-perception was often included within the notion of *mens* (a few excerpts, as well as the *vanas imagines* of *phrenesis*, testify to this).[51] Other examples suggest that *mens* was involved in the faculty of rational thought. This is particularly evident in the distinction made between the two subspecies of the third kind of *insania*: in the first one individuals perceive *imagines* even though their *mens* is intact, and therefore they can reason (the examples given are Orestes' and Ajax's delusion).[52] In the other subtype, where *mens* is used interchangeably with *animus* and *consilium*, their derangement makes the patient *perperam aliquid dixit aut fecit* ('speak or act wrongly'),[53] which can point towards an alteration in judgement, speech or both.[54]

In summary, *mens* is one among few other abstract terms (such as *animus*) used by Celsus to discuss HOFs or ideas akin to what we would nowadays include within the sphere of cognition and associate

[49] Gourevitch (1991: 565). [50] *Med. 3.18*: 3.

[51] Based on the correspondences *gnômê–mens* and *marmarugai–imagines*, Pigeaud (1994: 271–3) posited that madness was only a matter of perception, and that Celsus was referring to contemporary philosophical debates about the reality of such perceptions.

[52] I disagree with Harris (2013a: 304) that *imagines* exclusively refers to visual hallucinations. From what we know about Ajax and Orestes, such apparitions were also auditory.

[53] *Med. 3.18*: 21.

[54] As discussed above, the association between speech disturbances and *mens* can also be illustrated by the example of the treatment for gangrene (*Med. 5.26*: 14E).

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with consciousness. Although perceptions do play a privileged role in the genesis of *phrenesis*, on the more theoretical level, *mens* seems to subsume – much like the Hippocratic notions of *gnômê*, *nous*, *phronêsis*, etc. – different capacities in different contexts, amongst which perceptions do not have a higher hierarchy than judgement, reasoning or speech.[55]

Aretaeus' understanding of the mind, on the other hand, is strongly influenced by the opposition of *gnômê* and *aisthêsis*. This organisation of mental capacities emerges quite clearly from his distinction between delirium and mental illness. The contrast between *phrenitis* and *mania/melancholia*, which he strongly emphasised, suggests a dichotomous division of HOFs. He opposed the affection of the *aisthêsis* (located in the head, which triggered the hallucinations that characterised *phrenitis*) to a compromise of the *gnômê* (that caused impaired emotions, behaviours and thinking, by affecting the heart). In this manner he separated two main areas of cognitive functioning, thereby also avoiding taking a clear side in the encephalocentric versus cardiocentric debate: faithful to his lax eclecticism, he adhered to both. Indeed, particularly in discussions concerning what we now define as mental disease, *gnômê* is presented in opposition to *aisthêsis* as its complementary counterpart, as though Aretaeus was suggesting a dichotomous idea of the mind comprised of *aisthêsis* and *gnômê*.[56] This way of fragmenting the HOFs makes Aretaeus' understanding more compatible with some Hellenistic conceptions about the nervous system.[57] However, as I mentioned before, there are also examples of syncretism that challenge the previous view (which should not surprise us considering his lax eclecticism).

Such is the passage where Aretaeus describes the above-normal perceptions that occur due to extreme dryness in *kausôn* ('the

[55] Although up until this point in the analysis Celsus' idea of *mens*/*animus* might not seem to contradict most Hippocratic authors, I shall argue in Part III that his conception of mind (*animus*/*mens*) – particularly in opposition to *anima* – has a strong Epicurean influence, which distances him from them.

[56] If we were to think of this scheme in Stoic terms, Aretaeus would be removing the sense-perception capacity from the comprehensive Stoic *hêgemonikon*, located in the heart (where he placed *mania-melancholia*), and sending it to the head and the nerves (namely, the primary *locus affectus* in *phrenitis*).

[57] Annas (1992: 64–89).

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aisthêsis is absolutely pure, the *dianoia* subtle and the *gnômê* prophetic', *SA II. CMG (H).II*: 24, 2–3). According to this description, he divided the cognitive functions into three (instead of two): *aisthêsis*, *dianoia* and *gnômê*. This tripartition also appears in the chapter that addresses epilepsy: δυσμαθέες νωθείῃ γνώμης τε καὶ αἰσθήσιος . . . ὑποτείνεται δέ κοτε καὶ τὴν διάνοιαν ἡ νοῦσος, ὡς τὰ πάντα μωραίνειν ('they are slow at learning, with sluggishness in their *gnômê* and their *aisthêsis* . . . sometimes the disease strains the *dianoia* so that they become completely foolish').[58] Although expanded – as compared to the binary fragmentation that characterised the contrast *phrenitis–mania/melancholia* – the picture would still not be completely incompatible with the previous dichotomous opposition between *aisthêsis* and *gnômê*. The mind, in this case, would be divided into perceptions or *aisthêsis*, which are affected by diseases such as *phrenitis*; *gnômê*, which controls behaviours and emotions and is impaired in *mania–melancholia*; and finally, *dianoia*, which seems to refer to reason or the capacity to think.

However, on other occasions new components are mentioned. In the distinction between *mania* and *lêrêsis* of the elderly, the latter affects *aisthêsis*, *gnômê* and *nous*: λήρησις αἰσθήσιος γάρ ἐστι νάρκη, καὶ γνώμης νάρκωσις ἠδὲ τοῦ νοῦ ὑπὸ ψύξιος ('[it] is numbness of *aisthêsis* and benumbing of both the *gnômê* and the *nous* due to cold'),[59] whereas in the *prooemium* to the books on chronic illnesses Aretaeus only separates *aisthêsis* and *psuchê*: ἀλλ' ἐς πολλὰ τὴν αἰσθησίην ἐκτρέπει, ἀλλὰ καὶ τὴν ψυχὴν ἐκμαίνει ('not only do [bad mixtures of the body] often alter perceptions, but they delude (*ekmainei*) the *psuchê* as well').[60] Moreover, in the discussion on *phrenitis*, apart from the *aisthêsis* that I have already mentioned, there are allusions to the *thumos* and the *phrên*. The *thumos* is μειλίγματα γὰρ θυμοῦ σιτία ('Food is melody for the *thumos*')[61] or ἄριστος δὲ μειλίξαι θυμὸν ἐν παραφορῇ ([wine] 'best sets the *thumos* to music during delirium (*paraphorê*)'), that is, wine and food appease the spirit.[62] The *phrên*, on the other hand,

[58] *SD I.4. CMG (H).III*: 39, 4–5, 8–9.
[59] *SD I.6. CMG (H).III*: 41, 19–20.
[60] *SD I.1. CMG (H).III*: 36, 16–17.
[61] *CA I.1. CMG (H).V*: 92, 9.
[62] *CA I.1. CMG (H).V*: 97, 28).

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could be regarded as an example of *sumphorêsis*: it refers in one passage to an HOF affected by vinous fruits,[63] and it designates the diaphragm in another.[64]

It could be argued, therefore, that despite a clear isolation of the *aisthêsis* as an independent key component of consciousness (and consciousness-affecting diseases), there is – as among the Hippocratic doctors – vagueness, overlapping and inconsistencies in Aretaeus' descriptions of the other mental capacities (albeit with a reduced terminology, for *phronêsis* and *sunesis* do not appear in his lexicon).

Despite all these nuances, whenever Aretaeus wants to convey the idea of delirium or confusion in contexts where specific capacities are less relevant, that is, when he does not need to differentiate impaired consciousness from other specific cognitive compromises, he uses phrasal terms where *gnômê* is the nominal head. In *peripneumonia* there is *gnômês aporiê* ('puzzled *gnômê*', *SA II.1. CMG (H).II*: 16, 7); during acute affections of the liver the *gnômê ou karta paraphoros* ('the *gnômê* is not extremely delirious', *SA II.6. CMG (H).II*: 27, 27–8); in an acute disease of the hollow vein, patients are *tên gnômên ou paraphoroi* ('not delirious in their *gnômê*, *SA II.8. CMG (H).II*: 29, 21); in suppurating diseases they are *tên gnômên paralêroi* ('delirious in their *gnômê*', *SD I.9. CMG (H).III*: 50, 12). On the contrary, in whiter jaundices patients become *gnômê de phaidroteroi* ('brighter in their *gnômê*', *SD I.15. CMG (H).III*: 59, 12).

It seems that *gnômê* is used in two different ways: as a general term to convey the idea of impaired consciousness, when no further nuances are needed, and as a more specific term to distinguish mental illness or delusion (which affect the *gnômê*) from impaired consciousness due to altered perceptions (in which *gnômê* is opposed to *aisthêsis*).

In summary, the analysis of HOFs reinforces what has already been said when analysing hallucinations and sleep. Aretaeus'

[63] ὀπώρης οἰνώδεος ... κεφαλῆς γὰρ καὶ φρενῶν ἄψιν ποιέει ('vinous fruits ... affect the head and the *phrênes*', *CA I.1. CMG (H).V*: 93, 24). Note that this phrasal term is also used by the author of the Hippocratic treatise *On diseases of women I* (*Mul. I. LCL 63*: 134, 1) to talk about delirium.

[64] θυμὸν τε γὰρ πρηΰνονται μαλθάξει φρενῶν ('fomentations are to be applied to the *phrên* in order to soften the *thumos*', *CA I.1. CMG (H).V*: 97, 28).

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stress on disturbed perceptions as a key feature to explain diseases where consciousness was compromised is paralleled by the key role of *aisthêsis* as an independent capacity in the way he fragments the HOFs. When comparing his stance to Celsus', we can still see the difference in emphasis that was highlighted in relation to the clinical presentation. Celsus only considered altered perceptions to be a key finding when addressing the symptoms, but they did not have a privileged status in his theoretical constructs such as *mens* or *animus*. In them, perceptions were just one component among others. Aretaeus, on the other hand, not only stressed the relevance of hallucinations in his clinical characterisation of the diseases, but also conceived *aisthêsis* as an individual HOF with the same hierarchy as, for instance, *gnômê*.

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