

- 89 Dumont MP, Dumont DM. Deinstitutionalization in the United States and Italy: a historical survey. *Int J Ment Health* 2008; **37**: 61–7.
- 90 Knowles C. Burger King, Dunkin Donuts and community mental health care. *Health Place* 2000; **6**: 213–24.
- 91 Caldas de Almeida JM, Horvitz-Lennon M. Mental health care reforms in Latin America: an overview of mental health care reforms in Latin America and the Caribbean. *Psychiatr Serv* 2010; **61**: 218–21.
- 92 Dickey B, Gudeman JE, Hellman S, Donatelle A, Grinspoon L. A follow-up of deinstitutionalized chronic patients four years after discharge. *Hosp Community Psychiatry* 1981; **32**: 326–30.
- 93 Rothbard AB, Kuno E. The success of deinstitutionalization. Empirical findings from case studies on state hospital closures. *Int J Law Psychiatry* 2000; **23**: 329–44.
- 94 Gardos G, Cole JO, LaBrie RA. A 12-year follow-up study of chronic schizophrenics. *Hosp Community Psychiatry* 1982; **33**: 983–4.
- 95 Double D, Wong T. What has happened to patients from long-stay psychiatric wards? *Psychiatr Bull* 1991; **15**: 735–6.
- 96 Nordentoft M, Ohlenschlaeger J, Thorup A, Petersen L, Jeppesen P, Bertelsen M. Deinstitutionalization revisited: a 5-year follow-up of a randomized clinical trial of hospital-based rehabilitation versus specialized assertive intervention (OPUS) versus standard treatment for patients with first-episode schizophrenia spectrum disorders. *Psychol Med* 2010; **40**: 1619–26.
- 97 Wahlbeck K, Westman J, Nordentoft M, Gissler M, Laursen TM. Outcomes of Nordic mental health systems: life expectancy of patients with mental disorders. *Br J Psychiatry* 1999; **174**: 453–8.
- 98 Coldwell CM, Bender WS. The effectiveness of assertive community treatment for homeless populations with severe mental illness: a meta-analysis. *Am J Psychiatry* 2007; **164**: 393–9.
- 99 Kertesz SG, Weiner SJ. Housing the chronically homeless: high hopes, complex realities. *JAMA* 2009; **301**: 1822–4.
- 100 Somers JM, Rezansoff SN, Moniruzzaman A, Palepu A, Petterson M. Housing first reduces re-offending among formerly homeless adults with mental disorders: results of a randomized controlled trial. *PLoS One* 2013; **8**: e72946.
- 101 United Nations General Assembly. *Convention on the Rights of Persons with Disabilities: Resolution*. UN General Assembly, 2007 (<http://www.refworld.org/docid/45f973632.html>).



reflection

The Anatomy of Melancholy by Robert Burton

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The Anatomy of Melancholy (1621) continues featuring in all histories of ‘depression’ and/or ‘melancholy’ (as per the current meaning given to these terms). This erroneous inclusion may be due to anachronistic reading, lazy repetition of earlier claims or mere ignorance. Be that as it may, over the years the false friends (‘anatomy’ and ‘melancholy’) have set a deserved trap to those who believe that this book offers an ‘early insight into the neural networks (anatomy) that underlie depressive illness (melancholy)’.

The fact that by the end of the 16th century the old Greek word ‘anatomy’ was already being used figuratively (e.g. anatomy of mischief, anatomy of grief) explains Robert Burton’s (1577–1640) choice. In turn, the polysemic term ‘melancholy’ carried, in addition to its classical Hippocratic reference to malaria and black bile, an allusion to ‘love-melancholy’ – as Lawrence Babb identified in Elizabethan poetry. If to these linguistic usages the fact is added that by the early 1600s centos had become fashionable as a show of erudition, then it makes sense to see *The Anatomy of Melancholy* for what it is, an anthology of classical quotations referring to human emotions, passions, feelings, dissatisfactions and complaints about life. The fact that the quotation-hunter can find in this book support for any claim they may wish to make explains the persistent presence of Burton’s cento in histories of depression, hypochondria, anxiety, obsessive–compulsive behaviour, and so on.

If *The Anatomy of Melancholy* is not really about psychiatry, then, what is it about? The greatest among Burton’s scholars, John Bamforth (1921–2009), described it as an *omnium gatherum*, a literary genre according to which only successful centos, i.e. those truly encompassing the knowledge of a historical period, could contain hidden ‘truths’. In this epistemological sense, during the early 17th century Burton’s book played a social, political and scientific role comparable to that of meta-analysis in our own day.

To write his book Burton ransacked about 1500 classical texts. It ended up being half a million words’ long (including 8000 footnotes). The five ‘revisions’ that followed caused it to have a multi-layered structure and Burton’s original intention of writing a consolatory (partially self-therapeutic) religious discourse was well-nigh lost under a frondous canopy of ‘medical’ quotations. Influences shaping the book ranged from *Archipathologia* (1614), the great cento written by P. E. Montalto (1557–1616), to ongoing innovations in map-making and in the concept of geography. The thread stitching the patchwork of Burton’s work together was no doubt his balanced scholarship, literary sensitivity and his readiness to take personal responsibility for all he had stated in his book. In contrast to the great centos of the past, meta-analysis explores a ‘knowledge’ base that presents itself as impersonal, universal and immanently ‘truth-making’.

Reams have been written on *The Anatomy of Melancholy*. Those who really want to know it should approach it with different eyes and expectations and stop searching in it for descriptions redolent of ‘bipolar disorder’ or ‘agoraphobia’ or whatever. Given that all its content is borrowed from classical texts, seeing it as a ‘psychiatric textbook’ leads to the strange conclusion that all classical literature must also be regarded as psychiatric in nature! *The Anatomy of Melancholy* must be seen as a cultural object whose meaning, as time goes by, is becoming increasingly harder to apprehend. It teaches us something far more important than psychiatry: it provides us with the epistemological coordinates with which we can understand the remote world of the 17th century.