

**Anthology
of Spanish
Psychiatric Texts**

*Edited by Juan José López Ibor,
Carlos Carbonell, Jean Garrabé*

Translated by Dennis Jones and John Crisp

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Edited by François-Régis Cousin, Jean Garrabé, Denis Morozov

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Series Director: Driss Moussaoui

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PREFACE

Psychiatry is probably the oldest medical specialty. Even before Hippocratic medicine, it developed steadily in various parts of the world, especially in the Mediterranean and in Europe. The 19th and the beginning of the 20th centuries represented a remarkably creative period in this respect: clinical descriptions, classifications, psychodynamic approach and other psychotherapies were progressively refined. This led in the second half of the 20th century to a better knowledge, paving the way to the psychopharmacologic era and to the subsequent institutional revolution. However, the various traditions continued with their national specificities until the sixties and became a major problem in scientific collaboration and communication. The necessity of adopting a common language became urgent. This facilitated the standardization of the scientific approach of psychiatry and mental health, but it led also, to a certain extent, to the impoverishment of our field, because of the historical amnesia that affected large areas of psychiatry.

Psychiatry is also the most complex medical specialty. This is not only due to the fact that it is related to the most complex organ we know in the universe, namely the brain, but also to the essential relationship between environment and psychic activity. Culture in this respect plays a crucial role in the understanding and treatment of mental disorders. This also explains the emergence of strong national traditions in psychiatry, especially during the 19th and the beginning of the 20th centuries. The German and the French schools are well-known, but many others existed in the United Kingdom, Italy, Japan, Russia and elsewhere in the world.

The current situation of psychiatric knowledge is strongly influenced by some of these traditions, but others are neglected which

could be at least as useful to our specialty. This is why the World Psychiatric Association decided to launch a series of anthologies of classic psychiatric texts translated from their original language into English, the most widely used scientific language in the world. A first book was published in 1999, encompassing major French classical texts (F.-R. Cousin, J. Garrabé, D. Morozov), and this is the second volume of the series, with the Spanish speaking tradition. At present, other anthologies are in preparation: German, Italian and Japanese. An electronic form of all these books will also be available in the future.

The interest of such work is not only historical. It is not merely a homage to our predecessors in various national schools of thought, although the duty of memory is an important one. By making these traditions available to all psychiatrists of the world, it is hoped that these texts will represent a source of inspiration, leading to new hypotheses, new ideas of research, and hence to new ways of helping patients and their families.

The World Psychiatric Association thanks very much Sanofi-Synthélabo for its support in this important endeavor, and looks forward to a continuing collaboration for the coming anthologies.

Driss Moussaoui
Series Director, Psychiatric Anthologies

PRESENTATION

THE HISTORY OF SPANISH PSYCHIATRY

The history of Spanish psychiatry is characterised, as any other aspect of Spanish history, by the constant intertwining of bounds and cultures on the Iberian peninsula and on the parts of the world where Spain was present sometime or another, namely along the Mediterranean coasts and in America and the Philippines. Little by little this intertwining gave way to the formation of a common link: that which we call Spanish.

The cross-fertilization also allowed in some moments a productive exchange translated into an exceptionally humanitarian attitude towards those who are different, among others those who suffer from mental illnesses. In times past, it has been the cause of intolerance and exclusion.

Ancient Times

The first medicine in general, and psychiatry in particular, that was practised in the Iberian peninsula and that had a scientific character, was the Greco-Roman medical knowledge, based on humoral pathology and treatment methods coming from the late Alexandrine schools. Aside from hysteria and epilepsy, great importance was given to the study of melancholia and its varied metamorphoses. The illness was studied as a unity, without splitting it up symptomatologically.

The most important author born in Spain was Lucius Annaeus Seneca, although he spent all his life in Rome. His books contain

some ideas that can be referred to as psychiatry (e.g. untempered anger causes madness, the use of the hellebore).

Lucius Vivius also achieved great fame by taking care of many of the so-called furious. An inscription of his is still preserved in the El Salvador church in Seville.

During the Roman period, the use of the words *furiosus* or *amens* indicate the predominance of the legal point of view. Later on the expressions *lunatic* and *possessed* became more common and still later, the word *innocents*¹. The change of words reflect a change in attitude, as those innocents are considered to be without legal responsibility and as being in need of a special protection and shelter.

During this period, importance was given to the cure through waters (Alange, Lora del Río and many other spas).

In Seville, Saint Cosmas and Saint Damian distinguished themselves by their care for mental patients. They were tortured following orders by Diocletian and Maximian in 303, but the devotion to them persisted, and promoted, centuries afterwards, the spirit that the innocent and mentally ill needed care and protection. There are still in Spain the so-called brotherhoods of Saint Cosmas and Saint Damian, mainly made up by physicians with a sense for religiousness and dedicated in a special way to the care of ill persons.

Saint Isidore from Seville (570-636) in his book *Etymologiae* (year 600) considered that medicine was closely interweaved with philosophy, in which *moderatio* ("moderation"), *tristitia* ("sadness") and *restauratio* ("restore") were inseparable—in other words, prophylaxis, diagnosis and treatment, in their close union, made up the structure of the medical practice.

The Middle Ages

The long period between the Arab invasion (711) and the reconquest of the kingdom of Granada (1492) was crucial for the formation of Spain. First because the Castilian or Spanish lan-

1. Literally, those who cannot harm others (from *in*, "no", and *nocere*, "to harm").

guage was born, came to be accepted and expanded, and as Américo Castro stresses, the Spanish language became the language of the Spanish Empire. Second and even more important was the coexistence of three religions: Christians, Jewish and Muslims on the same land is a fact of great historical importance. Herein lies the real intertwining, the one that formed the characteristics of the Spanish people, according to Sánchez Albornoz. Third, the Spanish identity appeared together with its character and sense of a nation, before the rest of European countries. Fourth, at the end of this period came the expansion through the Mediterranean sea, America and the Philippines (an empire where the sun did not set).

After the fall of the Roman Empire a series of invasions of Germanic people in the south of Europe took place. Among them was the one of the Vandals who settled the south of Spain (Andalusia is Vandal-Lucia, "land of vandals") and the north of Africa. Later on, these territories were invaded during the expansion of the Islam: in 711 Tarik-Ibn-Ziyad crossed the strait that bears his name Gib-al-Tarik (literally, mount of Tarik), defeating the last army of the German empire in the Iberian peninsula, the Visigothic, arriving until Poitiers, where in 732 Charles Martel set a limit to this expansion. Until 1492, date of the fall of the kingdom of Granada, the last Muslim kingdom in the Iberian peninsula, invasions of Almoravids, Almohads and Hashemites took place. It has to be stressed that generally these migrations and invasions were small sized, merely a few tens of thousands of persons in the whole period ranging from 711 to 1492, and that the mixture of the autochthonous population was constant. The degree of acceptance of people from other cultures and religions was different at different moments and many times Christian Mozarabs ("would-be Arabs") came to good agreement in Muslim territories, the same as Mudejares ("those permitted to remain"), Moorish in Christian territory.

Psychiatry in Al-Andalus

For the Arabs, Al-Andalus was a province of a vast empire. Since the Spanish Reconquest started in the north, the great division in Spain was established between the Muslim Al-Andalus and the more northern Christian lands. The distance between the Greco-

Roman and the Arab cultures are summarized in a commentary by Watt and Cachia:

“There exists a difference between the Parthenon, the palace of Charles V and the Alhambra (in Granada). When we admire the Parthenon we do it from outside, while the Alhambra can only be seen from the inside. It has been suggested that the slender pillars of the Alhambra, with its intricate and solid superstructure, express the arrival to the world from the Heavenly Kingdom, of something with an eternal value and significance, while the other buildings express the attempt of man to reach heaven.”

The expansion of the Arab empire was due to the interest in conquering, closely linked to an interest in science. Al-Bermin said around the year 1000 that the science and knowledge of the whole world had been translated into Arabic, in order that the new heart, driven by so many living streams, could start and keep alive the new and large formed organism. The Greco-Latin inheritance was extended not only to Western Christianity, but also to China, India, the Far East, Byzantium and Africa, in addition to the whole area that already comprised Islam. The Arabic language stood between the Hellenic culture and the new Western Christianity and produced a greater cultural spreading than the one generated by its conquests.

The challenge was not only to translate classical works into Arabic, but also to incorporate Greek philosophy of a pantheistic root to a monotheistic Islamic culture and afterwards to the two other monotheistic religions without violating it. It is without doubt one of the most important intellectual developments of humanity. This achievement was carried out in Córdoba, especially during the caliphate of Abd ar-Rahman III an-Nasir (912-961) and in the School of Translators of Toledo founded by Alphonse X the Sage (1252-1284).

Physicians played an important role in this task, for they traveled often and carried with them knowledge and perspectives, which were essential for psychiatric and psychological illnesses. The contributions of Avicenna and Abu Nasr (Al-Farabi, Alfarabiur or Avennasar) to ontology are precursors to contemporary philosophers such as Heidegger. Ibn Hazm (994-1063) tried to fuse faith and reason, and in order to do so, distinguished in creatures their essence from their existence, while stating that in God they are one and the same thing.

Arabic poetry is a good example. On the one hand it incorporates refrains in the Mozarabic language (the first written Spanish known). On the other hand, it creates genres that are the root of later developments. For instance, Ibn Quzman had a great influence on Dante's *Divine Comedy*; *The Ring of the Dove* by Ibn Hazm, one of the most beautiful love books of universal literature, presents for the first time women as an object of loving adoration, like the provençal poets did later; and the human and divine love themes influenced poets like Llull, the Archpriest of Hita and Spanish mystic literature.

The end of this star period of Al-Andalus and of the adjacent Christian Spain has been greatly misunderstood. From an intellectual point of view, it seems that the more rigid and fundamentalist attitudes of certain scholars and theologians paved the way to important changes. In 1492 the last Muslim kingdom in Granada fell apart, the Jews were expelled from Spain and America was discovered. New challenges were born that culminated in the integration of the Habsburg empire and with the conquest and colonisation of America.

Islam brought along a tradition of caring for the mentally ill and of medicine linked to philosophy. The Arabic doctor was a *hakim*, or "doctor-philosopher". The authors that contributed more to psychiatric and psychological ideation were:

—Solomon Ben Yehuda or Ibn-Gobirol (Avicbron, 1021-1071), who systematised Aristotelian knowledge of the soul: the vegetative soul produces the movements necessary for reproduction and growing, the vital soul for sensations and movement, while the rational soul is in charge of thought.

—Avicenna, or Ibn-Sinah (978-1036), whose complete name was Ibn Ali Ibn Abdullah Ibn Sinah, incorporated Aristotelian teachings, although with some small variants in his doctrine. He distinguished four different states in order to achieve the purest vision. In the *intellectus adquisitus*, the being is endowed with a body and a soul, that is to say, the human genre. The human soul differentiates a spiritual power from a sensorial one. In his treatise *De anima*, he admits the transition of the human spirit from a potential intelligence to an acting one. In the mind of a human being, besides a superhuman intelligence, there is intelligent reason. In melancholia, the brain is affected *per consensum*, and the original cause may be in the stomach, in the liver,

in the spleen or in the uterus. In one case he talked of erotic melancholia:

“Once he was called to the land of Georgia to visit the nephew of its king. Avicenna called the Chancellor of the Palace and made him name all the persons living in the palace while he took the pulse of the patient. While saying the name of one of the persons, the pulse accelerated, from which Avicenna deduced that it was the person the patient was in love with, assuring his cure if the named person that inspired this love was given to the patient.”

Avicenna shared with Aristotle the idea of a potential intelligence becoming actual, on the one hand, by way of experience and of acquiring knowledge; and on the other hand, by what God placed directly in it. Avicenna knew that the cerebral ventricles were twins and distinguished the main functions ascribed to each of them; however, while Galen and others assigned the physiological and pathological functions to the cerebral mass occupied by the *neuma*, Avicenna and the Arabs in general thought that the functions of the brain unfolded in the same ventricular area.

—Abulcasis (936-1013) felt a strong bent for surgery. He said, “When melancholia is produced by corrupt humidities and a thick pituitary, cauterisation is needed.”

—Ibn-Bajjah (Avempace), who died in 1163, thought, against the prevailing neoplatonism, that as well as the animals have instincts, man also and therefore the strength of powers came from underneath until reaching the intellectual power, which is like an emanation from God.

—Muhamad Ibn Rusá or Averröes (1126-1198) was known more as a philosopher than as a physician. He was completely influenced by Aristotelian ideas. However, he did not conceive the *nous* in the Aristotelian way, since, following Alexander from Aphrodisius, he declared that the potential *nous* was individual; moreover, he declared that the potential *nous* is not only an ability whose need is demonstrated by its activity, but at the same time it is active and has a potential of its own; but this *nous* could not be individual, as said before, since it is linked to the active *nous* in which all human beings participate. Each one of the human beings has only the ability to take some of the active particles from this existential *nous*, the same way as all human beings hold the ability to see the light. After death, the *nous* continues to exist but not individually, it continues to exist like something

common to all human beings and this is the *nous* that all human beings hold like an emanation from God. In other words, in each individual soul there is a particle of the immortal spirit, since that is where it originated. However, there are some differences from one to another, according to a greater or lesser participation.

Judaic contributions

Moses Maimonides lived in Córdoba (1129-1205). The most interesting thing about him from a psychological and psychopathological point of view is his treatise *The Guide of the Perplexed*, a book that still deserves to be read today. According to Fidel Fernández his knowledge on psychiatry was quite considerable for the time. He wrote, "Someone who runs through the streets, throws stones or breaks household equipment is not to be considered insane, but neither should one who has his or her conscience clouded by a fixed idea, being normal for what has no relation with that idea," thus formulating the idea of monomania. Due to his Jewish origin he had to lead, despite his great worth, a wandering existence.

The most important work coming from a Jewish scholar was a book written by Suhar. According to this author God manifests himself in his word and in his activity insofar as he was the Creator of Adam Kadmon (Cadmó according to Greek mythology). This original man is composed of ten powers from which derive, on the one side, the psychological or animic faculties, and on the other side, the virtues. The spiritual and immortal soul of man (*Neshama*) is a part of the spiritual world. The soul that holds life (*Ruach*) belongs to the psychic world and breathing (*Npbesch*) belongs to the third material world. Suhar was influenced by Plotino and Platon.

In the writings of Avicbron, that which is not from God has matter and form and therefore that is what happens in the soul, fusing the Aristotelian and the Neoplatonic doctrines with Jewish thought.

Christian Spain

Las siete partidas (*The Seven Laws*) from Alphonse X the Sage are to be underlined from a medico-legal perspective. This work depicts the Roman tradition, infused with Christian humanitarianism. A madman is considered as a *sicut infantes*, as if being a child, not responsible for his or her acts. The distinction between *obsessio* and *possessio* also comes from this period of time.

Pedro Hispano (1226-1277) was Galenic as a physician, and as a philosopher he followed the Aristotelian tradition. He was very interested in astrology. His main book is entitled *Tratado de anima* (*Treatise of Soul*).

Arnaldo de Vilanova's personality (1250-1313) was extraordinary. Although he most probably was born in France, Diepgen is inclined to consider him as being Spanish taking into account his place of activity and the fact that he descended from Valence (Peset, Ullersperger). He recalls Paracelso because of his varied inclinations and knowledge. His *Práctica médica* (*Medical Practice*) deals with mania and melancholia, ascribing the first one to a defect in the anterior cells of the head which deprives at the same time the imagination, while melancholy is ascribed to the animal spirit, which causes fear, sadness and mutism. Among the foods that cause melancholia is wine because when burning the humours it produces a black bile. Internal causes like rage, restlessness caused by excessive studying, retention of menstrual fluids or corrupted sperm, also influence. It is worth mentioning his small treatise on the interpretation of dreams. He was condemned by the Inquisition because he tried to merge Hippocratic principles with the veneration of demons.

Ramón Llull was born in Majorca in 1232 and died in 1272. He was a Franciscan and a man with an unusual reputation for the time. Although he was not a physician he was also engaged with medicine. According to his diagram, the combinations between the different activities of the soul can produce different normal or psychopathological characters. The normal activity of the soul demands, or supposes, the normal activity of all main faculties, which are memory, understanding and will; but if their functioning is not correct, the soul suffers a change in its activities, for example, a forgetful memory, an ignorant intelligence and a will

directed towards hate more than towards love. He wrote a book entitled *Liber de instrumentu intellectus in medicina*.

The first psychiatric hospitals

It is sometimes argued, without reason, that the first psychiatric hospital in the world was the one in Valence, founded by Brother Gilaberto Jofre. It is true that mental patients were admitted into isolated rooms of hospitals, and were also admitted with other patients who were not mentally ill, even though the practice was disruptive. In 1326 in the Georges Hospital in Elbing, that belonged to the dominion of the Teutonic Knights, some cells were built in what was called the Doll-haus. Similar cells are mentioned in documents of the Local Hospital of Hamburg in 1375. They were also to be found in Erfurt, in the big hospital reconstructed in 1385. In 1403 in the London Saint Mary of Bethlem Hospital six *mentecapti* men, that is to say, men deprived of reasoning, were staying. This happened also in the Hôtel-Dieu in Paris, in the Holy Trinity Hospital of Salisbury, in Mamberg, in Passau, in Regensburg and in other places. There are hints that in 1068 Rodrigo Díaz de Vivar, a Spanish knight and hero called El Cid, founded an institution destined for insane persons called San Lazaro.

It has been said that Father Jofre, who belonged to the *Orden de la Merced* (Order of the Mercy), engaged in the exchange of prisoners and slaves from Arab countries and knew about the existence of institutions of this kind in the Muslim world, but an in-depth study of what they were proves that they had the same character as, later on, the general institutions in France and in other places in Europe. In Granada under the Muslim domination there was a *maristan*, a building for the imprisonment of asocial people, for which it has been possible to reconstruct the plans. According to data collected by Delgado Roig, at the time of Mohamed V in Granada the building of a hospital was initiated in 1356 and was completed in 1367. It was located in a quarter known as *Haxasir* ("Pleasure"), and was always referred to as the house of the mad and the innocent. The architect Lamperez's description says that it was made up of a two-floor rectangular plan and its façade contained a small doorway with porticos

spaced out on all four sides each one of them with its space in between. Behind there was a courtyard with four staircases and four halls in each one of the corners. The porticos and the galleries served as walkways for the convalescent patients and in the space in between them were probably located the infirmaries. The water came out from the mouth of two lions which are now installed in front of the *Torre de las Damas* (Tower of the Ladies), in the Alhambra. In one of the halls a series of partitions divided the space into small cells, very similar to the ones built by Bar-el Moristan of Baghdad in the 13th century.

However, a hospital dedicated exclusively to the care of mental patients, separated from hospitals for the rest of patients, did not exist before the one in Valence. This is one of the most important events in the history of Spanish psychiatry. The founding of the first mental hospital in Valencia in 1409 took place in the following way: on the 24th of February of that year, Brother Juan Gilaberto Jofre, monk of the Order of the Mercy, was en route to give a sermon in the Cathedral of Valencia, on the day of *Nuestra Señora de los Desamparados* (Our Lady of the Defenseless), when he came across a crowd of kids who were throwing stones and insulting a madman. He shortened the sermon he had prepared for the festivity of that day and turned it into an appeal to found a hospital, in which all kinds of mental patients could be admitted. His words as recorded in the *Old Book of Constitution, By-Laws and Apostolic Reprieve Pronounced in Favour of the General Hospital of Valencia* (*Libro Viejo de las Constituciones, Ordenanzas e Indultos Apostólicos concedidos a favor del Hospital General de Valencia*) were:

“There are in this city many pious and charitable deeds of great benefit for the poor; but one of great importance is lacking: that is to say, a hospital or residence where the poor innocent and disturbed can be taken in. Many poor innocents wander around this city suffering from many needs; for this reason and because of their state they do not know how to earn money or ask for what they need to survive; they sleep on the streets and perish from hunger and cold and some wicked persons mistreat, offend and hurt them. Some of them even get killed and, if they happen to be innocent women, are sometimes abused. For this reason it would be worthy of blessing and very good if in Valencia a room or a hospital could be arranged in which these innocent, mad people could

find a place in order not to wander around the city causing and receiving harm.”

When he finished his sermon and came down from the pulpit in the Cathedral, several citizens¹ who had been listening, chaired by Lorenzo Salom, decided on-site to contribute with the needed economic means to found a hospital called *Santa María de los Inocentes* (Saint Mary of the Innocents). *Inocente* means innocent, thus referring to those people who, although they have lost their ability to reason, can do no voluntary harm to others. King Martín I of Aragon gave his permission to its functioning and the consequent titles, and Pope Benedictus XVII granted the relevant apostolic letter on 26 February of the next year. The institution was inaugurated on 1 June 1410.

The main feature of Father Jofre's initiative relies precisely in the fact of having seen a mental patient being hounded and prosecuted by the sane in the streets nearby the Cathedral of Valencia. The goal was to assist and try to cure them. The example spread and in 1425 Alphonse V founded in Saragossa the hospital called *Virgen de Gracia*, with an inscription on its facade that said *Urbi et orbe*, since any kind of patients could be admitted into this hospital, without making any distinction in terms of religion or citizenship. In one of the pavilions of this hospital there was a department dedicated to mental patients that burned down and was rebuilt in 1829. This hospital achieved great fame since the first moment of its founding because of the introduction of the so-called moral treatment of mental patients. In 1549 around hundred mental patients were admitted into this hospital. The patients were in charge of cleaning the house, with the exception of the patients' wards, as well as carrying the water, coal and wood. They were also employed in the infirmary and worked in the fields, and carried other patients and wounded persons when needed in stretchers under the inspection of one of the guardians they called "father". In 1859 Desmaisson also underlined the organisation of this hospital and the one from Toledo, that seemed perfect to him at that time.

In 1436 in Seville, Marco Sancho or Sánchez founded the third

1. Their names were Bernardo Andreu, Juan Armenger, Francisco Barceló, Pedro de Bonia, Sancho Calvo, Jaime Dominguez, Fernando García, Pedro Pedrera, Esteban Valenza and Pedro La Plama (Sempere).

mental hospital in Spain. It is said that he picked up all mad people he saw roaming about in the streets. Many ill people of the surrounding villages found shelter in this institution and some of them were sent to spas. In 1481 Henry IV took the institution under his protection, as did the Catholic Queen Isabel and King Ferdinand afterwards. Another one was built in Palma de Majorca in 1456, and then in Toledo in 1482 and in Valladolid in 1489.

Bernardino Alvarez, founder of the first mental hospital in the New Continent, was born in Utrera in 1517 and emigrated to Mexico at the age of twenty. With the militia he took part in several actions, but afterwards alternated these activities with skimming money from gambling houses, even though he had to fight for this with weapons. He was so violent that his men even came to proclaim him leader of this wicked mob. They were arrested, but Bernardino Alvarez took advantage of the dark of the night and escaped by jumping the walls of jail, along with three other less fortunate men who got captured and were condemned to the gallows; Bernardino, with better luck, found shelter in the house of a woman in a neighbourhood called Necaltitlan; she provided him with weapons, a horse and money to ease his flight. He then managed to reach Acapulco, where he embarked towards Peru. He abandoned the weapons, became a trader and amassed a huge fortune. After such an eventful life, and following the death of his father and when his mother told him about the misfortunes that afflicted the family, Bernardino regretted the depraved way of life he had led thus far and devoted his time to prayer, abstinence and fasting. He took refuge in the Marques del Valle Hospital to dedicate his efforts to taking care of and giving money to the sick people. There were so many that the hospitals of the Colonies could not take care of all of them. Back in Mexico he cared very much about mental patients—taking advantage of one of the houses of the conqueror Hernán Cortés, he conceived the idea of founding a new hospital for them. He asked for a license, received the permission for it and got to work. A short time afterwards the first hospital for mental patients was inaugurated in the New World (1567).

Later on Bernardino Alvarez decided to found another institution and in 1568 he inaugurated the Hospital of Oaxtepec, and afterwards the one in Xalapa in memory of the Viceroy bearing the same name. He founded other hospitals in Havana, Guatemala, Antequera, and elsewhere. Many persons collaborated with him,

to such an extent that he decided to establish a religious order called the Order of San Hipolito. Bernardino Alvarez died in Mexico on 12 August 1584.

Modern Ages

In 1492 it seemed that the new lights of the Renaissance would spread all over Europe. In the years between 1590 and 1630 it seemed that finally the great South of the Renaissance was going to take place. However, historical reality shows that in the period of Bacon, Montaigne and Descartes, irrationality flourished. The assemblies of witches grew in such a way that in Hendaye up to 12,000 people met in the witches Sabbath. Witches proliferated in Catholic and Protestant countries. During the Enlightenment there was a lot of superstition, but madness continued to exist as a *preternatural error* (i.e. with an abnormal intensity) in the minds of many people. The Church and the Inquisition wanted to finish with the existing confusion between the terms “possession by the evil” and “madness”, so frequent in the Middle Ages and in part of the Modern Ages that recently Trevor-Rope maintained that Spain was the country where the fewest witches were burned or punished, for the simple reason that they were considered ill (he was most surely acquainted with the fact that this distinction between *obsessio* and *possessio* was already referred to in *Las Siete Partidas* by Alphonse X the Sage). Kamen also expresses this same opinion, but in a more moderate way. The inquisitor Alonso de Frias finished with the persecution of witches during the second process of the Inquisition that took place in Spain on the grounds that they were ill.

During this period, admission into Spanish mental hospitals was only made when necessary, besides, as soon as patients recovered they achieved a certain freedom, as described in Cervantes' *Don Quixote* with the incident of a patient who believed to be cured and who was picked up by someone sent by the archbishop.

The most important authors and their contribution to psychiatric thinking are:

—Juan Luis Vives (1492-1540) was one of the most renowned humanists of the time. His psychological publications are very innovative, especially in terms of the association of ideas. His *Tratado del Alma* (*Treatise of the Soul*) is not only based on the

external closeness of time and space, but on the internal one as well, and he declares that the study of the human soul is essential for the teacher, the priest, the politician, etc. Furthermore, he adds that the physician moves between the body and the soul. His continuous reference to the somatic part in order to reach the psychological level afterwards comes from this point of view. The mind has to be sane and the one who has not a sane mind must be admitted into hospital to be cured. The disturbance of the imagination can produce mood disorders. His detailed analysis of passion has been thoroughly presented by Zylboorg, who has compared him with Freud.

—Andrés Laguna (1499-1560) was known as the Spanish Galenus. He was born in Segovia and was the doctor of the emperor Charles V. His most renowned work deals with the different options of the soul, based on ancient Greek theories and accepting Plato's distinction between the rational and the concupiscent soul, adding to this theory the natural or vegetative soul.

—Francisco Vallés or de Covarrubias (1524-1592) considered in his book *Sacra Philosophia* the existence of demonic illnesses and which require the same therapy as those not due to this demonic action. He reached the conclusion that they do not exist and that epilepsy and melancholia are produced by natural causes. As a consequence, it is very important to separate exorcisms, predictions and prophecies of the Bible from the predictions and the magic of the Romans and Arabs, and thus to separate what is theological from what is philosophical and from what is strictly medical. For him mental illnesses are amencia, dementia, mania, insane rage, melancholia, as well as other disorders that are not to be considered illnesses but vices, like lechery, irascibility and avarice. Melancholia does not occur without the appearance of the mood or melancholic play, extended in the brain if it is one's own influence, or in part, if it is consensus.

—Although not pertaining to psychiatry, but rather to psychology, one of the most famous writings of that period belongs to Juan Huarte de San Juan (1528-1588?). His book entitled *Examen de Ingenios para las Ciencias* (*The Exam of the Wits*) (Madrid, 1668) achieved great fame and has been translated into many languages. Following Plato and Aristotle he mentions that the different attitudes of man depend on three qualities: heat, humidity and dryness. He distinguishes between vegetative, sensitive and rational soul, but all three possess a kind of inborn wisdom that determines

the temperament of each of them. If in a certain moment man falls ill, it is because the temperament of the brain has changed and it may be reversed if healed. He quotes several clinical cases to prove this theory, for example, the one of a frenzied woman who told everybody their virtues and even more so their faults because "the heat is near the east of the soul." The climate and the cultural environment influence the spirit. When the level of culture rises, so does the level of mental illness. Huarte says that the climate influences the passions—*influidor de sutilezas* (with "influential subtleties"). In his work it is made clear for the first time that some differences of the character have a morbid origin. He also dealt in various publications with the education of children, of physiognomy—Pujasol followed this line—and of the motley mixture of racial influences that made up the Spanish temperament. Finally, he supposed that the brain was the seat of mental illnesses, centuries before Gall, Esquirol or Griesinger.

—Luis Mercado (1520-1606) was the chamber doctor of Philip I and Philip II. His work is divided into three parts. In the third one he deals with melancholia, taking up the ideas of the Greek thinkers. In the second one he deals with a series of disorders, like epilepsy, phrenitis, lethargy and melancholic hypochondria.

—It is to be pointed out that this Hellenic tradition of the origin of melancholia coexists with the one coming from the Muslim tradition; such was the case for Charles V's chamber doctor, Luys Lovera de Avila (1540), who based his work *Quiebra en el regimiento de la salud y en la esterilidad de los hombres y mujeres* (*Breakdown of the Basic Tenets of Health and Sterility in Men and Women*) completely on Avicenna. He assures that when the bleeding of a parturient is cut off, she falls into melancholia; he also cites as a cause of this illness the stopping of menstruation.

—It is probable that some noteworthy Arab or Jewish physician, who escaped from the prosecution in Alcaraz, initiated Lady Oliva Sabuco de Nante the study of philosophy and medicine. This woman wrote a colloquium on *La naturaleza del hombre* (*The Nature of Man*) (1587), although there are some persons who think that the author was her father. She studied the different emotions and sentimental conditions with a great knowledge of the heart and of human habits. She said that the sensation of all damages and *noxae* of the body arrive to the brain and not if itself, since it is the beginning and cause of feelings. On the other hand,

she declares that the Spaniards follow the common custom of dressing in black, against all reason or purpose, since that colour provides a feeling of sadness, like light and darkness. Her thought shows some peculiarities that are reminiscent of Heraclitus, when for example she says that maturing and perfection are a principle of imperfection and putrefaction, or that health is the cause of illness and that where there is life there is death. Life is a protracted death, always diminishing and taking away life. The main and general remedy of *Vera Medicina* is to compose the soul with the body and to remove discord, and the best remedy is the word that in adults engenders happiness and hope for good. From these statements, she developed a real treatise of psychotherapy.

—Andrés Velázquez published his first book on melancholia in 1585, a book with a Galenic flavor. In the fifth chapter he defines the term and explains the mechanisms of its genesis. However, he completes the picture by explaining how, in addition to already known symptomatology, in some persons appear scruples from the conscience; in others, prodigality; others feel like crowing cockerels and flap their arms, while yet others feel like a brick and do not dare to drink for fear of dissolving, etc. He maintained the unity of melancholia and mania.

—Gómez Pereira wrote the famous *Antoniana Margarita* (Valladolid, 1605). The odd title is a combination of his father's, Antonio, and his mother's, Margarita. In his work he contradicts the Galenic point of view: *animals have no sensorial life, but let their organs be influenced by objects or ghosts*. He denied that animals could have a sensitive soul. It is not known if this denial was spontaneous or guided by his religious beliefs.

—Alfonso Ponce de Santa Cruz, physician to Philip II, wrote a book on melancholia, published in 1622, which is one of the most interesting in the history of Spanish psychiatry. The book is arranged in various dialogues on such topics as the nature and origin of melancholy, and on its symptoms and treatment. The melancholic mood is a product of the bile that attacks the brain. When this mood specifically affects memory, it produces sadness, fear and anxiety. If the starting point of the attack is the uterus, nymphomania is provoked; and when the mood affects the hypochondriac and is accompanied by obstructions, then the result is hypochondria. In his case studies, he makes some curious observations, such as with a patient, who felt he had changed into a drink-