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Dipartimento di «Civiltà Antiche e Moderne» – Polo Universitario dell'Annunziata
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CHIARA THUMIGER

*Eyes wide shut.**Appearance, vision, and care in a 12th-century illustration of a phrenitic patient****SOMMARIO**

Questo articolo tratta di una particolare visualizzazione della malattia, o immagine del paziente, che compare su una trave templare del XII secolo nel Monastero di Santa Caterina, alle pendici del Monte Sinai. Essa è parte di una serie di nove miracoli postumi di sant'Eustrazio e dei cosiddetti 'Cinque santi' o 'Cinque martiri di Sebasteia' (Grande Armenia), vissuti e morti durante il regno dell'imperatore Diocleziano (284-305 d.C.). Una delle scene di guarigione rappresentate sulla trave del tempio riguarda, come specifica la didascalia, un paziente frenitico, la cui rappresentazione contiene dettagli intriganti, anche se sottili, sulla patologia e sull'esperienza del paziente. Dopo aver analizzato tali caratteristiche, in particolare gli occhi, questo studio propone alcune osservazioni sulla frenite nella storia della medicina e, più in generale, nella storia della medicina dal punto di vista dell'esperienza del paziente.

Parole chiave: frenite, iconografia cristiana, visualizzazione della malattia, iconografia bizantina, esperienza del paziente, filosofia della medicina, malattia come metafora

ABSTRACT

This article discusses a particular visualization of disease, or patient image, found on a 12th-century templon beam from Mount Sinai. It belongs to a series of nine posthumous miracles of St. Eustratius and the so-called 'Holy Five' or 'Five Martyrs of Sebasteia' (in Greater Armenia), who lived and died during the reign of the Emperor Diocletian (284-305 CE). One of the healing scenes represented on the templon beam concerns, as the caption specifies, a phrenitic patient, whose representation contains intriguing, if subtle, details about pathology and patienthood. I analyse these features, especially the eyes, and propose some observations about *phrenitis* in history of medicine and patient-centred history of medicine more generally.

Keywords: *phrenitis*, Christian iconography, visualisation of illness, Byzantine iconography, patient experience, philosophy of medicine, illness as metaphor.

Despite the fact that observation of the patient is an obligatory feature of medical assessment, the actual rapport between the suffering body and the face, the human *vultus* or πρόσωπον, where so much expression and communication take place, from transparent sincerity to malignant deceit, is no longer a serious topic in official medical education, least of all when mental disorders are at issue¹. If calls for a patient-based, narrative medicine are re-

* I would like to thank Nancy Ševčenko for kindly making me aware of this visual representation in the first place, and for her subsequent help; Anna Maria Urso, and the anonymous readers for their comments and suggestions; Petros Bouros-Vallianatos, Stefanos Efthymiadis, Gideon Manning and Domenico Bertoloni Meli for further advice. Father Akakios and Father Justin of the Sinai Monastery of St. Katherine kindly allowed me to use their images for the templon beam and provided photographs; Douglas Olson helped me greatly with his corrections to the English, and Elisabetta Gamba with editorial matters. I am grateful to the DFG Excellence Cluster Roots (EXC 2150 – 390870439) for sponsoring my research.

¹ Testified to in the tradition of Greek medicine by the Hippocratic *Prognostikon* and Galen's commentary on it, as well as by an entire physiognomic tradition: see THUMIGER 2017 for general discussion.

establishing physical connection as an ineliminable clinical step and feature of contemporary medical training, there can also be no doubt that the bulk of medical information about human subjects today is extracted through biochemical testing and examination, and electronic imaging, and only secondarily through a general assessment of behaviour and subjective bodily feelings. The semiotics of the body and especially the face are not considered central, and observation of the patient as image, spectacle, or *icon* are not included in professional medicine. Indeed, the use of visual aids to illustrate pathology for medical training purposes, entertainment, or both, whose origins can be traced back to the Victorian era², have been replaced by photographs, usually close-ups of damaged tissue or limbs rather than of the whole person. The famous illustrations of mental patients by Ambroise Tardieu and Georges-Francois Gabriel in Esquirol's 1838 *Des maladies mentales considérées sous le rapport médical, hygiénique et médico-légal* are representative, to contemporary eyes, of what feels like an alien page in the history of Western psychiatry, and strike us as naïve and cruel, as well as fundamentally useless from a clinical point of view.

Images are much more, however, than decoration or entertainments, and while their medical training purposes might be clear in particularly graphic cases — to illustrate and allow for recognition of similar future cases — in functionally different contexts (i.e. those that are not medically operational), pathographic visuals have diverse purposes, in the Western tradition mostly religious (in celebration of divine healing or human suffering) or as forms of realism (a problematic label, by which I mean here a taste for the reality of human life in its most extreme materiality). As scholarly objects, such images of pathology are notoriously ambiguous, in that they are works of art 'in themselves', to be collected and wondered at, but simultaneously historical documents loaded with data about medicine, medical practices, and patienthood, along with perceptions of them³. In this article, I operate within this second, 'historical' programme, and aim to put to the test the meaning and information contained in what is possibly the earliest pathographic visual representation to be available in our tradition of the ancient Greek disease *phrenitis*⁴. I consider the image as a localised and contextualised artistic product and religious item, but also as medical-historical evidence for a learned tradition spanning over a millennium and a half, as well as a form of sociological and anthropological expression.

In the ancient Graeco-Roman world, the idea of a visual portrayal of madness or mental illness made more sense than it does for us. This is not so much the case in terms of physiognomic sketching – physiognomy reflects an *a priori* judgement and a belief in types which is in my view epistemically very different⁵ – but precisely because madness or mental suffering are from the start thought

² GILMAN 2019, 13; BERTOLONI MELI 2017, preface and 1-21 for methodological considerations about the visualisation of pathology and its history – however addressing his research to the early modern period and onwards; for earlier evidence, restricted however to leprosy and plague, see BOEKL 2000 and 2011, 67-106 on earlier representations.

³ See GILMAN 2019 on 'historians' vs. 'antiquarians'.

⁴ THUMIGER 2023.

⁵ THUMIGER 2016, 661-664.

of as visible events like any other form of sickness, while the medicine that treats them is equally reliant on observation of the body⁶. The Hippocratic *facies*, later reflected on by Galen⁷, epitomises this approach to patient assessment.

Unfortunately, no portraits or sketches of the idiosyncratic faces and bodies of the sick and their diagnoses have reached us from antiquity as accompaniment of patient cases. The earliest evidence, from which I presented a representative here, is much later, originating well after the end of the ancient world: the illustrations, whether illuminated manuscripts, frescoes or figurative art of other kind, of healing miracles operated by Jesus, Mary or specific figures of saints as reported by hagiographic narratives. The specific case I am presenting is in several senses unique, and despite its late date, it allows for an historical excursus rooted in the history of Greek medicine from its documented Hippocratic beginnings.

1. *The Miracles of St. Eustratius and the Sinai templon beam*

The patient image or images discussed below belong to a 12th-century templon beam from Mount Sinai which depicts nine posthumous miracles of St. Eustratius and the so-called ‘Holy Five’. Eustratios and his four companions are known as the ‘Five Martyrs of Sebasteia’ (in Greater Armenia). Eustratios, Auxentios, Eugene, Mardarios, and Orestes lived and died during the reign of the Emperor Diocletian (284-305 CE), and their hagiography and the cult of their relics was widespread in the Byzantine Empire⁸.

This particular iconographic series, unlike others of the kind, is not based on a surviving hagiographic text; all we have to interpret it are the images themselves with their accompanying captions⁹. Healing miracles are a prolific theme, if not exactly a genre within ancient hagiography, which Efthymiadis describes as a variegated corpus eluding typification in content or form¹⁰ and mirroring a thousand years of Christian writing and experience. The so-called ‘*vita* icons’ found in temple frescoes, series of ‘snapshots’ (to use Efthymiadis’s expression) which compose a hagiography narrative around a single figure, are also diverse and defy attempts to confine them within a common mould¹¹.

In the case of the more restricted topic of medicine and wonder healing within hagiography, this irreducible variety still allows for the recognition of a

⁶ See THUMIGER 2017, 71-173.

⁷ Cf. Galen’s *Comm. Hipp. Progn.* I 6 (K, 18, B, 26, 5 = 211, 14-17 Heeg).

⁸ I am indebted to N. Ševčenko for bringing this to my attention and for sharing instructions and scholarship with me; see ŠEVČENKO 2012 on this piece of art, its meaning and historical references; *id.* 2015 for representations of healing scenes in Byzantine art, 38-40 on this piece; CHATTERJEE 2014, 82-86 for a more detailed artistic historical analysis.

⁹ ŠEVČENKO 2012, 268; 2015, 38.

¹⁰ EFTHYMIADIS 2014; 2024; see already MILLET 1916, 57-60 for the evangelic iconography of miracles and their authors (14th-16th century); TOMKOVIĆ 1990-1991, and especially 1993 on pathological themes and recurrent diagnoses; EFTHYMIADIS 2014; 2016; 2024; HÄFELE 2020.

¹¹ EFTHYMIADIS 2014, 104, 131; CHATTERJEE 2014, 1-29 for an introduction to these representations as ‘genre’ and on the ‘metaphor of the living icon’.

few common features; I mention those which are most relevant here, and direct the reader to specialists for more competent commentary on the material¹². First, there is the medical competence, or at least ability, of these artists and authors and their penchant to resort to medical technicality in the service of a moral and soteriological narrative¹³; second, the allegorical force of medicine and medical health to represent human nature and humanity's need for divine assistance; and third, the practice of incubation as a powerful *trait d'union* between the pagan world (the practice of sleeping in temples and receiving healing dreams in the ancient cult of Asclepius) and oneirocritical saint visitations during sleep in Christian narratives of healing, often with precise pathological details¹⁴. Finally, it is worth reminding ourselves that an idiosyncrasy of individual stories and texts remains, rooted in the world in which the holy figures spent their lives, as well as in the one inhabited by the writer or artist who produced the text or image, often centuries later; and even, possibly, somewhere in between, namely in the world inhabited by patients who experience the encounter with the holy figure as post-mortem apparition, whether in dream or through the power of their relics or image. Such is the case of the Sinai templon beam and its vignettes, where the subject and the author of the story presented are possibly separated by nine centuries of late-antique and Byzantine history.

The illustration consists of two boards, which together form a 2.75 m. long beam. They represent twelve scenes «framed individually by painted arches, and in the spandrels between the arches are gold disks, compass drawn and polished»¹⁵.



¹² Those mentioned in the previous footnotes.

¹³ See HÄFELE 2020, 9-13; 53-133 on medicine and early Christian discourses in his introduction to Sophronius' *Miracles of St. Cyrus and John*.

¹⁴ See OBERHELMAN 2013 for a panoramic discussion of healing incubation in the Greek world. On incubation in Christian and late Byzantine contexts, see CSEPREGI 2013, KONSTANTINOPOULOU 2016, EFTHYMIADIS 2016, HÄFELE 2020, 1-5.

¹⁵ ŠEVČENKO 2012, 268-269, n. 8.



Sinai epistylion of St Eustratios (12th century). Copyright: St. Catherine's Monastery at Mount Sinai

Nine of the twelve scenes involve physical suffering and illness and the depiction of patients or patient situations, in which the saints and their attendants present to healing purpose the display and application of the reliquary box of Eustratios, sometimes holding a book. Numbering from the upper left, plate 1) is «St. Eustratios curing the [woman] suffering from a persistent ('hectic') fever»; 2) is «St. Eustratios awakening the [...] in this church for the morning hymns», 3) is «St. Eustratios healing the manic who was devouring his own flesh, through his relic here»; 4) is «St. Eustratios curing the [woman] suffering from *metritis* (uterine infection) by his appearance»; 5) is «St. Eustratios curing the [man with] *phrenitis* through his relic»; 6) is «Deesis: [the Virgin], Christ, St. John»; 7) is «The youths [beating the] *simandron*¹⁶ at the holy feast»; 8) is unidentified; 9) is «St. Eustratios curing the daughter of Synkletike»; 10) is «St. Eustratios curing the [...] nun»; 11) is «The Holy Five healing the mute and paralytic [woman]»; and 12) is «St. Eustratios curing the [man] suffering from *tetanus*»¹⁷.

For Ševčenko, the scenes depicted in the vignettes conjure up the setting of a lost sanctuary devoted to the saint, where his relics were preserved¹⁸. Here, through some form of incubation, healing would have been offered to sufferers by an apparition of the holy Eustratios. Ševčenko also discusses the origin of the beam, which is dated to the 12th century and was supposedly painted on site for a chapel in the monastery today known as Saint Catherine's, in the Sinai Peninsula.

2. *St. Eustratios curing the [man with] phrenitis through his relic* (plate 5)

Of particular interest for my discussion is the dating and possible milieu of the artist who painted the beam, perhaps a Cypriot (although other places of origin such as Mount Athos or Rome cannot be excluded), and his (or her?) textual source, «a lost illuminated manuscript from the saints' sanctuary in Sebasteia»¹⁹.

¹⁶ A *simandron* is a percussion instrument still used today in Eastern Orthodox and Eastern Catholic monasteries to summon the monks to prayer or at the start of a procession.

¹⁷ Unless otherwise stated, I follow the translation and wording of ŠEVČENKO 2012, 269-273.

¹⁸ CHATTERJEE 2014, 82 also writes that agrees that the repetition of the structures hints at a specific site, possibly the popular healing shrine of Eustratios located in Araraka in Armenia.

¹⁹ ŠEVČENKO 2012, 277-279.

This may be an artist from the eastern Mediterranean, influenced by Constantinople, working in the 12th century under the inspiration of an Armenian illustrated text and operating in the south of the Sinai Peninsula. His topic and objective are primarily hagiographic and religious, but his concern is also fundamentally if incidentally medical. The diagnoses he reports in the captions are learned and technical, at least in part: hectic fever, a Galenic concept; *metritis*, ‘womb disease’ (a formula absent from Greek medical texts, although the sense is clear on analogy with other *-itis* disease names)²⁰; *phrenitis*, *paràlysis* and *tètanos*, all three present in the Hippocratic corpus and recognised disease concepts in imperial-age nosology²¹. In one fascinating case, the illness is openly psychopathological and has a disturbing manifestation which would be worth independent investigation (plate 3, the manic, *μενομενον*, «eating his own flesh»²²). What medical knowledge and ability for medical observation can we assume for this artist, and to which medical cultures is he responding?

This question is particularly pressing for the reading of plate 5, on which I now focus; I refer to the central figure as ‘Patient 5’. Ševčenko describes the image as follows:

A young man lies sleeping on a bed. An elderly man clad like the elder in scene 3 holds a book in one hand, and with the other the reliquary, on which the sleeping man’s arm is resting. Behind him stand four young men. Eustratios gestures toward the sleeping man from the left²³.

²⁰ And unique in hagiography, as ŠEVČENKO 2012, 273 points out.

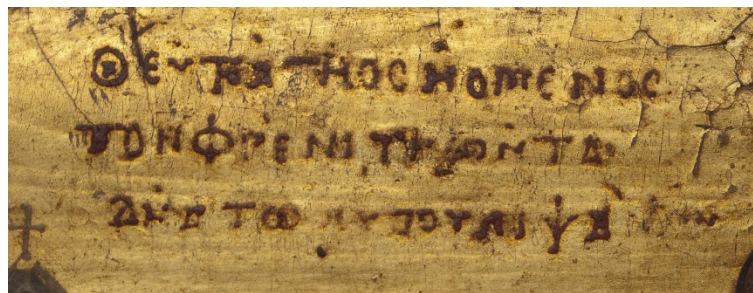
²¹ See TOMKOVIĆ 1993, 104-106 on the repertoire of diagnoses in evangelical Byzantine paintings, where recurrent items are epilepsies, forms of ‘crookery’ (bent woman, paralysis, limping), hydrops, blindness, leprosy: all visible ailment ostensibly affecting one’s appearances; and forms of demonic possession.

²² Transcription by ŠEVČENKO 2012, 269. Eating is a staple behaviour of mental disturbance in ancient medicine (see THUMIGER 2018). Autophagia is not new to classical materials, famously elaborated in the myth of Erysichthon (narrated by Callimachus and Ovid), and it is recognised by contemporary psychiatry under the category of self-injuring behaviour (SIB).

²³ ŠEVČENKO 2012, 270. CHATTERJEE 2014, 84: «the patient is clearly turned away from Eustratios; the relics have left their secure resting place in the hands of the priest; and the box is now in direct physical contact with the afflicted [...] Eustratios himself seems gratuitous; whether he is visible to the people in the crowd that hovers behind the bed is doubtful. They look toward him, but some of their faces are obscured and their lines of sight do not always converge on the saint».



Sinai epistylion of St Eustratius (12th century). Plate 5. Copyright: St. Catherine's Monastery at Mount Sinai



Sinai epistylion of St Eustratius (12th century). Detail from plate 5. Copyright: St. Catherine's Monastery at Mount Sinai. Ὁ ἅγιος Εὐστράτιος ἰώμενος τὸν φρενητιῶντα διὰ τὸ αὐτοῦ λείψανον (transcription: Ὁ ἅγιος Εὐ[στ]ρατιος ἰώμενος τὸν φρενητιῶντα διὰ τοῦ λείψανου):²⁴ «St. Eustratios curing the phrenetic man through his relic»

Ševčenko rightly pays attention to the eyes of this patient and describes him as «asleep». His face, eyes, and especially overall posture do in fact closely resemble those of the second female patient in plate 1, «St. Eustratios curing the [woman] suffering from a persistent ('hectic') fever»; as Ševčenko notes, «women» would have been more correct, as two female individuals are depicted, the patient and another. The woman whose eyes are closed is the second figure, smaller in size, her crouching body turned away from the doctor or the visitors. She is awaiting her turn or perhaps has already received the miracle and is resting; or, hypothetically, she represents a later stage in which the same or a similar patient, who is receiving the cure in the main scene, is at the stage of recovery. In any

²⁴ Transcription by Stephanos Efthymiadis, whom I thank for his help on this matter too; my translation.

case, the closed eyes and the disengagement from the saint are a function of the action having been interrupted or being past.

In my view, the closed eyes of Patient 5 call for further interpretation. All the other patients (with the exception, just noted, of the second woman in the first scene) have their eyes open. They mostly establish contact with the saint's gaze (plates 1, 2, 4, 9, 12) or look towards the salvific reliquary box (plate 9); in plate 3, the manic «eating his own flesh» (the only one not confined to a bed or chair) instead directs his gaze down in dejection, externally restrained, as befits his crazed state. The open eyes of the nun in plate 10 are also different from the others, inasmuch as they directly address the observer – supposedly the visitor to the sanctuary – perhaps reflecting her status as an ordained woman engaging in prayer, as the posture of her hands, palms open and facing upwards, invite us to imagine.

Ševčenko takes only the patients in plates 4 (the woman with *metritis*) and 10 (the nun) to be awake²⁵. The posture and expression of most of the others, however, also communicate wakefulness, attention, or lively tension, despite the whites of the eyes not always being visible. On the whole, I hesitate to count these as overt «incubation scenes», at least if incubation is to be understood along the lines of the ancient Asclepeian narratives, in which the god visits the sick through dreams and dispenses medical care and advice. In such cases, the patients are asleep, and they often receive deliverance upon waking up²⁶. The depictions analysed here are instead realistic representations of seemingly assorted patient rooms and homes, rather than the inside of one specific temple²⁷, with an evident taste for the architectonics of the urban or domestic setting and for the texture and patterns of the structure of the beds and the textile bedding. Not all of them are lying in bed: the manic is standing (plate 3), and the mute and paralytic (plate 11) and the patient with tetanus (plate 12) are seated, as suits their motoric disorders. These variations offer additional interest for the representation of patienthood and pathology.

Even if these are taken as incubation scenes seen from inside a dreamed encounter, where some patients find themselves (i.e. they dream of themselves, or are imagined dreaming of themselves) in bed, others in positions appropriate to their own illnesses, Patient 5 still stands out, since not only does he keep his eyes closed, but he also has a despondent posture and openly rejects his holy visitor.

To observers who know the history of the disease *phrenitis*, this presentation is loaded with meaning. The eyes and the response to therapy as a feature of the patient's will and disposition are important features of the portrayal of the phrenetic, especially in imperial-age nosology, in Galenic medical doctrines, and in Christian allegories of mental disease as sin and offence against god, which

²⁵ ŠEVČENKO 2012, 277 with n. 29.

²⁶ See n. 10 above.

²⁷ ŠEVČENKO 2012, 276 rightly notes the deictic expressions 'the relic here', 'in this church'. But these can also be merely a celebration of the saints, their relics, and the dedication of a chapel, rather than requiring a concrete localisation of the patient *incubating in* the sanctuary.

gave *phrenitis* much space in Christian texts²⁸. Human beings are cast as life-long patients in need of divine paternal care, and only those blessed with the wisdom to accept this encounter with the doctor and follow his instructions can be saved.

The eyes, sleep as opposed to wakefulness, and eyesight are important visible elements in the portrayal and appearance of the phrenitic patient, but also physiologically and in terms of active functions and as markers of perceptual capacity. On a narrative, metaphorical level, they also become highly symbolic. Let us look more closely at the visible body of the phrenitic who is portrayed, focusing on his closed eyes, body posture, body language, and proxemics.

3. Phrenitis: *pathological eyes, sleep, hallucination, ἀγρυπνία. The eyes as organ of wakefulness and sleep*

The closed eyes, first of all, denote sleep or a lethargic, comatose state. The eyes in general are connected since the Hippocratic authors with madness and acute fevers, with *phrenitis* a core instance: eyes «wild», «red», «bulging»; the pupils displaying «rapid movement» and general «alertness». At the same time, a comatose, lethargic quality is typical, along with a disposition towards hallucination. In its later development in imperial-age medicine as an intense, restless, hot inflammation of the brain, *phrenitis* is closely associated with lethargy, the «cold» brain fever whose symptoms are slowness and sleep. Both wakefulness and coma, then, can be typical of *phrenitis* and are associated with it in popular perceptions, and closed eyes visibly signal, within this binary semiotics, that «something about them» is wrong. Thus, for example, the Hippocratic author of *Coac.* 223 (156, 25-26 Potter = 5, 632 L.): «fixation of the eyes in an acute disease, or a sharp movement of the eyes together with disturbed sleep or sleeplessness, sometimes also provokes a haemorrhage from the nostrils. Such patients who are not burning hot to the touch become *phrenitic*». Consequences might be permanent. In the Hippocratic *Epid.* 5, 52 (24, 6-7 Jouanna = 5, 236 L. = *Epid.* 7, 92, 13-14 Jouanna = 5, 432 L.), a patient suffers from «blindness due to *phrenitis*» (τὸ κώφωμα ἐκ φρενίτιδος), and in general phrenitics' vision seems to be distorted and their sensitivity intensified. A passage in *Prorrh.* 1, 5 (75, 10-11 Polack = 5, 512 L.) famously informs us that «[phrenitics'] dreams are especially vivid (Ἐνύπνια τὰ ἐν φρενίτιδι, ἐναργῆ)»²⁹. This sign is connected with sight, since dreaming and seeing are notoriously contiguous in Greek vocabulary and imagination. Galen also comments on the brain obfuscation in the phrenitic and its consequences for eyesight (*Comm. Hipp. Progn.* 1, 23 (237-238 Diels = 18B, 73-75 K.), which may cause hallucinations:

Likewise, it also happens in acute fevers and in inflammation of the lungs, when the humours in the body rise as vapours to the head, that the clear fluid around the pupil shares in their exhalation. And wherever

²⁸ THUMIGER 2023, 185-223, 287-302.

²⁹ The concept is repeated at *Coac.* 89 (124, 14 Potter = 5, 602 L.).

and in whatever way it is made turbid, the aforesaid images are generated. But in violent headaches, as also in cases of *phrenitis*, because the head becomes full, and some part of the humours reaches the eyes, this causes the same symptoms.

At *Comm. Hipp. Prorrh. I 1, 1* (7, 3-7, 11 Diels = 16, 496-497 K.), Galen describes in more detail the consequences for the sleep cycle:

Whenever it happens that the brain is oppressed by both humours (i.e. both yellow bile and phlegm), contradictory symptoms befall the man, such as insomnia (*ἀγρυπνεῖν*) and a short-lived sense of oppression. If he is oppressed and deranged all in one, one must think that he will remain in this mixed condition. In case he shifted in the other direction, as bile and phlegm prevail in turn, the man becomes 'purely' (*ἀκριβῆ*) phrenitic or 'purely' lethargic. When the patient remains in a condition of both derangement and a comatose state up to the end, I for one define this disease as a combination of *lêthargos* and *phrenitis*. Some call it *typhomania* (*μικτὸν ὀνομάζω τοῦτο τὸ πάθος φρενίτιδος τε καὶ ληθάργου. τινὲς δὲ τυφομανίας ἐκάλεσαν*).

The best narrative of all, however, is offered at *Comm. Hipp. Prorrh. I 1, 33* (46, 3-21 Diels), where a clinical vignette is sketched which is almost perfectly illustrated in the image of Patient 5 – here again in closer detail:



Often this kind of derangement (*παραφροσύνη*) also arises, in which the patient lies down calmly, without screaming wildly or springing up, as above — indeed without speaking at all — or abandoning his or her prone position. These behaviours often suggest to members of the family that, if only there was some silence, the patient would fall asleep. So the watchers close the doors and take a rest. Matters being this way, a long time sometimes passes, and

once the family grows frustrated with the patient's lack of talk or movement, and they go to check if the person is sleeping, it appears that he is not and that he is moving his hands without tremours, similar to those who want to touch or find something and gently grope about. Once they are in this state, some behave this way, keeping their eyelids closed shut, and if someone goes to them and says something, some do not even open their eyes; others open them, but soon afterward close them again and keep them still; others do not lift their eyelids, even if someone shouts at them or pricks them. Therefore, regarding such phrenitics Hippocrates writes as follows in the *Epidemics*: «None of the phrenitics was manic like the others, but they perished overwhelmed by a narcotic oppression (ἄλλη τινὶ καταφορῇ νοθρῇ καρηβαρέες ἀπόλοντο)».

We find then allusion to narcotic oppression³⁰, torpor, and a state of motionless stupor. Patient 5 is one of three among the six bedridden patients in the series who keep their hands out of the blankets, but unlike the others (plates 4, 10), whose gestures are purposeful, his hands communicate nothing more than senseless discomfort. Despite his eyes being closed, he appears to be tensely if distractedly clenching the box with the right hand, the fingers of the left slightly contracted on the cover. At the risk of overinterpreting the figure, I propose that despite the closed eyes, there is a quality of restlessness in the body that echoes the Galenic text quoted above as well as the classic description of phrenitics as anxiously floccillating, clasping their bed covers, and playing with their fingers with imaginary small objects, whether dirt from the wall, fleece, or flocks of wool³¹. At *Loc. aff.* 4, 2 (8, 226-227 K.), Galen begins precisely with this sign as he relates his own experience when he fell ill with *phrenitis*: «Stricken by a burning fever during summer, I thought that little sticks of dark straw were protruding from my mattress, as well as pieces of wool from my gown». In a different text, he returns to this episode to explain the disturbance as hallucinatory, in his case accompanied by nightmares:

Throughout the entire day and night, I remained agitated by frightening dreams, shrieking loudly and even trying to get out of bed; but on the next day, all symptoms subsided [...] When a bilious humour accumulates in the brain at the time of a burning fever, the brain is affected in the same manner as objects which are burned on a very hot fire. A kind of smoky flame arises, as from an oil lamp. When fumes enter the blood vessels leading to the eyes, they produce optical illusions (φαντάσματα) in these patients [...] And 'picking at loose flocks' and 'picking at things', verbs habitually used by all doctors, especially for patients suffering from *phrenitis*, have acquired their meaning from the following. Some people have

³⁰ See THUMIGER 2017, 326-333.

³¹ See THUMIGER 2023 on this famous 'typhoid' symptom, known also as crocydism, and its association with *phrenitis* in Greek medicine.

described the image of flocks and of chaff, both while this was actually happening and afterward, recalling it later.

For Galen too, then, the eyes and visual capacities are at the centre. At *Comm. Hipp. Progn.* 3, 39 (365, 16-23 Heeg = 18B, 294 K.), we read that phrenitics' «eyes are unstable or twisted, in combination with a lack of sleep», and at *Loc. aff.* 5, 4 (8, 330 K.) that «when they are about to suffer from *phrenitis*, [patients] have very dry eyes, or a single acrid tear flows from one or the other». Again: «in these [patients] it is typical in most cases to keep the eyelid open and have trouble sleeping [...] Most physicians have also included this form of troubled sleep/insomnia (*ἀγρυπνία*)» (*Comm. Hipp. Prorrh.* I 1 [5, 18-20 Diels = 16, 494 K.]).

Ἀγρυπνία is a central topic. Related to eye disorder in *phrenitis*, the physiological manifestation of sleep disturbance is key. This covers a large spectrum, from various degrees of insomniac distress and comatose wakefulness to oppression and torpor. Already in the Hippocratic texts, this class of disturbances was labeled *ἀγρυπνία*³², but it is Galen who describes it systematically, for example at *Comm. Hipp. Prorrh.* I 6 (22, 14-16 Diels = 16, 528 K.): «Disturbed sleep (*ἀγρυπνία*), and most of all the disturbed sleep of the distressed type [...] this is specific to phrenitics (*αὕτη γὰρ ἴδιος τῶν φρενιτικῶν*). It is disturbed sleep of the distressed type, as I said, if during the hallucinations they shout and jump up and barely recognise familiar people».

Phrenitics' eyes are extremely sensitive as a consequence. The 2nd-century medical author Aretaeus (*Therapy of Acute Diseases* 1) explains that «certain false appearances float before their eyes» (*πρὸ τῶν ὀφθαλμῶν ἀμφαιρέουσί τινα ψευδέα ἰνδάλματα*, 91, 18-19 Hude); for this reason, «bright colours and paintings on the wall should be avoided» (91, 17-18 Hude)³³. The North African author Caelius Aurelianus, writing at the end of this tradition in the 5th century, suggests along similar lines that «light should be let in but shielded from the eyes if necessary» (54, 28-29 Bendz). Phrenitics' eyes have stiff eyelids and are bloodshot and protruding (54, 1-7 Bendz), and Alexander of Tralles (519 Pushmann) agrees in prescribing for phrenitics:

Let it also be more light than dark, so that through his perception the patient might be able to gain awareness of matters familiar to him (*ὥστε διὰ τῆς αἰσθήσεως εἰς συνείσθησιν ἔρχεσθαι τῶν συνήθων τὸν κάμνοντα*).

Finally, *lucus a non lucendo*: the pathologically closed eyes of the phrenitic, which signal a deeper state of distressed wakefulness rather than sleep, may make them appear capable of prophecy (509-511 Puschmann):

³² Best left untranslated: see THUMIGER 2017, 176-182 for this and related terms in Hippocratic medicine.

³³ Caelius Aurelianus has a similar recommendation (*acut.* 1, 58, 20-23 Bendz).

What signals impending *phrenitis* most of all are a continuous and intense state of troubled sleep (συνεχῆς καὶ ἐπιτεταμένη ἀγρυπνία), troubled sleep and leaping up, and appearances of images as in dreams, such as to make some people conjecture that they are aware of the future and are attempting to offer predictions (ὥστε καὶ τινὰς ὑπονοεῖν εἰδέναι τὰ μέλλοντα καὶ προλέγειν ἐθέλειν)³⁴.

The eyes of Patient 5 in the Sinai depiction, of course, are ‘simply’ closed. Figurative and visual representations, unlike literary ones, are *prima facie* as univocal and opaque as the object they reproduce. Closed eyes are merely closed eyes, and the medical parallels I have been labouring over may appear far-fetched. But read with the aid of the medical tradition supposedly available at the time³⁵, and combined with the nervousness in the visible body and hands of this individual, his passivity and non-responsiveness point to an attempt to offer a precise pathological portrait.

4. *Visual and physiological awareness*

The eyes express health, including insofar as they transmit a visual perception of one’s surroundings. As such, they are in ancient cultures also a token and metonymy (or symbol) for appraisal of one’s own body and that of others, and for basic elements of cognition such as consciousness, perception, and proprioception.

Phrenitic patients, first of all, are described in Greek medicine as characteristically unaware of their own state. They may need to be reminded to drink, or may refuse to do so (*Anonymus Parisinus*, 2, 3, 4, 2-4 Garofalo), signs which indicate dryness but also potentially a damaged awareness of bodily functions. A lack of awareness of natural functions such as excretion (3, 5, 14, 19-16, 7 Garofalo) and swallowing (3, 6, 16, 8-13 Garofalo) are also noted. Along similar lines, at *Comm. Hipp. Epid. III* 3, 45³⁶ Galen comments on a mention of a lack of thirst in the Hippocratic text, writing that «the talk is about phrenitics, for [Hippocrates] says that they have become thirstless not so much because of having excessive moisture at the mouth of the stomach, but because of being unaware of what happens to them, and because the oreic power at the mouth of the stomach has perished in them».

As a disease that is invisible from the outside, and whose localisation in the body escapes notice³⁷, it is easy to see how *phrenitis* could lend material to allegories about awareness of one’s sins:

³⁴ Cf. Augustine on this superstitious belief (*gen. ad litt.* 12, 17); THUMIGER 2023, 184, 286.

³⁵ See THUMIGER 2023, 224-286 on *phrenitis* in the Byzantine and medieval periods.

³⁶ 138, 9-12 Wenkebach = 17A, 698 K.

³⁷ Cf. e.g. *Comm. Hipp. Progn.* 1, 23 (237-238 Diels = 18B, 73-75 K.).

But now, just as those who suffer from *phrenitis* or are alienated in their mind do not realise if they are wounded, because they lack their natural senses, so too we, either made mindless by worldly desires or inebriated by vices, cannot feel how many wounds, how much grief of the soul we inflict upon ourselves by sinning (Caesarius of Arles, 5th-6th century CE)³⁸.

This lack of awareness makes people follow the wrong leads, hence the warning «Do not wish to see [...] Christ with your senses, so that you do not ultimately become phrenitic (ἵνα μὴ τέλειον φρενιτικὸς γένη), embracing the wolf instead of the shepherd and kneeling down in front of the evil demons!»³⁹. The topic of being ignorant of oneself, ἑαυτὸν ἀγνοεῖν, a traditional Greek eudaimonistic principle, receives new moral and pathological positioning. Basil (330-379 CE) castigates the sinner because «he does not realise this (οὐκ αἰσθάνεται), since he is similar to drunks or phrenitics, who although they endure the worst sufferings, think they are removed from them»⁴⁰. Such lost individuals cannot even feel their own wounds, be they moral or physical: just as those who suffer from *phrenitis* or are alienated in their mind do not realise if they are wounded, because they lack their natural senses (*non sentiunt si vulnerentur, quia naturalibus sensibus carent*), so too we, made mindless by the desires of the world or inebriated with vice, cannot feel⁴¹.

5. Intellectual and moral self-knowledge

The eyes are also a symbol of appraisal of the world, reality, and the truth. This is a common metaphor in most cultures, especially in the Greek (and Roman) world: vision and the eyes signify understanding, knowledge, even intellect, in philosophical and medical discussions from Plato, who clearly states in the *Phaedrus* that vision has a special status vis-a-vis reception of the beautiful⁴², to the commonplace metaphor of ‘seeing’ for understanding⁴³. In Christian theological debates, such references are naturally part of the heated invectives of heretical rivalries, portraying the folly of humanity as it ‘fails to see’ its own good within God’s plan. But the paradigm of *phrenitis* as affecting the perception of reality has non-religious origins in the context of epistemology. Sextus Empiricus, in his *Outline of Pyrrhonism*, treats the phrenitic as a clear-cut example of misperception: «Those suffering from *phrenitis* and those in a state of ecstasy believe they hear daemons, while we do not, and they often claim to smell storax,

³⁸ This lack of awareness on the part of phrenitics (as well as patients suffering from *melancholia* or παρακοπή) is already noted in Plut. *Quis suus* 81; cf. AHONEN 2014, 205.

³⁹ Evagrius (6th-7th century CE), *De oratione (sub nomine Nili Ancyran)*, 79, 1192, 37 MPG.

⁴⁰ *Constitutiones asceticae* 31, 1344, 34 MPG.

⁴¹ Caesarius of Arles (5th-6th century CE), *serm.* 108, 3, 35.

⁴² 251a-c.

⁴³ See THUMIGER 2013 on the visual and the extensive use of the image in tragedy but also in medical texts (THUMIGER 2017, 79-86 on madness and the eyes).

or incense, or some other scent, and perceive many other things as well, while we do not»⁴⁴. It is along these lines that Basil, from a Christian perspective, describes heretics who do not grasp the theological monogenetic mystery as suffering «something akin to those who are in the ecstatic state of *phrenitis* and see, in their fantasies, objects that are not there (τοῖς ἐν ἐκστάσει φρενιτικῇ ὄραν φανταζομένοις τὰ μὴ παρόντα)»⁴⁵. In fact, «a person stricken by wine (οἶνοπλήκτων) or deranged by *phrenitis* (ἐκ φρενίτιδος παραφόρων)» falls victim to false images by following those who say «He who does not honour the Son fails to honour the Father»⁴⁶, and so on and so forth.

6. The posture: 'turning away'

Finally, the face and eyes are the most evident symbol of one's appraisal of others and willingness and ability to engage with them. *Phrenitis* as a metaphorical pathology marked by a lack of awareness and misjudgement plagues man's relationship with god as saviour in particular, and Jesus is represented as a metaphorical 'doctor', of whom healing saints are image and emissaries. Failing 'to see', to open their eyes, phrenitics as they are typified in hagiographic narratives or sermons turn against their benefactor/doctor, being sick in the deepest sense: «Deaf, blind, crippled, dull people, who did not acknowledge their doctor and wanted to kill him, lost in their mind as if through *phrenesis*»⁴⁷.

Let us return to our depiction of Patient 5, who has turned away from the viewer. In this icon, it is not only a matter of the eyes being shut, but also of the expressiveness of his body overall, his posture, and his proxemics, so to speak – the embodiment of one's availability to open a channel of communication with those present, expressed by the relative position of one's limbs and the expression of one's appearances as a whole. The patient's face remains impassive and avoids the saint's gaze. He is sorrowfully embracing the reliquary box, or tensely napping on it. His body is isolated from communication with his visitors and from his family or the company around him. He seems indifferent, possibly antagonistic⁴⁸.

In Christian sources, *phrenitis* again and again offers texture and nuance to the topos of the sinner as a recalcitrant patient, perfectly incarnating the quintessential state in which the sick person refuses to be cured, as Theodoret (4th-5th century CE) writes: «If one of those who knows how to cure these conditions wants to offer a medicine for this disease, they immediately leap away, just as those taken by *phrenitis* (οἱ φρενίτιδι κατεχόμενοι) push away the cure offered to them and flee medical treatment (τὴν ἰατρούαν) as if it were a form of

⁴⁴ 1, 102-103. See on this passage AHONEN 2014, 183.

⁴⁵ *Adversus Eunomium* 29, 604, 24-27.

⁴⁶ *De spiritu sancto* 6, 15, 45, repeated in the *Catena in epistulam ad Hebraeos (catena Nicetae)*.

⁴⁷ *In Iohannis euangelium tractatus* 278, 17, 15.

⁴⁸ The detailed analysis by CHATTERJEE 2014, 84 acknowledges this impression: in the specific scene the presence of the saint appears to be 'gratuitous' (see n. 23 above).

sickness (ὡς ἀρρωστίαν)⁴⁹; «just as those who suffer from the disease *phrenitis* and shake off the therapy they are offered and refuse medicine as a kind of weakness»⁵⁰; and so forth.

The Jews are cast as paradigm for such ungrateful patients: «For his land was Judea, and it all perished when they crucified their lord through ignorance, phrenitics, furious against the doctor, refusing salvation/health in their madness (*phrenetici saevientes in medicum, et salutem insania repellentes*)»⁵¹. More pictorially vivid still, the phrenitic ‘patient’ breaks vials and wastes fragrant ointments: «[Jesus] found the men to whom he had been sent, which is the Jews, to be phrenitics, and they broke the alabaster vial of the ointment that was to heal them, by whose scent people are saved (*alabastrum unguenti sue sanationis frugerunt ex cuius odore gentes sanatae sunt*)»⁵². Phrenitics behave like feral beasts to the doctor⁵³, while the *mundus*, the world itself, acts like a mad patient: «He came like a doctor, and was torn to pieces by this world as if by a phrenitic (*ipse enim veniens sicut medicus a mundo velut frenetico dilaceratus est*)»⁵⁴.

Dependence or affiliation via professional care is a trope used to convey the authority and benevolence of Christ (of whom the saint, as in the Sinai image, is the representation and instrument). At the same time, communication or a lack thereof between source and receiver of care is a key deontological issue. Free will, consent, and agreement, if not in so many (modern) words, are at stake whenever conflicts between doctor and patient are thematised, no matter how hyperbolically. The 11th-century Byzantine author Michael Psellus allows for obligatory therapies if necessary, going as far as proposing an authoritarian approach to mentally disturbed patients and the spiritually ill in general: «then it was right (δίκαιον), as with phrenitics, to cure these too this way against their will (ἄκοντας)»⁵⁵. The phrenitic remains in the tradition almost by definition refractory to help and appropriate care. For Bernard of Siena (14th-15th century CE), the phrenitic is an individual who naturally resists control: «The person with scabies hates the razor, the thief light, the child his teacher, the phrenitic any constriction, the adulterous woman her husband, and the obstinate sinner the light of correction (*Scabiosus rasorem odit, fur lucem, puer magistrum, freneticus ligamentum, adultera maritum et obstinatus peccator lucem correctionis*)»⁵⁶.

⁴⁹ Theodoret, *Curatio Graecarum Affectionum* 1, 4, 4-5, 1. See PAPADOGIANNAKIS 2012 on Theodoret’s *Therapeutic for Hellenic Maladies* (chapter 1).

⁵⁰ *Curatio Graecarum Affectionum* 1, 4, 6.

⁵¹ August. in *psalm.* 96, 2, 27.

⁵² William of Auvergne (12th-13th century CE), *Sermones de communi sanctorum et de occasionibus* 87, 301, 5; cf. *Sermones de tempore* 47, 184, 26.

⁵³ William of Auvergne, *Epistularium* 54, 75: «Not only do they not allow any help to be brought to them, but even attacking their healer with insults, they repel [the doctor] like kicking, feral beasts?».

⁵⁴ William of Auvergne, *Sermones de tempore* 13, 40, 3.

⁵⁵ See also, commenting on Augustine, Alexander of Hales (12th-13th century CE), *Summa theologica* 3, 680, 1, 30 and 3, 681, 2, 8, on coercing phrenitics and lethargics into a ‘loving care’, and elsewhere on the phrenitic rushing towards a precipice (Alexander de Hales *et al.*, *Glossa in quatuor libros Sententiarum: glossa in librum secundum* 44, 5, 420, 9).

⁵⁶ Bernard of Siena, *Sermones de diuresis* 8, 7, 451, 12.

7. *Patients, saints, healers, artists*

In light of these medical, historical and hagiographic excursions, and returning to the Sinai temple beam, we pose again the question of the medical knowledge (or medical awareness) attributable to the artist, and of his social and intellectual context.

The accepted date for this work is, to repeat, the 12th century, and it is located in the Monastery at the foot of Mount Sinai in the south of the Sinai Peninsula, in modern Egypt. If we accept Ševčenko's hypothesis⁵⁷, the healing scenes belong geographically (and thus chronologically) to the context in which they were produced. The other possibility is that the material had been anachronistically actualised and adapted to the architecture, fashion, and overall styles of the artist's day, based on anecdotes retrieved from the previous, even centuries-earlier, hagiographic tradition. A firm choice between the two is impossible; perhaps posing the alternative itself does not do justice to the nature of the exemplary story, which aims to communicate a deeper, persistent truth of salvation beyond the concrete detail of localisation in this or that era or place – an archaeological concern which might have puzzled a 12th-century painter.

Let us then leave aside the philology or historical veracity of the iconography, about which I lack expertise, although Ševčenko and Chatterjee offer extensive outlines and hypotheses. I focus instead on the artist's medical imagination, his acquaintance with learned medicine or medical commonplaces, and the enacted pathological experiences familiar to him as he shaped his visual depiction of patients in need of care. Health experiences such as the ones sketched out in this study, the eyes and sleep of the phrenitic and the potential for rejection, isolation, or hostility in cases of acute mental suffering, are inherent in embodied human experience, no matter how localised culturally, and not need have been learned from books. On the other hand, medical conceptualisations do have a history, which I have sought to sample through medical texts; contextualising the access to such sources at the time the piece was executed is not unimportant.

In the Byzantine era, as Bouras-Vallianatos has illustrated with a focus on the 13th century, medicine was open to external influences and innovations, while robustly relying on a canon of ancient authors, from the Hippocratics to Galen, through the work of encyclopedists and commentators. But it also relied, especially in the later period that concerns us, on a proliferation of monographs and collections of recipes or *iatrosophia* destined for common use and often written in the vernacular, making them more widely accessible⁵⁸. The captions in our epistylon might thus well reflect this level of more widespread technicality vis-a-vis pathology and therapy. In addition, the religious setting and purpose make the influence of edifying allegories about *phrenitis* as a sinners' disease even more plausible.

⁵⁷ ŠEVČENKO 2012, 278.

⁵⁸ BOURAS-VALLIANATOS 2020, *Introduction*, especially 7-9 on the middle and late Byzantine periods.

The taste and conventions of the architectural elements in the plates, as well as the garments and accessories that accompany the patients and other figures, suggest elevated social status and proximity to an urban centre⁵⁹. It is fair to imagine that both clientele and painter belonged to a milieu where medical knowledge had penetrated enough – the technical terms are also evidence for this – to justify an attempt at competent realism on the artist's part. He and his audiences not only knew what a phrenitic was, but were in a position to appreciate his pathological traits and symptoms and the specifics of his relationship to the saint and to healing or spiritual authority generally.

8. *Eyes wide shut*

The way people experience themselves as patients, relate to therapy and attempts to care for them on the part of others, and receive figures of authority, are recognised as fundamental features of medical practice and keys to clinical success. As topics in the history of medicine, they are one of the few remaining areas in which an evident familiarity between our technological, microbiological medical present and the premodern past can be detected. The patient today facing advice or intervention 'from above' in a time of physical weakness and danger experiences the same feelings of fear, hope, and revulsion, and the same threats of dependence and passivity, as one or two thousand years ago. In this way, we can look at Patient 5 not only as testimony to hagiographic narratives and iconographic conventions, and as a portrait of pathology lived and learned, but also as the other vertex of the triangle, the ill and their attitude towards practices of health. These are represented in the series in diverse styles, from engaged intensity (plate 1, the main patient; plate 2; plate 4; plate 9), to pious collaboration (plate 10), to submission (plate 3), to active response (plate 11, plate 12), to indifference and rejection (plate 5).

This late Byzantine painter and his perception of a patient's experience are thus already loaded with a set of preoccupations as far as medical intervention is concerned. Perhaps this corresponds to a specific interest on the artist's part: the choice of a prominently if not exclusively mental affection such as *phrenitis* is also meaningful. Likewise, it is significant that, while frescoes with hagiographic healing scenes usually favour visible illnesses, in the Sinai epistylon the diseases are all internal and invisible on the body, although the behaviour of the maniac (plate 3), and the posture and seating arrangement of the paralytic and mute (plate 11) and of the tetanus patient (plate 12) are touches towards bodily pathological realism⁶⁰. The sufferers are the vivid protagonists in the vignettes, while the persona and action of Eustratius, whose figure is replicated unchanged

⁵⁹ ŠEVČENKO 2012, 277.

⁶⁰ ŠEVČENKO 2015, 29.

throughout the series, embodies firm intensity and consistency of attitude and power⁶¹.

Alienation from health care providers, discomfort with medical authority, diffidence before medical data: it is easy to direct the blame for these, in our contemporary world shaped by quantitative health care systems, towards biopolitical forms of power, i.e. capital- and state-control over medical practices, education, and care, all of which are products of the industrial era⁶². But the modes of this suspicion and distrust have earlier roots and echo premodern hierarchies and power asymmetries. The phrenitic's convulsive grip on the reliquary box, his indifference or rejection of his saintly healer, his despondent closed eyes, and his isolation are part of an undercurrent in the history of medicine – indeed, in any history of knowledge and intervention on man, as early as Oedipus or Pentheus' insults against Tiresias, Agamemnon's vituperation of Calchas, Aristophanes' jokes against politicians and sophists, the Hippocratic doctor's (sober) caution regarding the expectations of patients and families, and the Roman topos of the doctor as murderer. This archetype of power unbalance is at home in iatric relations in general, but is particularly conspicuous in the care of the phrenitic, whose inflamed mind leads to questions first and foremost about one's awareness, judgement, and ability to seek improvement.

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⁶¹ CHATTERJEE 2014, 82 comments on this feature, the fact that the «Eustratios maintains a similar posture and position» throughout the scenes, as serving «to emphasize the repeated invocation of the sacred name [...] not as a comforting reiteration of the saint's powers but as a cipher».

⁶² Not a topic that can be expanded on here, but see ILLICH 1975 for the seminal, still valid critique.

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