

The Royal Society of Medicine



The Golden Age of Melancholy

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Free admission

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Introduction

Literary critic Jean Starobinski (1920-2019) was the first to describe the early modern period as ‘the golden age of melancholy’ in his 1960 book *Historia Del Tratamiento de la Melancholia Desde los Origenes Hasta 1900* [The History of the Treatment of Melancholia from the Origins to 1900]. This historical period – which spans 1550-1750 – saw the publication of a plethora of medical literature: such work occupied an estimated 3% of books published leading up to the year 1604, more than double the number published between 1536-1540. These books were physical representations of the oral exchange of medical advice and knowledge, each containing their own unique advice for an individual suffering from melancholy. This edition of Robert Burton’s 1601 *Anatomy of Melancholy* gives modern readers a sense of the prevalence of the condition in the period:

‘And from these melancholy dispositions, no man living is free, no stoick, none so wise, none so happy, none so patient, so generous, so godly, so divine, that can vindicate himselfe; so well composed, but more or lesse, some time or other, he fees the smart of it. Melancholy in this sense is the character of mortality.’ (p.11)

This exhibition will foreground a selection of medical literature held in the Royal Society of Medicine’s collection of old and rare books, demonstrating the many ways in which melancholy was understood in the early modern period.

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Hippocrates

There were two key historical figures whose work greatly influenced early modern understandings of melancholy. Often referred to as the 'Father of Medicine,' the first was Hippocrates of Kos (460 BC – 377 BC), a classical physician whose school of medical thought changed the face of ancient Greek medicine. The term 'melancholia' first appears in *On the Sacred Disease*- a medical text attributed to Hippocrates from approximately 400 B.C. This book recognises the 'sorrows, griefs, despondency, and lamentations' associated with the melancholy condition, which individuals 'endure from the brain when it is not healthy, but is more hot, more cold, more moist, or more dry than natural.'

Hippocrates foregrounded the idea that disease and distemper were the result of an imbalance within the body, rather than a result of an individual having displeased the gods. Alongside the introduction of prognosis, clinical observation, and the systematic categorisation of disease, he theorised that good health was the result of equilibrium amongst the humours (or bodily fluids) of the body. Hippocrates suggested that an extreme excess or deficiency of any of the four humours - blood, phlegm, black bile, or yellow bile – could lead to disease or distemper. Recognising both the mental and physical effects of the condition, he associated melancholy with an 'aversion to food, despondency, sleeplessness, irritability, restlessness.'

Galen

A second influential historical figure was Greek physician Claudius Galenus (129AD – 216 AD), a writer and philosopher whose influence on medical theory and practice in Europe was dominant from the Middle Ages until the mid-seventeenth century. Galen's work advanced Hippocratic theories of the four humours through its profound reliance on bodily matter, and his work 'On the Nature of Man' was the first medical text of its kind to attribute importance to black bile within the body as a substance capable of causing distemper and disease. Despite Aristotle deeming the melancholy temperament an admirable quality due to its association with intelligence and intellect, Galen's teachings affirmed that the condition brought misery and shame on the sufferer due to its interference with the mind. Galen's interpretation of the condition was most prevalent across the early modern period; a 1525 edition of his works can be attributable to a renewed interest in his teachings in the sixteenth century. Galen provides a lengthy list of foods thought to provoke melancholy within the body, advising his readers to avoid the meat of goats, oxen, bulls, asses, camels, foxes, dogs, hares, wolves, and boars. (Heffernan, p.13)



[Aertgen van Leyden, Saint Jerome in his Study by Candlelight, Wikimedia Commons](#)

Four Humours

This 1599 edition of Andre Du Laurens's treatise *A Discourse of the Preservation of the Sight* was an authoritative medical text of the sixteenth and seventeenth centuries. The book provides an overview of early modern thought regarding the roles of the four humours:

'it is a thing most freely agreed upon in phisicke, that there are foure humours in our bodies, Blood, Phlegme, Choler, and Melancholie: and that all these are to bee found at all times, in every age, and at all seasons to be mixed and mingled together within the veines, though not alike much of every one: for even as it is not possible to finde the partie n whom the foure elements are equally mixed; and as there is not that temperament in the world, in which the foure contrary qualities are in the whole & every part equally compounded, but that of necessitie there must be some one evermore which doth exceed the other: even so it is not possible to see any perfect living creature, in which the four humours are equally mixed, there is always some one which doth over-rule the rest, and oft it is the parties complexion named [...] These four humours, if they doe not too much abound, may very easily stand with the health of the partie: for they doe not sensibly hurt and hinder the actions of the bodie.' (p.84)

The four humours were believed to make up the majority of the body's fluid content. Each humour possessed individual qualities and physiological functions, and the temperament of an individual was considered representative of their most dominant humour.

Black bile was associated most closely with a melancholy temperament, causing pensive sadness and feelings of fear if imbalanced in quantity. The least desirable of the four humours, black bile was seated in the spleen and associated with the element of earth and season of autumn. The remaining three humours played an equally important role within the body: blood was associated with those of a sanguine – or optimistic and enthusiastic – temperament, yellow bile, on the other hand, was associated with those of a choleric – or hot-headed and angry – nature, the seat of which was in the gallbladder. Phlegm was, unsurprisingly, associated with those of a phlegmatic disposition, characterised by a cool, calm, and collected attitude and seated in the lungs.

Black Bile

Often referred to as the ‘melancholy humour’ due to its associated feelings of causeless or pensive sadness, an abundance of black bile in the body was thought to be the source of a melancholy temperament. These undesirable side effects were the result of black bile being cold and dry, qualities which counteracted the heat and moisture associated with blood – the most desirable humour. When combined, coldness and dryness were thought to cause contractions of the heart, and passions (or emotions) leading to extreme states of sorrow, despair, and fear.

Alongside its association with the melancholy temperament, black bile also played a vital role in the body by nourishing the liver and spleen and thickening the blood, reducing the risk of it flowing too freely. Explaining the role of the melancholy humour, this 1612 edition of *A Discourse of the Whole Art of Chyrurgery* by Peter Lowe remarks that the physical humour is **‘an humour cold and drye, thick in consistence, sower tasted, proper to nourish the parts that are colde and drye, and is compared to earth, or winter.’** (p.19)

Melancholy vs Melancholia

Deriving from the Latin translation of the Greek term for black bile (*melaina chole*), the term ‘melancholia’ was used in the early modern period to refer to a disorder of the mind characterised by periods of prolonged fear and low mood. The various forms of the word and its cognates first appeared in English in the fourteenth century; the sixteenth century referred to the condition as *melancholie*, progressing to *melancholy* by the start of the seventeenth century.

Despite differing variations of the two words, it is generally agreed that the Latin *melancholia* was used to refer to the medical condition, and the English *melancholy* was used as the name for the physical humour, a character type for those suffering from the condition, and a synonym for *melancholia*.

Symptoms

The key symptoms of melancholy reported in the early modern period were the pensive sadness and apprehension that is still associated with the term – and its predecessor depression – today. Sufferers reported experiencing hallucinations, suicidal thoughts, grief, insomnia, and fear of death. Alongside these psychological perturbations, melancholy was also associated with a variety of physical symptoms which varied depending on the form that the humour took within the body.

This extract from Julius Degravere's 1662 treatise *Theasaurus Remediorum* explains the extent to which the symptoms of melancholy could vary depending on the way it was intermixed with other humours in the body.

'...the melancholy person, naturally so from the first principle, is colde and dry: but a melancholy temperament, acquired by education, customes and accidents, by degeneration and admixture of other humours adust, is hot and dry. Which makes the signes and symptoms of melancholy to be different and various, and a difference is to be made in dyet and customes. If flegme be admixed an adust, they are stupid, dull and heavy: if from blood adust, they are commonly of a high (?) complexion, and incline to laughter, wit, and mirth: if from choler they are bold, fierce and angry: if from melancholy adust, they are sad, fearful, and solitary. The common symptoms are pale, black, or high sanguine colour, leane body, and hairy, a little head, large veins, given to be watchful, sad, solitary, suddaine laughter; a slow, weake pulse, troublesome sleeps and dreams. Cold melancholy hath milde symptoms: if hot and adust, the effects are more churlish and furious.' (p.11)

In some instances, the melancholy individual would suffer with frightening visions and hallucinations. This 1730 edition Bernard Mandeville's *A Treatise of the Hypochondriak and Hysterick Diseases* records the large amount of people suffering from such symptoms:

'I have read and heard of Hundreds of melancholy people, that had as many several whimsies, and imagining themselves to be what they were not, stuck close to the absurdities of their Fancies, when they were well in anything else, or at least in tolerable Health...' (p.49)



Hieronymus Bosch, 1480, Saint Jerome at Prayer, Wikimedia

Variations of Melancholy

Early modern medical writers affirmed that there were three main types of melancholy, each a direct result of black bile upon the body. The first stemmed from the brain and was more commonly referred to as head melancholy; the second was thought to be carried around the body in the blood, and was simply referred to as melancholy. The final kind stemmed from organs including the liver, spleen, and bowels – more commonly referred to as the hypochondries – and was known as hypochondriacal melancholy. These three distinct types of the disease were so well combined within the body that they were often difficult to recognise individually.

This extract from Phillip Barrough's 1634 treatise *The Method of Physicke* provided its readers with an overview of the three variations of the melancholy condition.

'[Melancholy] is caused three kinds of waies: for sometime it is caused of the common vice of melancholy bloud being in all the veins of the whole body, which also hurteth the brain. But oftentimes only the bloud which is in the brain is altered, and the bloud in all the rest of the body is unhurt, and that chanceth two waies, for either it derived from other places, and ascendeth up thither, or else it is ingendred In the brain it self. Also sometime it is engendred through inflammation, and evil affect about the stomack and sides: and therefore there be three diversities of melancholiousnesse, according to the three kinds of causes' (p.45).

Hypochondriac

Often referred to as the ‘windy’ variation of the disease, hypochondriac melancholy was the result of disorder in any of the hypochondriacal organs contained in the upper part of the abdomen including the liver, gallbladder, and most commonly, the spleen. When confined in a small space within one of these organs, the melancholy humour was thought to putrify: it generated heat, boiled up, and expelled vapours. This led to the creation of physical bubbles within the body, which often resulted in sufferers experiencing high levels of flatulence. The symptoms of hypochondriac melancholy were frequently outlined in the medical writing of the early modern period. Felix Platter dedicates the first volume of his 1602 treatise *De Functionum Laesionibus* to a discussion of psychiatry; this extract explains the ways in which the symptoms of hypochondriac melancholy differed from the common melancholy temperament:

‘another kind of this [melancholy] which they call hypochondriacal after the place affected. In this kind the symptoms described are very often intermittent, often recurring the same day. Those who suffer from it, as often as they come to themselves know that they are really sick. [...] Although they hardly ever lie down, and can nonetheless perform their other duties, still they complain of a continual pain especially on their left side (which they call heart pain [cordis dolor]) of sweating, of pulse, rumbling in the bowels, belching vomiting, expectorations, headache, bertigo, ringing in their ears, throbbing arteries, and other innumerable disorders which they feel and which they imagine. They importune their doctors, beg for cures, try various remedies, and, unless they are soon relieved, they change their doctors and their drugs.’ (p.15)

Hypochondriac melancholy remained a key topic of discussion until the end of the early modern period: in this edition of his treatise *New System of the Spleen, Vapours, and Hypochondriack Melancholy* from 1729, Nicholas Robinson reiterates the danger of the condition:

‘the Hypochondriack Melancholy is only the last or highest Degree of the Spleen or Vapours, wherein all the Symptoms are heighten’d to a surprising degree, Under these circumstances nothing but horror reigns; the ideas are dark, unsteady, and confus’d: sometimes the exercise of reason itself is interrupted, and the mind harrass’d with terrible perturbations, anxieties, and sad despair. When this disorder has been of any considerable standing, the unhappy patient begins to despair of a cure, and revolves upon all the most gloomy ideas, that he can possible form to himself, in the whole Circle of Nature, which almost reduce him to a state of desperation.’ (p.226-27)

Melancholy and Gender

The female body was considered colder and moister than its male counterpart in early modern England; in theory, this should have predisposed women to the melancholy condition. Studies of early modern casebooks have revealed, however, that this was not the case. Despite suffering and reporting the same symptoms as male patients, women were diagnosed with the condition significantly less often.

In her book *Beyond Melancholy*, Erin Sullivan explores the casebook of Dr John Pratt, who was the Senior Fellow and Bursar of Trinity College, Cambridge, from 1646-1661. Dr Pratt recorded the cases of a Mrs Alder and a Dr Roe, both of whom visited him in 1646. Both patients were hypochondriacal, suffering from blurred vision, inflamed spleens, watery urine, and feelings of sadness and despondency. Mrs Alder also reported heart palpitations and uterine pain. Despite suffering the same symptoms, the casebook reveals that only Dr Roe was diagnosed with melancholy; Mrs Alder was not. Sullivan's study reveals that despite 40% of Dr Pratt's patient entries (25 out of 60) being women, they constitute for only 20% of his melancholic cases (3 out of 15). In the cases where women were diagnosed with melancholy, they were thought to suffer a much more corporeal illness, far-removed from the creative or intellectual types of melancholy which affected their male counterparts.



Jan van Eyck, 1441, Saint Jerome in His Study, Wikipedia

Melancholy and Age

The physiology of ageing in the early modern period taught that over time the body became colder and drier because of a decrease in natural heat, leading to declined strength and dry, wrinkled skin. The coldness and dryness of such bodies opposed the desirable heat and moisture associated with youth, and instead created the perfect bodily environment for melancholy to thrive. Old age was thought to begin at around fifty years of age and was subdivided into two smaller intervals: green old age and decrepit age, or dotage. The more desirable of the two, an individual was thought to have entered green old age when despite their increasing years, they remained functional in society, active, and healthy. Decrepit old age, on the other hand, occurred when an individual began to revert to a child-like state, becoming infirm, incapable of carrying out their daily routine, and dependent on others. It was when an individual entered the latter of these two stages that they were most at risk of a melancholy temperament.

This 1541 edition of Elyot's treatise *The Castel of Health* demonstrates the different adaptations that were recommended for treating melancholy in adults of different ages, advising older people to include foods which were thought to counteract the coldness and dryness of their bodies:

'the quantitie of meat must be proportioned after the substance and qualitie thereof, and accordynge to the complexion of him that eateth.' (p.16) He advises that **'olde men, in whom natural heate and strength seemeth to decay, shilde use always meates, which are of qualitie hotte and moyste, and therewithal easy to be digested, and abstayne utterly from all meates & drinke whiche will engender thicke juyce...'** (p.41)

Natural vs Unnatural Melancholy

Alongside the common (natural) melancholy humour which nourished the cold and dry parts of the body, there was a second kind of melancholy prevalent in the early modern period: unnatural, or adust (burnt), melancholy. Although melancholy was associated with those of a cold, dry bodily temperament, the physical humour could easily become adust, becoming unnatural. This was likely if the body became overwhelmed with hot, dry choler, whose heat could increase body temperature and turn choleric yellow bile into an adust black bile, known as acedia. Acedia was a particularly acidic and corrosive type of black bile; if left untreated it could lead to physical and psychological symptoms that were much worse than the regular melancholy condition.

Hallucinations and perturbations of the mind were side effects of unnatural melancholy that medical writers found particularly compelling. Dark fumes from the burnt black bile were thought to travel around the body and up into the head, where they would cloud the vision and impact the brain, leading to hallucinations and visions of fearful objects. This idea is explained in this 1586 copy of Timothie Bright's *Treatise of Melancholy*:

'This for the most part is settled in the splene, and with his vapours annoyeth the heart and passing up to the braine, counterfetteth terrible objectes to the fantasie, and polluting both the substance, and spirites of the braine, causeth it without external occasion, to forge monstrous fictions, and terrible to the conceite which the judgement taking as they are presented by the disordered instrument deliver over to the harte, which hath no judgement of discretion in it selfe, but giving credite to the mistaken report of the braine, breaketh out into that inordinate passion...' (p.6)

Treatments

A popular belief in the early modern period was that melancholy (or any humoral imbalance) could be treated through control of the six nonnaturals – air, diet, exercise, sleep, evacuation and repletion, and emotion. The nonnaturals were factors an individual could manage to balance the humoral shifts within their body, preventing disease or distemper. They could be kept under control through careful food and drink choices, taking plenty of sleep and rest, maintaining a peaceful home environment, and avoiding unnecessary labour.

This 1673 edition of John Archer's *Every Man his Own Doctor* explains the importance of controlling these nonnaturals in daily life:

Archer notes 'motion and exercise it self, sufficient to keep the body from diseases, because it bring a solidity and hardness to the parts of the body, that they that use exercise moderately, need little other physick, this makes the labouring mans sleep sweet, and pleasant [...] exercise doth increase health, and strength, and it moves and agitates the spirits, from whence the heart is made strong, and can resist external injuries, and is fit to undergo all actions, and good nourishment is made, and vitious excrementitious vapours are discussed...' (p.97-98).

Management of food and drink was considered a particularly important way of avoiding melancholy; many medical writers compiled a specific list of foods and drinks to be avoided or encouraged. Whereas Robert Burton advises those of a melancholy temperament avoid milk and dairy products and spices including pepper, ginger, cinnamon, cloves and mace, Thomas Elyot recommends a diet of light, fresh foodstuff that would be easily digested. Bloodletting (the removal of blood for medical treatment) was a popular treatment for those melancholy patients whose entire blood was thought to be affected by the condition. In this instance, Galen urged that initial blood be drawn and examined to prove that this diagnosis be true; if the melancholy humour affected any other part of the body, he considered bloodletting unnecessary.



Studio of Gerard Dou, 1635, A Hermit at Prayer, The Wallace Collection, Wikimedia Commons

Literary Connections

Principles of Galenic and Hippocratic humoral theory were not only popular in the medical texts and treatises of the early modern period, but in literary works too. Playwrights often incorporated the four humours into their depictions of characters, reflecting the importance of such thinking as a point of reference in early modern society. Well-educated theatre audiences would have recognised symptoms of melancholy depicted onstage from the medical treatises in circulation at the time. Most early modern plays were adapted from pre-existing source material by classical writers; playwrights would add their own dramatic spin on moments taken from classical texts, often relying on the language of the humours to do so. Exploring moments in which melancholy take centre stage in such literary works provides an interesting insight into the prominence of the condition in the early modern world.



Gerrit Dou, A Hermit Praying, 1670, Minneapolis Institute of Art, The William Hood Dunwoody Fund

Literary Connection 1

- Dido, Queen of Carthage

Christopher Marlowe's *Dido, Queen of Carthage* (1594) retells the story of the eponymous Dido and her lover Aeneas as outlined in Virgil's *Aeneid* and Ovid's *Heroides*. To communicate Aeneas' struggles to early modern theatre audiences, Marlowe incorporates contemporary ideas of melancholy that can be found in a number of medical texts published around the time the play was written.

In the original *Aeneid*, encountering the 'lifeless body' of Priam's son inside Juno's temple '**drew sighs and groans from the griev'd hero's breast**'; Aeneas is visibly upset by the encounter, his tears '**a ready passage find.**' Despite this, Virgil's Aeneas possesses the emotional strength and masculine courage to put the honour and safety of his comrades ahead of his own emotions, distracting himself by remembering how he 'longs, with joyful haste, to join [the] hands' of the lost Trojans.

In contrast to this moment from the classical source, in Marlowe's play a bewildered Aeneas appears onstage wondering '**where am I now? These should be Carthage walls.**' Aeneas is wrought with confusion, believing '**that town there should be Troy, [...] and when I know it is not, then I die.**' His subsequent encounter with Priam's statue acts as a springboard from which Marlowe elevates the Trojan's bewilderment into an all-encompassing melancholy sorrow. Forgetting his role as leader, Aeneas becomes so overwhelmed with grief that he is victim to a series of hallucinations, telling Achates '**though mine eyes say this is stone, yet thinks my mind that this is Priamus**' and later exclaiming '**King Priam wags his hand! He is alive; Troy is not overcome!**'

Early modern audiences would have recognised that Aeneas's time in battle may have resulted in an abundance of hot choler within his body, which has subsequently heated his black bile, causing the hallucinations symptomatic of adust melancholy. Like Aeneas's hallucinations, these were usually of a sorrowful or fearful nature due to the dryness and hardness of the melancholy brain.

Literary Connection 2

- King Lear

William Shakespeare draws upon contemporary medical literature to present physical manifestations of melancholy in many of his plays – an example of this lies in his presentation of weeping in King Lear (1605). Although coldness and dryness were the primary natures of the bodies of older people, the external moistures found in tears, phlegm, and mucus rendered their secondary natures cold and moist. In some, this additional moisture led to excess weeping, a familiar signifier of a melancholy temperament.

Considering that old age was often likened to a return to a second childhood, Lear's battle with this overtly physical display of emotion is both an indication of his entry into the final stage of his life, and of his increasingly emotional melancholy condition. The aging King threatens if his **'old fond eyes, Beweep this cause again, I'll pluck ye out'**, and in a furious rage warns **'let not women's weapons, water-drops, Stain my man's cheeks.'** Later, Lear tells Gloucester **'if thou wilt weep my fortunes, take my eyes'**, remarking that his situation **'would make a man of salt, to use his eyes for garden water-pots.'**

Thomas Elyot

Although better known for his advocacy of the English language for literary purposes and not a physician by trade, Thomas Elyot (1490-1546) studied medicine with Thomas Linacre – the first physician to become president of the Royal College of Physicians – before writing his 1536 treatise *The Castel of Helthe*. Although considered simple, Elyot's work provided the general public, unable to read Greek, with a reflection of contemporary medical thought. *The Castel of Helthe* was reprinted multiple times during the sixteenth century with seventeen editions of the text published overall, suggesting a profound interest in his work.



[Albrecht Dürer, 1514, Melencolia I, Wikimedia Commons](#)

Timothie Bright

Physician turned clergyman Timothie Bright's (1551 – 1615) *Treatise of Melancholy* (1586) was the first full-length English treatise to investigate melancholy from a medical background. Simultaneously pietistic and scientific, the book links the medical knowledge gained by Bright whilst working and living at St. Bartholomew's Hospital, London, with his religious faith, which ultimately led him to retrain as a clergyman in 1590.

Bright's *Treatise* was printed twice in 1586: firstly, by Thomas Vautrollier, and later by John Windet. The quick succession of these reprints suggests a high demand for the book, and a rise in interest in the topic of melancholy amongst the educated elite of the sixteenth century. What sets Bright's interpretation of melancholy apart from other medical literature of the period is his distinction between the different manifestations of melancholy: the book outlines both the psychological, emotional state – which caused **'a certaine fearefull disposition of the mind altered from reason'** – and the physical melancholy humour of the same name, which he believes **'commonly taken to be the only cause of reason by feare in such sort depraved.'**

Peter Lowe

Surgeon and founder of what is now known as the Royal College of Physicians and Surgeons of Glasgow, medical practitioner Peter Lowe (1550-1610) wrote *A Discourse on the Whole Art of Chirurgerie* (1597) following his travels to England from Scotland in the early 1590s. Lowe's treatise is considered to be the first English description of Hippocratic theory in print.

Andre Du Laurens

Providing a review of early modern medical thought regarding melancholy from Galen up to the present day, French physician Andre Du Laurens's (1558 – 1609) treatise concerning melancholy was entitled A Discourse of the Preservation of the Sight of Melancholike Diseases, of Rheumes, and of Old Age. Du Laurens wrote the book in 1594 in French, not Latin, and it was later translated into English in 1599. Aside from his writing career, Du Laurens was also known for his role as physician to King Henry IV.



[Andre Du Laurens, Rare Books, Wellcome Collection, Wikimedia Commons, Licensed under the Creative Commons Attribution 4.0 International Licence](#)

Modern Day - vs Depression

The idea of melancholy is thought to be around 2,500 years old, yet the condition shares many symptoms with the various depressive disorders prominent in the twentieth and twenty-first centuries. Following a shift from the Galenic humoral model to New Science (in which theories of the humours were replaced by nerves, spirits, and fibres), a new vocabulary emerged through which symptoms were diagnosed. Whereas in the modern day melancholy is thought to be synonymous with depression, the more medical melancholia is now understood to represent depressive illnesses.

In his analysis *Melancholia: The Western Malady* (2016), Matthew Bell explains that 'the symptoms of Hippocratic melancholia bear comparison with the diagnosis of major depressive disorder.' The symptoms shared by the two conditions include low mood/depression, loss of interest in pleasurable activities, weight loss or gain, trouble sleeping or too much sleep, fatigue, feelings of guilt or worthlessness, lack of ability to concentrate, and recurrent thoughts of death. A 2019 study by Tondo et al. revealed the prevalence of DSM-5 melancholic features (determined by criteria taken from the Hamilton Depression Rating Scale) was 35.2% among adult subjects with moderate-severe depression.

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Exhibition hours

Monday - Thursday: 9:30am - 6:00pm

Friday: 9:30am - 5:30pm

Saturday - Sunday: Closed

