I think it is not an overstatement to say that everyone who has seriously studied the history of melancholy in early modern Europe has read and extracted material from Robert Burton’s *Anatomy of Melancholy* (first published in 1621). Some people have even read the whole of it. This is, of course, a good thing: it is more or less universally acknowledged that the *Anatomy* gives us an extraordinarily detailed, and generally accurate, summary of the dominant ideas and ways of thinking about melancholy in the late Renaissance, as well as a great deal of relevant material from the Latin and Arabic middle ages, and Greek and Roman antiquity. It is packed with quotations and references, so in some ways it is an academic’s dream. At the same time, however, the centrality of Burton’s book does pose problems for anyone attempting to write the intellectual and cultural history of the idea of melancholy. In the first place, as is often acknowledged, the *Anatomy* is itself far from being a straightforward encyclopedia. It is, of course, a profoundly ‘literary’ work. Especially since the provocative reading of Stanley Fish in his *Self-Consuming Artifacts* of 1972, those studying Burton have become increasingly aware, and perhaps even paranoid, about a work that is sometimes not always what it seems on first reading, and certainly one that is shot through with an array of deviously ironic and openly satirical devices, in its style, its methods, and its formal presentation. The question of exactly what Burton was up to when he wrote the book is still relatively open.

But there is also another problem posed by the *Anatomy* for the historian of melancholy, one that is not generally recognised. The accuracy of Burton’s summary of Renaissance thinking about melancholy has been more asserted than properly proved in modern scholarship. Often it has simply been assumed. But whilst it may be a generally accurate summary (and in my view, it is for the most part), there are many reasons to wonder whether it is wise to treat the *Anatomy* as a more or less transparent window on to an intellectual world that was in reality extraordinarily complex and febrile. Burton’s standpoint was not neutral and was far from being objective: the *Anatomy* presented the view of Europe and European knowledge from an Oxford College in the early decades of the seventeenth century, and furthered a number of distinctive intellectual, religious and political agendas. Burton communicated but also applied, and thereby transformed, his materials. But sustained discussion of that transformation has been lacking. We know a lot about
Burton’s particular sources, and also quite a lot about his influence; but surprisingly little about the passage from one to the other. Several years ago, after giving a talk on Burton in London, I was asked a question by the historian of medicine Vivian Nutton: what would our understanding of early-modern melancholy look like if Burton had never written his book? I replied, rather evasively, that this was impossible to imagine. What I want to do in this talk is try and find my way towards a better answer, by making some general suggestions about the various ways of thinking and writing about melancholy that existed before Burton, and about the ways in which Burton absorbed and altered them.

As my title suggests, I shall be talking about some traditions of melancholy. I confess that the word ‘tradition’ makes me nervous. ‘Traditions’ are always to some extent retrospective constructions, and they have a habit of being dependent on scholarly fashion. Their boundaries are worryingly porous. And they have a disturbing tendency to hypostatize, becoming detached from the textual and contextual elements from which they are supposedly composed, floating across centuries, and in some cases even above history, in the manner of Northrop Frye’s ‘archetypes’, Arthur Lovejoy’s ‘unit-ideas’ (or Plato’s forms). Nevertheless, I think that the notion of tradition can be useful. If there are enough family resemblances between works then we can speak meaningfully and accurately about their connections and common features. Ultimately, all we have is particular texts written by particular authors in particular contexts, but if we can plausibly group them together into something like traditions, whilst retaining an awareness that such traditions existed in history, developing across space and time and sometimes intersecting with each other, then, it seems to me, that is something worth holding on to.

In what follows, I shall divide the intellectual traditions of melancholy found in the European Renaissance into three strands: medical, philosophical, and theological. This is a conventional way of compartmentalising knowledge that broadly follows disciplinary divisions that were recognised and upheld—with local variations—in Renaissance universities. There were important and interesting relationships and intersections between these disciplines (and their subdivisions), and I shall try to remain sensitive to those, but at the same time there were tensions and perhaps also some fundamental incompatibilities. What I shall be suggesting is that in The Anatomy of Melancholy we can detect each of these three traditions being absorbed and synthesised, but that this involved, on Burton’s part, some substantial modifications—even some acts of theoretical violence—of which he was almost certainly aware. These modifications, I suggest, helped to shape some of the later ways of thinking about melancholy which will be addressing in the next paper.
The medical tradition

To start, then, with the medical tradition of melancholy. Medical doctrines of melancholy were undoubtedly fundamental for Burton and his contemporaries. Indeed, I would say that for all the substantial contributions from other disciplines or ways of thinking and writing, melancholy had been ultimately a medical concept since Greek antiquity, and remained so at least until the middle of the seventeenth century. This was in part a matter of etymology. It was not just that the term referred to the black bile that was deemed to be the material cause of the disease, but that ever since Rufus of Ephesus and Galen, physicians had repeatedly referred to that etymology in their discussions of melancholy, to the point that in Renaissance medical works it is probably harder to find a substantial discussion of the condition that does not mention the etymology than one that does. In other words, the term *melancholia* and its vernacular equivalents almost always carried medical associations. I shall be saying a little more about this when I come to moral philosophy.

As is well known, the Renaissance medical theory of melancholy was based upon texts from the Hippocratic and Galenic corpus, although important elaborations were drawn from the works of Rufus of Ephesus, Arabic physicians and philosophers (including Ishaq ibn Imran, Rhazes, Avicenna, and Averroes), and late medieval syntheses of these writings. Particularly important to the Renaissance orthodoxy was the Hippocratic *Aphorism* VI.23, ‘Fear and despondency [or ‘low spirits’—*dysthymia* is a tricky term] persevering for a long time means melancholy’, which was probably the most frequently cited locus in learned discussions of melancholic symptoms in this era. However, it was Galen’s account in the *De locis affectis* III.10, which glossed the Hippocratic text, that provided the most authoritative outline of the melancholic disease from kinds and causes to cures. In this account, there are three kinds of melancholy according to the bodily site of the accumulation of the cold, dry, dark and toxic melancholic humour: the head, the whole body, or the hypochondrium. In each kind, the part primarily affected is the brain, where the psychic pneuma (or spirit) mediates the

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functions of the rational soul, such as thought, memory, knowledge, imagination, understanding, and sensation. Galen’s De symptomatum causis referred the most prominent symptoms of melancholy—the peculiarly irrational fear and despondency—to the darkness of the humour, which by ‘taking possession of the power of the rational soul,’ generates fear in the same manner as external darkness. This explanation was expanded in the De locis affectis, where Galen argued that melancholic symptoms were caused by the ascent of humoral evaporations through the body to the brain. Hence, in those suffering from the inflammation of melancholic humours in the hypochondrium, ‘the colour of the black bile, casting shadow over the seat of the mind, creates fear’. Melancholic vapours in the brain also induced a variety of strange, hallucinatory derangements.

Medieval and Renaissance medical writings included many further details and nuances, and also a substantial number of additions to and variations from the Hippocratic and Galenic doctrines of melancholy. These are far too numerous to discuss comprehensively here, but many of them—such as a full account of erotic melancholy—are found in Burton’s Anatomy. And here lies, of course, is the great usefulness in the book, because one of Burton’s great talents lay in picking up the small details and minor variations in the medical discussions of melancholy, to the extent that although there is a clearly detectable theoretical core of his account, trying to give a full description of its various branches is basically futile. Pace the few dissenters from this view, I think it is very clear that the Anatomy presents a summary of the learned Galenic medical theory of melancholy that is not only largely accurate, but also unrivalled in its exhaustive coverage. It is true that Burton occasionally refers to popular medical folklore and refers to works by physicians who were outside the domain of Galenism—most notably Paracelsus and those influenced by him, such as Daniel Sennert—but these are either

5 Galen, Opera, ed. Gessner, col. 890: ‘atrae bilis color, mentis sedem tenebris similem reddens, timorem efficit’. 
incorporated within or tacked on to the orthodox theory without seriously undermining it.

In my view we cannot really say that Burton substantially transformed the content of the medical tradition. He was not a professional physician, and made no claim to be adding or modifying what he found in the works of learned medicine he was using. But I do think we can say two things. The first will be the basis of my argument in this paper. Although Burton was committed to the Hippocratic and Galenic theories of melancholy, the emphasis he gave of the extreme diversity and particularity of the condition, in all its forms, stretched the orthodox concept of melancholy as far it could go. This was in part because he made very extensive use of case-histories, which in the form of *observationes* had become a flourishing genre of medical literature in the late sixteenth century. But is also a natural consequence of Burton’s encyclopedic instincts, which discover a disease that varies wildly as it afflicts different people with different bodies and minds, and in different conditions: for every general rule there was an exception, ‘‘Tis super particular’, he says. Many readers have observed that after reading the *Anatomy*, it seems that almost any form of emotion or behaviour could be described as melancholic. And that is something that we do not generally find in the medical works he has used, since although it was common to acknowledge the diversity of melancholic symptoms, individual physicians—whose methods were based in logic—were generally much stricter with the boundaries between different diseases, so their accounts of melancholy were typically narrower and theoretically more streamlined. In the *Anatomy* the simple act of compilation, however, the grouping together of a large quantity of medical discussions and case-histories which were inevitably bound to vary at least in particular points of detail, itself expanded the concept of melancholy—not beyond the limits that were set by the discursive universe of learned medicine, but as close to those limits, without crossing them, as was basically possible in 1621. What I want to suggest, in fact, is that Burton’s stretching of the orthodox medical theory, whilst not transforming the internal conceptual content of that theory, nevertheless formed the basis for its transformative expansion into areas where it had only been sporadically and sometimes tentatively applied.

The second thing we can say about Burton’s use of the medical tradition is related to this general point. In the Galenic texts at the centre of the orthodox medical tradition, melancholy was a species of *delirium* (madness) in which a number of strange and disturbing symptoms—extreme passions, hallucinations, raving—were typically attributed to the effects of black bile on the imagination. In

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this sense, theories of melancholy buttressed a longstanding medical tendency to
discredit the supernatural or religious significance of disease, which is traceable
back to the Hippocratic *De sacro morbo* and was responsible for the longstanding
association of medicine and atheism: *ubi tres medici, duo athei*, as the medieval
saying went.\(^9\) I shall have more to say about Burton’s position in relation to this
tendency in what follows.

### The philosophical traditions

I come now to the philosophical tradition of melancholy—or rather, traditions in
the plural, because there are (at least) three of these that were distinct and relevant
to Burton. The first was constituted by the discipline of natural philosophy, which
provided knowledge of the physiological principles that undergirded orthodox
medical doctrine (hence Simone Simoni’s maxim, *ubi desinit physicus, ibi incipit
medicus*),\(^10\) and provided an increasingly voluminous number of treatises on
human nature as the sixteenth and seventeenth centuries progressed. As is well
known, the character of natural philosophy practised in the universities of the
sixteenth and early seventeenth centuries remained mostly fundamentally
Aristotelian, although to say this is rather like saying that theology remained
fundamentally Christian. There were several strains of Aristotelian natural
philosophy in the Renaissance,\(^11\) and fortunately I do not have to summarise them
here, because only two had a substantial relationship with the medical theory of
melancholy.

The first, itself very broad, consists of a body of works elaborated from the
fifteenth-century onwards which aimed to produce a form of Aristotelian
philosophy that was consistent with Christian theology, and sought to do so by
interpreting Aristotle through the eyes of the early Greek commentators, many of

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whom were Neoplatonists. In the Aristotelian works studied by natural philosophers, the melancholic humour had a significant role, most famously—in the thirtieth of the *Problemata*—as the material cause, when moderately heated, of extraordinary achievements in philosophy, politics, poetry and the arts, as well as prophetic inspiration and other forms of ecstatic madness. Melancholy was also associated in the *Parva naturalia* with disturbing and apparently predictive dreams. Now, it is well known that the Aristotelian understanding of melancholy was an important component within the influential Neoplatonist theory of genial melancholy elaborated by Ficino, and illustrated by Albrecht Dürer, in which the conjunction of material physiology (black bile) and planetary influences inspire episodes of divine melancholic furor. But it is also important to note that Neoplatonic and demonological concepts were employed in the frequent discussions of the occult powers of melancholics within Aristotelian circles. When the influence of Ficino’s highly elaborate and esoteric cosmology waned in the course of the sixteenth century, then, the doctrine of melancholic genius was not thereby discredited, but could be given a modified explanation—as it was by

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17 This is charted in detail in Brann, *The Debate over the Origin of Genius*, pp. 153ff.
the Agostino Nifo, whose account drew upon demonology and Neoplatonism but remained within the broad church of orthodox Aristotelian natural philosophy.\(^\text{18}\)

At the same time, however, the Aristotelian texts could be used to provide a materialistic and sometimes sceptical critique of the notion of divine melancholic \textit{furor} or \textit{enthusiasmus}. For Pietro Pomponazzi, the true position of Aristotle was one of materialistic naturalism: the apparently supernatural aspects of melancholy were in fact caused by black bile and the natural influence of the stars: ‘once those who are claimed to have a demon are purged of their melancholy, they no longer accomplish such marvellous things’, he wrote in the \textit{De incantationibus} (1520).\(^\text{19}\)

Pomponazzi was hardly representative of the Aristotelian philosophical mainstream: he espoused an idiosyncratic conception of nature in which astrology had a prominent role, and argued for an Averroist separation of philosophy from theology. But his critique of supernaturalism resonated throughout learned circles in the later sixteenth and early seventeenth centuries, especially in controversies over demonology and witchcraft, where they dovetailed with medical arguments that discredited religious conceptions of disease by showing their natural causes. In \textit{The Discovery of Witchcraft} (1584), for instance, Reginald Scot applied the arguments of the \textit{De incantationibus} to reject the idea of demonic agency, and argued that many supposed witches were in fact just melancholic old women.\(^\text{20}\)

Within natural philosophy, then, there were two opposed ways of thinking about the melancholic humour: either as a mediator of supernatural forces, or as a natural cause of ostensibly supernatural effects. The concept of melancholy could be used in support of an occult anthropology and cosmology, or to buttress a radical naturalistic critique.

The second discernible philosophical tradition concerned with melancholy addressed its moral aspects. Some discussions of the relationship between melancholy and virtue can be found in ancient moral philosophy, most notably in Aristotle’s \textit{Nicomachean Ethics}, where melancholics inhabit the category of the impulsively vicious, and are said to be unable to deliberate rationally because they are dominated by their imaginations.\(^\text{21}\) However, the condition does not have a significant role in other ancient ethical traditions. In fact, it had been specifically

\(^{18}\) Agostino Nifo, \textit{De artificiosa somniorum interprætatione, quæe divinatio dicitur artificiosa}, XIII, in Aristotle, \textit{Parva naturalia}, comm. Agostino Nifo, 2\textsuperscript{nd} edn (Venice, 1551), fol. 111r; \textit{De demonibus libri tres} (Venice, 1503), XII, fol. 74r.

\(^{19}\) Pietro Pomponazzi, \textit{Opera. De naturalium effectuum admirandum causis, Seu de Incantationibus Liber. Item de Fato: Libero arbitrio: Praedestinatione: Providentia Dei, Libri V} (Basel, 1567), X, p. 141. See also his explanation for the predictive dreams of melancholics at p. 140.

\(^{20}\) Reginald Scot, \textit{The Discoverie of Witchcraft} (London, 1584), VII.10, p. 80; XIII.9, p. 171; XIII.19, p. 179 (citing Pomponazzi), and III.9-11, pp. 29-32 (on melancholy).

excluded from the domain of moral reflection by Cicero, who had insisted that the Greek term the Greek μελαγχολία was inferior to the Latin furor as it suggested that the mind could only be affected by body rather than the passions of the soul. Cicero had insisted that the mind could only be affected by body rather than the passions of the soul. Stoic writers from Seneca onwards almost always preferred to concentrate on the sickness of the soul. In the Middle Ages, generalised schemes relating the humoral temperaments to moral and spiritual vices developed in which melancholy was sometimes associated with sinful tristitia and slothfulness (I shall come to these shortly), but in Renaissance moral philosophy explicit discussions of melancholy were really quite rare. Aristotelian commentators dutifully related the passages on melancholics in the Ethics to the melancholic temperament, but did not develop any sustained arguments on the topic. And humanist moralists, many of whom took their cue from Roman Stoicism, typically addressed the condition of sorrow as a form of aegritudo animi, preferring to leave melancholia, as a disease with bodily origins, to the physicians.

However, a longstanding conception of moral philosophy as a practical therapeutic enterprise did provide a framework in which melancholy could be treated as a moral condition in the later Renaissance. This was what Francis Bacon referred to in The Advancement of Learning (1605) as the philosophical cultura animi, the ‘husbandry’ of the soul. As Bacon observed, ‘the culture and cure of the mind of man’ depended upon sound knowledge of the ‘several characters and tempers of men’s natures and dispositions’, as in the ‘pretty and apt’ but unreliable divisions of men’s natures’ given by astrologers, the observations to be gleaned from ‘history, poesy, and daily experience’, and the ‘impressions of nature’ that come from external goods, but also those that are ‘inherent’, deriving from sex, age, climate, beauty and deformity, and health and sickness. Moral philosophy, Bacon argued, should follow the example of medicine and incorporate a knowledge that was parallel to ‘the knowledge of the diversity of complexions and constitutions’ of the physician. And ‘after knowledge of the divers characters of men’s natures’, a central component required by this ‘medicining of the mind’ would be inquiry into ‘the perturbations and distempers of the affections’, which are treatable by various practical therapeutic measures that ‘have force and operation upon the mind to affect the will and appetite and to alter manners’, namely ‘custom, exercise, habit, education, example, imitation, emulation,

company, friends, praise, reproof, exhortation, fame, laws, books, studies. 25 It is
within this traditional conception of moral philosophy that we can find some
humanistic discussions of the ethical aspects and treatments for melancholy. One
example is the De consolatione liber composed in 1465-6 by the Dalmatian bishop
Nicolaus of Modruš, 26 which discusses the effects of the melancholic humour in
certain cases of aegritudo, when the passion of sorrow affects the health of the
body by stimulating the production of black bile, and so is able to prescribe a series
of moral-consolatory therapies. 27 Another is Stefano Guazzo’s influential La civile
conversatione (1574), where ‘malinconia’ is identified as principally a disease of
the mind rather than the body, being rooted in a false conception of the benefits of
solitude, and treatable by a corrective belief in the moral and physical benefits of
sociability. 28 And we can also position Montaigne within this tradition: a writer
who differentiated the ethically appropriate social roles of individuals on the basis
of their physiological temperaments and described himself as a sanguine
melancholic, 29 and who suffered the effects of black bile following his retreat into
solitude, and whose strategy was not to seek conventional moral consolation (or
indeed medical assistance), but to indulge in an idiosyncratic literary-philosophical
self-consolation through writing. 30

25 Francis Bacon, The Works, eds. James Spedding, Robert Leslé Ellis, and Douglas Denon
26 This work, which has survived only in three MS copies (two held in the Vatican library:
Cod. Vat. lat. 5139, Cod. Vat. lat. 8764; the third is held in the library of the episcopal
seminary in Casale Monferrato: signatura MS I a 8). It has now been printed in Neven
Jovanovic (ed.), ‘Nicolai Modrussiensis De Consolatione Liber’, Hrvatska Knjizevna
Bastina 1 (2002), pp. 55-251; references are to this edition. For another discussion of
melancholy in a consolatory discourse see Epistolario di Coluccio Salutati, ed. Francesco
27 Nicolaus of Modruš, De consolatione, I.2.8-12: ‘Illud enim animo nostro res tristes
illatae faciunt, quod corpori exhibimus virus; ex quo liquet, cum nulla aliarum passionum
ita infesta face animum impetat, nec ulla aliam esse quae cor hominis deteirius exedat.
Quippe quae appetitum impedit ne se extra diffundat, necesse est cor viribus destituatur
et ceteris membris debitum possit praestare officium. Itaque exsiccatur ac gelu constringitur
humorique eius generis, quem Graeci melancholiam appellant, incrementum capiat ac
invalescit vehementius; et quoniam siccus quodammodo ac gelidus est, itineria spirituum
vitalium occupat, nec foveri membra permittit, atque ita nutrimento subtrahit virere
vigereque desinit et in dies extenuantur magis ac usque ad exinanitionem consumuntur.’
28 Stefano Guazzo, La civil conversatione, ed. Amadeo Quondam, 2 vols (Modena: Panini,
29 Michel de Montaigne, Les Essais, eds. Jean Balsamo, Michel Magnien, and Catherine
679. See M. A. Screech, Montaigne and Melancholy: The Wisdom of the ‘Essais’ (London:
Duckworth, 1983).
30 Montaigne, Les Essais, eds. Jean Balsamo, Michel Magnien, and Catherine Magnien-
Simonin (Paris: Gallimard, 2007), II.8, p. 404: ‘C’est une humeur melancholique, et une
humeur par consequent tres ennemie de ma complexion naturelle, produite par le chagrin de
la solitude en laquelle il y a quelques années que je m’estoy jeté, qui m’a mis premiereement
The theological tradition

Finally, then, the spiritual and theological ways of thinking about melancholy.\(^3^1\) The Greek medical-physiological concept of melancholia is itself not found in scripture, though of course the Bible has lots to say about sorrow and its different forms. Most important for later discussions of melancholy were the Pauline concepts of \textit{tristitia saeculi} and \textit{tristitia secundum Deum}, worldly sorrow leading to death, and godly penitential sorrow leading to salvation (2 Cor. 7:10).\(^3^2\) This bifurcated concept of sorrow was incorporated within patristic writings, and subsequently also in medieval scholastic typologies of vices and passions, where it was frequently associated with the condition of \textit{acedia}, or the deadly sin of sloth,\(^3^3\) and where \textit{tristitia saeculi} would come to resemble the condition of ‘despair’ in the English vernacular.\(^3^4\) As in moral philosophy, however, \textit{tristitia} was only rather rarely associated by medieval theologians and spiritual writers with the disease of melancholy, and it was related to the humour black bile only in tentative or perfunctory fashion. As with all diseases and physical imperfections, melancholy was typically traced to the corruption of human nature after the Fall, and the melancholic complexion was sometimes given a moral-theological interpretation in medieval characterology—it was said to be a cause of ‘grief for sin’ (\textit{tristitia pro peccatis}) by Hugues de Fouilloi in his twelfth-century work \textit{De medicina animae}\(^3^5\)—but generally speaking, the relationship between the medical


\(^{32}\) In the Vulgate: ‘quae enim secundum Deum tristitia est paenitentiam in salutem stabilem operatur saeculi autem tristitia mortem operatur’; in the KJV, ‘For the sorrow that is according to God worketh penance, steadfast unto salvation: but the sorrow of the world worketh death’.


\(^{34}\) See, for example, Thomas, \textit{Summa theologae} I-II, qu. 23, art. 2, 4, opposing \textit{gaudium} with \textit{tristitia}.

\(^{35}\) Hugues de Fouilloi [1096-1172], \textit{De medicina animae}, VI: ‘Habuisti per sanguinem dulcedinem charitatis. Habes nunc per choleram nigrum, seu melancholia, tristitiam pro peccatis.’ (‘You had the sweetness of love through blood; now, through black bile, or melancholy, you have sorrow for sin.’), in P. L. Migne (ed.), Patrologia Latina, vol. 176, col. 1191; discussed in Klibansky et al., \textit{Saturn and Melancholy}, pp. 107-9.
physiology of the melancholy and the spirituality of despair remained inchoate. Theologians were aware of the influence of the body upon the workings of the soul, and would sometimes ruminate about the spiritual aspects of the humoral complexions, but unsurprisingly they continued to regard the soul rather than the body as their main province, and were usually content to leave the treatment of the disease of melancholy to the physicians.  

Of course, there had long been significant interactions between moral and theological discussions of the passions. The early Christian tradition of *cura animi* was in large part a continuation and adaptation of the classical philosophical *culta animi*, and the image of Christ as a spiritual physician was ubiquitous in early modern religious and moral writings. But once again, the relationship between spiritual and medical discourse was not straightforward, and especially after the Reformation the spiritual status of melancholy became an increasingly fraught issue in Protestant religious politics. In Germany, Lutherans accused Calvinists of inculcating a pathological, despairing spirituality fixated upon predestination, a charge that would be supported by a long-lasting polemical association of religious despair induced by puritanical preachers with melancholy: ‘spiritus Calvinisticus est spiritus melancholicus’, as one English observer put it in the later seventeenth century. In England, Calvinist spiritual writers offering comfort to those in despair were generally careful to encroaching upon the territory of the physician, and many made it clear that their concerns were fundamentally spiritual rather than somatic. In his *Treatise of Melancholie* (1586), the divine and physician Timothie Bright explained that ‘the affliction of soule through conscience of sinne is quite another thing th[a]n melancholy’. The symptoms of the former, according to Bright, were fear and sadness with ‘no ground of true and iust object’, originating in a bodily ‘disorder of humour’ that affects the ‘fancy’ in the

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37 As Bacon wrote, ‘if it be said that the cure of men’s minds belongeth to sacred Divinity, it is most true: but yet Moral Philosophy may be preferred unto her as a wise servant and humble handmaid’, to whose discretion ‘many things are left’ to provide ‘within due limits) many sound and profitable directions. Bacon, *The Advancement of Learning*, II, in *Works*, vol. VI, p. 330.


soul. The latter, however, was ‘sorrow and feare upon cause purely rooted in the ‘mindes [true] apprehension’ of sin and divine wrath, and occurring in people whose bodily and psychic health was intact.\textsuperscript{41} Melancholics could be susceptible to spiritual affliction because of their anxious and contemplative psychological tendencies,\textsuperscript{42} but the key in such cases was that whereas melancholy was a natural condition treatable by medicine, the affliction of conscience was to be addressed with spiritual discourse (‘the comfort is not procured by any corporal instruments’)\textsuperscript{43} and ultimately alleviated only by divine grace.\textsuperscript{44} Other English Calvinists agreed that despite appearances the afflicted conscience was not to be confused with melancholy, from William Perkins in his \textit{Whole Treatise of the Cases of Conscience} (1606) and Robert Bolton in his \textit{Instructions for a right comforting afflicted consciences} (1631),\textsuperscript{45} to Richard Baxter in \textit{The right method for a settled peace of conscience, and spiritual comfort in 32 directions} (1653).\textsuperscript{46} For these spiritual physicians, melancholy remained primarily the domain of medicine.

\textbf{Burton and the medicalization of traditions}

I want to end, then, with some suggestions about what happens to the intellectual traditions of melancholy I have been discussing in \textit{The Anatomy of Melancholy}. As I suggested earlier, Burton’s employment of medical learning was for the most part synthetic: he collected and presented a very detailed, eclectic, and largely accurate compilation of the medical orthodoxy. Whilst he often drew attention to internal inconsistencies and contradictions between the writings of different physicians, and expressed some scepticism about the extent to which their discussions could adequately address the complexities of the condition, there is nevertheless a solid theoretical core to his account of melancholy that maps quite cleanly on to those found in contemporary learned medicine.

\textsuperscript{41} Timothie Bright, \textit{A Treatise of Melancholie} (London, 1586), XXXIII, pp. 187-93. See also the discussion of the simultaneous occurrence of melancholy and affliction of conscience in the same person in ibid., XXXIV, pp. 193-8.
\textsuperscript{42} Bright, \textit{A Treatise of Melancholie}, XXXV, pp. 198-207.
\textsuperscript{43} Bright, \textit{A Treatise of Melancholie}, XXXIV, p. 197.
\textsuperscript{44} Bright, \textit{A Treatise of Melancholie}, XXXIII, pp. 189-90, 197. For this reason Bright went on to offer a separate ‘consolation unto the afflicted conscience’, a lengthy and thoroughly spiritual address for his melancholic friend ‘M.’, which continued the ‘heavenly meditations and spirituall conferences’ they had conducted ‘in times past’ (ibid., XXXV, pp. 206-7, and XXXVI, pp. 207-84).
The same point holds generally for his use of natural philosophy. The conceptions of nature and soul found in the *Anatomy* are formulated broadly along Aristotelian lines, although within a theological framework borrowed largely from Philipp Melanchthon, whose *Commentarius de anima* (1540) had offered an *anthropologia* grounded in Protestant theology and tailored towards fallen human nature.\(^{47}\) How naturalistic was Burton’s position though? His treatment of demonology shows him performing a delicate balancing act, between sceptical medical and philosophical tendencies to reduce apparently occult or supernatural phenomena to natural or material causes, and the need to remain within the domains of religious orthodoxy by admitting the reality of demonic agency in the melancholic disease.\(^{48}\) Similarly, he attempts to strike a moderate position in contemporary astrological debates, admitting the influence of planetary movements upon the body, but denying their deterministic power or predictive value.\(^{49}\) It does seem to me, however, that he is generally being pulled away from supernatural to natural causes by his sources. This is most evident by the account of the theory of genial melancholy in the *Anatomy*, which is not only noticeably brief, but also stripped of its Neoplatonist cosmology. Burton does refer cautiously to Dürer’s engraving *Melencolia I* to explain their ‘profound judgement in some things’, but he presents the controversies over melancholic genius as a debate about the *Aristotelian Problemata*, and restricts his coverage to the question of the material influence of the humours on the mind.\(^{50}\)

It is when we look at Burton’s use of the moral and theological traditions of melancholy, however, that we can see his most substantial and influential innovations. The moral concerns of the *Anatomy* have long been recognised, though their originality has not, I think, been properly appreciated. As I have suggested, before Burton there had not been any fully consolidated or detailed discussion of the moral dimension of melancholy, largely due to the large extent to which the disciplinary division of labour between physicians and moral philosophers was upheld. Burton not only gives a moral account of the status of melancholic passions as vices, but also a moral therapy for them in the


‘Consolatory Digression’. And if we ask how he could do this when his predecessors apparently could or would not, then the answer has to be that Burton wilfully transgressed the tacitly accepted boundary between medicine and ethics. He moralised the medical concept of melancholy by employing the classical argument that passions are irrational diseases of the soul, and as such they were both causes and symptoms of melancholic madness. What this meant, as he said in ‘Democritus Junior to the Reader’, was that ‘Folly, Melancholy, Madnesse, are but one disease’. As a form of passionate madness, melancholy was therefore appropriately discussed in moral terms, but this meant dissolving the boundary between moral ‘madness’ and medical-physiological melancholia that had been generally upheld by contemporary physicians and moralists. Perhaps unintentionally, Burton simultaneously medicalised the moral tradition of the passions, since it also raised the possibility that melancholic vice could be traced to the influence of black bile and treated by a physical remedy. As Bacon had noted, ‘the physician prescribeth cures of the mind in phrenses and melancholy passions’: such were the effects of ‘the conceits and passions of the mind upon the body’ that ‘all wise physicians in the prescriptions of their regiments to their patients do ever consider accidentia animi, as of great force to further or hinder remedies or recoveries.’ The melancholic soul could be treated through the body.52

The Anatomy intervened in the theological tradition of melancholy in a similar way. Burton not only incorporated the spiritual concept of acedia and presented melancholy as a consequence of the Fall, but dissolved the boundary between medicine and theology—or more specifically, practical divinity—that his contemporaries had explicitly been observing. In one sense, this was uncontroversial: his remedies for the ‘Cure of Despair’ in the final Subsection contributed to the Christian ‘cure of souls’ tradition, and in many ways were typical of the Jacobean literature of spiritual comfort.53 However, whereas his immediate predecessors had been careful not to confuse the medical disease of melancholy and the spiritual conditions of despair and the affliction of conscience, this is precisely what Burton did in the last Section of his book. Although there had been some discussions of the religious aspects of melancholy before Burton, no physician had formally identified ‘religious melancholy’ as a subspecies of the disease and offered a systematic account of its kinds, causes, symptoms and cures.54 Once again, the reasons for his contemporaries’ reluctance to fuse theology and medicine are clear: physicians already had the reputation for atheistic materialism, and were very rarely willing to argue openly that the movements of

53 This appeared for the first time in the second edition of 1624.
54 Burton notes some of his predecessors, but also claims (in my view accurately) that his analysis is innovative: Anatomy, 3.4.1.1, vol. III, pp. 330-1.
the soul could be explained or influenced by physical qualities—and this was precisely what was threatened by the concept of ‘religious melancholy’. With contemporary papists and above all puritans in his polemical sights, Burton had no such qualms, and made explicit claims about the humoral basis of spiritual errors. He conflated melancholy and the affliction of consience, denounced Catholic superstition as born of religious-melancholic despair, and ridiculed ecstatic rapture and puritan spirituality as religious-melancholic enthusiasm. Although the causes and cures for such conditions, in many cases, were purely spiritual, because they were species of melancholia they were also always at least potentially treatable by medicine: ‘There bee those that prescribe physicke’ in cases of despair, ‘tis Gods instrument, and not unfit.’ We should seek the advice, Burton says on the last page of the book, of ‘good Physitians’ as well as ‘Divines’.

I am going to leave proper discussion of the topic of melancholy after Burton to the next speaker, but I would like to end with a few general suggestions about Burton’s legacy. I have been arguing that what the Anatomy accomplished, in simple terms, was not just the summary of the learned traditions of melancholy, but more specifically the medicalisation of the moral and theological traditions of melancholy. I think it is fairly clear that Burton was aware that he was manipulating his sources, often deliberately mistranslating or paraphrasing texts that were originally concerned with moral madness or spiritual despair, but in his rendition came to be about melancholy. But I don’t think that the medicalisation of these concepts was necessarily always deliberate. Burton was not a radical materialist philosopher or physician, and was certainly not an atheist; he was a Christian humanist and a divine. But by presenting melancholy as a moral and spiritual disease that could still be treated by medicine, he arguably introduced, or strongly accentuated, a materialistic tendency within seventeenth-century discussions of melancholy that had a corrosive effect. It was accident, then—and one that Burton would not have been too happy about—that the concept of melancholic superstition and enthusiasm came to be a significant component of Enlightenment critiques of religion.

There was a final twist, however. When Burton medicalised the morality and spirituality of melancholy, he also created a framework within which that morality and spirituality could discussed plausibly and in substantial detail. After Burton in the seventeenth century, religious writers and moralists wrote extensively about melancholy, sometimes with very little reference, or no reference at all, to medical doctrine. So although the medicalisation in the Anatomy was thoroughly Galenic, as the Galenic tradition gradually withered away in the course of the

55 See Gowland, Worlds of Renaissance Melancholy, pp. 139-204.
56 Burton, Anatomy, 3.4.2.6, vol. III, p. 443.
seventeenth and eighteenth centuries, there remained a moral and spiritual discourse on melancholy that was no longer dependent upon medical authority for its legitimacy. That was not of course entirely Burton’s doing, but it was, I think, a large part of his legacy.