

RUFUS OF EPHESUS

On Melancholy

*Scripta Antiquitatis Posterioris
ad Ethicam RELigionemque pertinentia*

Mohr Siebeck

SAPERE

Scripta Antiquitatis Posterioris
ad Ethicam RELigionemque pertinentia

Schriften der späteren Antike
zu ethischen und religiösen Fragen

Herausgegeben von

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Rufus of Ephesus

On Melancholy

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SAPERE

Greek and Latin texts of Late Antiquity (1st–4th centuries AD) have for a long time been overshadowed by those dating back to so-called ‘classical’ times. The first four centuries of our era, however, produced a cornucopia of works in Greek and Latin dealing with questions of philosophy, ethics, and religion that continue to be relevant even today. The series SAPERE (Scripta Antiquitatis Posterioris ad Ethicam Religionemque pertinentia, ‘Writings of Late Antiquity on Ethics and Religion’) undertakes the task of making these texts accessible through an innovative combination of edition, translation, and commentary in the form of interpretative essays.

The title ‘SAPERE’ deliberately evokes the various connotations of the Latin verb. In addition to the intellectual dimension – which Kant made the motto of the enlightenment by translating ‘sapere aude’ as ‘dare to use thy reason’ – the notion of ‘tasting’ should come into play as well. On the one hand, SAPERE makes important source texts available for discussion within various disciplines such as theology and religious studies, philology, philosophy, history, archaeology, etc.; on the other, it also seeks to whet the reader’s appetite to ‘taste’ these texts. Consequently, a thorough scholarly analysis of the texts, which are investigated from the vantage points of different disciplines, complements the presentation of the sources both in the original and in translation. In this way, the importance of these ancient authors for the history of ideas and their relevance to modern debates come clearly into focus, thereby fostering an active engagement with the classical past.

To the Warburg Institute,
its Founder, Directors, Staff and Students

Preface

Among the recent physicians, Rufus of Ephesus has composed the best work on melancholy.

Galen (d. c. AD 216/17)

Melancholy. Twofold melancholy. Madness and depression, innate and acquired, somatic disease and mental disorder. Since the dawn of time, man has suffered from this saddening sickness and maddening malady. The Greeks gave it the name by which we know it today: melancholy, *melancholia*, the condition caused by black bile, *mélaina cholé*. An ailment which has occupied the minds of innumerable intellectuals, countless quacks, and scores of artists and authors of prose and poetry.

Hippocrates (fl. 430 BC) saw it as a disease characterised by despondency. Aristotle (d. 322 BC) proclaimed it a precondition of great achievement and genius. Galen codified it as a tripartite condition—hypochondriac, encephalic, general. The three authors influenced the coming generations of physicians and philosophers. This, in a nutshell, is the standard narrative of melancholy's pre-history and history, with little reference to the man who 'composed the best work' on the subject, Rufus of Ephesus (fl. c. AD 100). He wrote a monograph *On Melancholy* which by common acclaim constituted an unsurpassed masterpiece, a model for many in Antiquity, the Middle Ages, and the Renaissance. Yet, although it enjoyed great popularity not only in the Latin West and the Greek East, but also in the Arabic-speaking world, it was lost: neither the Greek original nor its Arabic translation have come down to us. The present book attempts for the first time to collect all the known fragments in Arabic, Greek, and Latin. Through the efforts of painstaking philology, much of Rufus' *On Melancholy* can be recovered and presented in a fashion easily accessible to the general reader.

Yet Rufus' masterwork deserves more than a mere snatching from the jaws of oblivion. Here, distinguished scholars interpret Rufus' work from various vantage points, and invite readers to come on an intellectual journey of gigantic dimensions. The readers will enter Roman high society, and meet officials succumbing to social stress due to public engagements. They will stroll through the medical marketplaces of Asia Minor, where physicians competed in medical 'Olympics' for prizes, patronage, and power. They will learn how Rufus, unlike most of his successors, combined the Aristotelian and the Hippocratic traditions: desires for sex and wine characterise melancholics; and yet, intercourse and inebriation can also cure their raving madness and craving for solitude and suicide.

In the hospitals of Baghdad, the courts of Cairo, and the palaces of Kairouan, Muslim, Jewish, and Christian clinicians relied on Rufus when treating cantankerous courtiers and quarrelling kings – sometimes at the cost of their own life. An absolute highlight on this virtual voyage through time and space is Dürer's *Melencolia I* (1514). Two pre-eminent art historians offer a new interpretation of this compendious copperplate, and explain how Rufus' ideas influenced the great German engraver. The two last stations of the journey will lead through literature and bring us back to modern medicine. In his *Anatomy of Melancholy*, Robert Burton (d. 1640) further developed the type of the scholarly melancholic, famously associated with Rufus. George Eliot (d. 1880) and Orhan Pamuk (b. 1952) both continued this tradition of scholarly melancholy, which, in transmuted form, also appears in the latest American manuals on mental disease. Finally, Rufus' impact can be traced through the psychiatric literature of eighteenth-century France and twentieth-century Germany in fascinating ways.

The idea to write this book goes back to my undergraduate days in Tübingen. My esteemed teacher Manfred Ullmann gave me an off-print of his influential article on the Arabic transmission of Rufus' work (ULLMANN 1994). I perused it during a field trip with the Classics department in the hot summer of 1995 to the Roman town of Trier (*Augusta Treverorum*). Then, in 1997, I gave a talk on Rufus' *On Melancholy* for a course on 'Emotions in Graeco-Roman Antiquity (*Emoties in de Grieks-Romeinse Oudheid*)', jointly organised by Manfred Horstmanshoff and Piet Schrijvers at Leiden University. I continued to collect fragments over the years, and always wanted to heed Ullmann's injunction to produce an edition which would take all the available evidence into consideration. In January 2004, Lesley Dean-Jones circulated a call from the editors of SAPERE, who were keen to include a medical text in their series. In an extremely productive dialogue, the editors and I developed the concept for the present volume, and I was fortunate enough to be able to secure the collaboration of some of the greatest experts on this topic. I organised a small workshop at the Warburg Institute in September 2006, where the contributors and editors came together to present and listen to first versions of the essays. An atmosphere of constructive criticism and great collegiality was instrumental in giving the volume its present shape.

My thanks go first and foremost to the authors who contributed such stimulating essays, as well as the series editors who helped in many ways. Peter Bachmann, Pauline Koetschet, and Manfred Ullmann read an earlier version of the fragments, commented on the text and translation, and saved me from many an error. Numerous other colleagues lent their

assistance; they include: Peter Adamson, Charles Burnett, Ahmed 'Et-mān, Stefania Fortuna, Charles Hope, Andrew Laird, Elizabeth McGrath, James Montgomery, Caroline Petit, Mariana Saad, Emilie Savage-Smith, Nikolai Serikoff, Maude Vanhaelen, Elvira Wakelnig, and Fritz Zimmermann. Last, not least, the staff at Mohr Siebeck, and especially Matthias Spitzner of the desk-editing department, greatly helped in the process of producing this book.

Many institutions have offered their support as this volume took shape. I owe my thanks to Merton College, Oxford, where I was a Junior Research Fellow (2001–4); to the Warburg Institute, which elected me to a Frances Yates long-term fellowship partly to work on this book (2004–6); and to the Wellcome Trust for a University Award (no. 077558, held at Warwick, 2006–11). Furthermore, Corpus Christi College, Oxford, gave me membership in their Senior Common Room in 2004–5, and the American University in Cairo made me a Visiting Researcher in 2007–8. During my time in Cairo, I also benefited tremendously from the resources of the Institut Dominicain d'Études Orientales. Finally, the libraries whose manuscripts are quoted and reproduced here made it possible, through their sources and resources, to produce the present book.

I am tremendously grateful to all of the above individuals and institutions without whose support I could never have undertaken this project, let alone bring it to a felicitous end. Aby Warburg (d. 1929) had an acute interest in melancholy, as did his pupils Fritz Saxl (d. 1948) and Erwin Panofsky (d. 1968). They discussed this topic at the Kulturwissenschaftliche Bibliothek Warburg in Hamburg, first a private library which opened its doors to the public in 1918. The library was saved from the claws of the Nazis and moved to London to become the Warburg Institute in 1933. One can say without exaggeration that melancholy was at the origin of this great institution. Its founder, Aby Warburg, and its first director, Fritz Saxl, studied the art historical aspects of melancholy in their larger context of cultural and intellectual history, focusing on Dürer's *Melencolia I*. It is hoped that the present collection and interpretative essays contribute to the continuing study of this mysterious condition, and that past, present, and future Warburgians will accept this book as a modest token of our appreciation for their efforts and achievements.

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Rufus of Ephesus
On Melancholy

Introduction*

PETER E PORMANN

The shape and the detail of depression have gone through a thousand cartwheels, and the treatment of depression has alternated between the ridiculous and the sublime, but the excessive sleeping, inadequate eating, suicidality, withdrawal from social interaction, and relentless despair are all as old as the hill tribes, if not as old as the hills.

Andrew Solomon, *Noonday Demon: An Anatomy of Depression*¹

Melancholy, madness and other mental disorders have always disturbed and troubled man; but they also exercise a singular fascination on the imagination of countless generations of artists, writers, and thinkers, be they philosophers or physicians, poets or prose authors. Madness, after all, beckons the question of what is normal behaviour; what is acceptable within a social group; and how one deals with those who transgress the boundaries of rationality. In myth, great heros such as Hercules were consumed by a maddening fury, and frenzy drove others such as Medea to kill her own children. Yet, madness and melancholy are also portrayed as being characteristic of genius and exceptional achievement. Both the mystery and the fascination of this subject are singularly illustrated in Dürer's *Melencolia I* (see fig. 1 on p. 198 below). In many fields, ranging from literary criticism to psychiatry, not a year passes without studies being published on one aspect of this topic or another.²

Like no other physician from Antiquity, Rufus of Ephesus combines the two major strands in the concept of melancholy: melancholy as a mental disease having physiological origins, and melancholy as a disposition leading both to despair and great creativity. And Rufus set the tone for many later developments of this concept. Yet who was this man who shaped ideas about melancholy for centuries to come? How did he conceive of black bile and melancholy? What place does he occupy in the evolution of the idea of melancholy? And why does he not figure more prominently in modern discourses on the history of this notion? In the present introduction, I shall offer answers to these questions.

* In the present introduction, I obviously draw on the fragments themselves and the analysis contained in the commentary, as well as the essays of the contributors. The purpose here is merely to whet the reader's appetite for what this volume has to offer.

¹ SOLOMON 2002, 286.

² For a survey of recent literature, see GOODWIN, JAMISON 2007; the authors talk eloquently about the explosion of medical literature in this area (p. xxv).

Rufus of Ephesus

Rufus remains an elusive figure. He probably lived during the age of the Roman emperor Trajan (r. 98–117), although scholars have proposed earlier and later dates.³ He hailed from the prosperous city of Ephesus, and stemmed from a rich family. Because of this background, he received an excellent education, and grew up to become a member of the intellectual elite. He probably studied in Alexandria, the most prominent centre for science and medicine which could easily rival the imperial capital, Rome. In his theoretical views, he followed the teachings of Hippocrates, which he interpreted to suit his own ideas. Rufus became famous for his acute observations and clinical work. In his many monographs, he appears as a thoroughly pragmatic practitioner. One of these monographs is *On Melancholy*, in which he analyses the mental condition caused by an excess of black bile.

Rufus' On Melancholy

Rufus's *On Melancholy* is lost in the original Greek and its medieval Arabic translation. We do have, however, a significant number of fragments, mostly quotations in Greek, Arabic and Latin medical works. We shall return to the vagaries of transmission, loss, and rediscovery shortly. Suffice it for now to say that any attempt at reconstructing the arguments and ideas contained in *On Melancholy* remains conjectural to a certain extent.⁴ Rufus' treatise was divided into two books (**FF 1–2**). The first dealt with 'symptoms and incidents' (**F 5 § 1**), whereas the second contained advice about drugs and therapies. In general, Rufus focussed on the hypochondriac type of melancholy, but thought that the reader could easily infer from this one type what to do in other cases of melancholy. Rufus shared an important characteristic with the later Galen (d. c. 216/17), in whose shadow he nearly disappeared: he adhered to the doctrine of the four humours, or humoral pathology, as it is now known. This medical philosophy provided the theoretical framework for Rufus to formulate his ideas about black bile and melancholy.

The Four Humours

Already in the Hippocratic treatise *On the Nature of Man*, we find the idea that health consists in the balance of the four humours, blood,

³ See Swain, below, pp. 115–38; and Nutton, below, pp. 139–58.

⁴ The following references to the fragments should be understood as both to the text and translation, and the commentary. The latter develops the points made here in greater detail.

phlegm, yellow bile and black bile. Scholars generally have no difficulty identifying the first three of these humours: blood is what we know as blood; phlegm is the mucus secreted from the nose and sometimes the mouth, especially when one has a common cold; yellow bile is the bile produced in the gallbladder and sometimes excreted during vomiting. But what is black bile, called *mélaina cholé* in Greek, whence we get the term for melancholy? People have speculated whether perhaps coagulated blood present in vomit could have been seen as this elusive black bile, for it is black. In the extant fragments, Rufus never provides a clear definition of what he means by it. Yet he seems to distinguish between two types of black bile. On the one hand, there is the natural black bile. It is mixed with the blood, and can be harmless even in large quantities, provided that it has settled down like a sediment in a glass of water (F21 §8). Yet when it is stirred, as it happens during spring, it becomes harmful. The second type of black bile is the result of burning and cooling. For instance, yellow bile, when burnt, turns into black bile and causes violent behaviour and raving madness; conversely, when yellow bile is cooled, it leads to depression and one's feeling downcast (F11 §24).

The Three Types of Melancholy

Black bile, the humour, whether natural or created through heat and cold, is, of course, different from melancholy, the disease. The former, to be sure, causes the latter, but Rufus conceives of them as distinct entities. We know that Rufus focuses on the 'hypochondriac' version of melancholy. This is clear from Ishāq ibn 'Imrān (F4, F5 §7) and ar-Rāzī (who is surprised that Galen did not notice this; F38 §4). This is further confirmed through a quotation in al-Kaskarī (F6 §7), in which Rufus explains the etymology of the term 'hypochondria', the region beneath ('*hypo*') the rib-cartilage ('*chondria*'). In Galen, we find a division of melancholy into three types, namely the 1) hypochondriac variety (originating in the epigastric region); 2) encephalic melancholy (affecting primarily the brain); and 3) the general melancholy, in which corrupt black bile pervades the whole of the body.⁵ In a quotation preserved in Ishāq ibn 'Imrān (F7 §9), Rufus mentions the hypochondriac type of melancholy 'and the remaining two types (*aṣ-ṣinfāni l-bāqiyāni*)'. It was on this basis that the German classicist Hellmut Flashar assumed already in 1966 that Galen's tripartite division of melancholy goes back to Rufus. This is further confirmed by the fact that Rufus recognised a type where the brain is first affected (F11 §1). Whatever the other two types may have been, Rufus clearly believed that, by describing the hypochondriac

⁵ See Appendix 1.

type, he would allow skilful physicians to recognise the other two, and find analogous remedies for them.

Melancholy: Innate and Acquired

Hypochondriac melancholy is then distinguished according to different principles. Melancholy is twofold: some acquire this disease through bad diet, whilst others suffer from it because of their nature and humour (**F11** § 22). We may therefore speak of acquired and innate melancholy. Diet naturally is a factor. Foodstuff is transformed through digestion into the different humours, and bad food will result in bad ‘superfluities’. Superfluities (sg. *perittōma*, *faḍl*) are substances in the body which, as their name suggests, are superfluous and need to be expelled, because otherwise they turn into harmful substances. The link between food and melancholy recurs throughout, and indigestion is often mentioned as a prominent cause. Ar-Rāzī (**F8**) gives a somewhat cryptic report why this happens according to Rufus: the diaphragm, stomach and brain are all connected, notably through the oesophagus. There are many other factors which can lead to melancholy, but most of them are somatic. Excessive fasting, toil, fever and heat can all provoke the disease (**F77**), and Rufus even explains the delusions of the patients in materialist terms: it is because of the dryness of black bile that people imagine to be an earthen vessel (which is also dry); or because of the humour’s rising to the brain that people believe not to have a head—the inherent lightness induces this sensation (**F11** §§ 3–5). But Rufus recognised other, non-material factors in the development of the disease as well. Excessive thinking, for instance, is also a cause of melancholy (**FF34–6**), as are traumatic experiences such as drowning (**F69**). The former is linked more specifically to the innate type of melancholy, about which more shortly.

This acquired melancholy is characterised by a number of symptoms. We have mentioned the delusions from which patients suffer. Mood swings, the craving for solitude, fear of familiar people and objects, unreasonable desires, but also eating disorders, raving fury and anger all indicate melancholy. Yet vertigo, ringing in the ears, and excessive sexual appetite also constitute concomitants of the disease. These symptoms, however, are not easily recognised, especially at the onset of the illness. Rufus insisted that it is crucial to recognise melancholy early, lest it become inveterate and hence difficult to cure. The therapeutical method is based on the principle that in order to cure the disease one must endeavour to counter its causes. The Hippocratic principle of ‘contraries are cured by contraries (*contraria contrariis curantur*)’ also applies here. One should improve indigestion, for instance, through diet; expel harm-

ful humours through bleeding, purging, and vomiting; and regulate the appetite by keeping the patient warm. Wine appears to have been a powerful remedy because of its warming qualities (**F 63**), although not all types are appropriate, and excessive drinking should be avoided (**F 17** § 13; **F 40** §§ 9, 18 etc.).

Let us now turn to innate melancholy. Rufus seems to develop a real type of the melancholic, describing physical attributes which characterise him such as being hairy, having dark skin, lisping, having protruding lips and eyes, and so on (e.g. **F 11** §§ 14–15, **F 14** § 7). It would appear that Rufus links this melancholic type to certain other characteristics, which we also find in the peripatetic tradition, and notably in the famous Aristotelian *Problem 30.1*, which asks the following question (953a10–12):

διὰ τί πάντες ὅσοι περιττοὶ γέγονασιν ἄνδρες ἢ κατὰ φιλοσοφίαν ἢ πολιτικὴν ἢ τέχνας φαίνονται μελαγχολικοὶ ὄντες ... ;

Why is it that all those men who excel in philosophy, politics, or the arts appear to be melancholics?

Parallels with this tradition include: excessive mental activity can predispose the patient to become melancholic (**FF 34–6**); melancholics have a craving for sexual intercourse (**F 60**; see also **F 73**); wine is linked to melancholy (e.g. **F 63**); and melancholics are given to foretelling the future (**F 35**).⁶

In Aretaeus, a medical author influenced by Pneumatism who perhaps lived in the mid-first cent. AD, melancholy and madness are closely related, the former sometimes leading to the latter.⁷ Some of the fragments seem to suggest that Rufus, too, saw this link. **F 58** mentions sex as beneficial for people suffering from both melancholy and madness. In one of his case histories (**F 68** § 9), the patient's melancholy develops into madness and in the end results in his death. Finally, in **F 51**, melancholy is mentioned a number of times alongside madness. Twice, the phrasing seems to suggest that melancholy is a form of madness, as in the following example:

αἱ μὲν καθ' αἰμορροΐδας [ἐκκρίσεις] μελαγχολίαν τε ἰῶνται καὶ πᾶσαν μανίαν ἄλλην.

Secretions occurring because of haemorrhoids cure melancholy and any other [form of] madness.

This would suggest that Rufus employed the world 'madness (*manía*)' in a more general way, and he designated with 'melancholy (*melancholía*)' the specific disease described above.

⁶ See van der Eijk, below, pp. 164–6.

⁷ FLASHER, 1966, 75–9; on Aretaeus dates, see *DPN*, under 'Aretaeus' (V. NUTTON).

Interpretations and Impact

As **FF 1–3** show, Rufus' monograph *On Melancholy* enjoyed great popularity and authority not only in second-century Rome and Pergamum, but also in tenth-century Kairouan and thirteenth-century Damascus, two important regional medical hubs. It seems likely that much of what Galen had to say about melancholy in his *On the Affected Parts* (see Appendix 1) ultimately goes back to Rufus' treatise. Likewise, through Ishāq ibn 'Imrān's own work *On Melancholy* and the Latin translation of it by Constantine the African (d. before 1099, see below), Rufus' ideas impacted on medicine both in the East and the West. This influence was twofold, yet unacknowledged. In the century after Galen's death, his medical philosophy, aptly called 'Galenism', came to dominate medical discourse.⁸ The tripartite division of melancholy, the twofold nature of black bile, and the two types of the innate and acquired condition—all these concepts appeared, perhaps for the first time, in Rufus. Galen adopted them, as did subsequent generations of philosophers and physicians in his wake. One can thus distinguish the two strands of influence: some thinkers drew directly on Rufus' treatise, either in the original or the Arabic version; and others propagated Galen's ideas about melancholy, ultimately derived from Rufus.

In the Latin West, Constantine's *On Melancholy*, for instance, transmitted these notions into Salerno, the first European 'medical school'. From thence they percolated into popular manuals on regimen and the miniatures which illustrated them.⁹ Likewise, the *Canon of Medicine* by Ibn Sīnā (Avicenna, d. 1037) – both in its influential Latin version and the original Arabic – contains a lot of unacknowledged material from Rufus.¹⁰ Ibn Sīnā can also be counted among the many physicians and philosophers in the medieval Arab world who engaged with Rufus' ideas and thus provide examples of reception there. Other such instances include an anonymous Arab materialist who lived around the year 1000 and drew directly on Rufus' treatise to support his argument in favour of a materialist scepticism. Mūsā ibn 'Ubaid Allāh ibn Maimūn, better known as Maimonides (d. 1204), treated the sultan's son in a way which Rufus would have had no difficulty to recognise.¹¹ Even a late author such as Muḥammad ibn Ilyās aš-Šīrāzī (d. 1330) included a chapter on melan-

⁸ See TEMKIN 1973.

⁹ See Schuster, Völlnagel, below pp. 212–15 and fig. 7 on p. 216.

¹⁰ See the commentary to **FF 7, 14, 21**.

¹¹ See Pormann, below pp. 185–8.

choly in his *Comprehensive Book on Medication* (*al-Kitāb al-Ḥāwī fī 'ilm at-tadāwī*) in which we find many of concepts just mentioned.¹²

The European Renaissance did not lag behind the Middle Ages in Rufus reception. Rufus has often been associated with the idea of scholarly melancholy: too much thinking leads to melancholy, and since scholars think a lot, they are prone to the disease (see **FF 33–6**). Many Renaissance men embraced this concept, and it had a resounding success in later centuries. We cannot, for instance, fully comprehend Dürer's famous copperplate *Melencolia I* without reference to Rufus.¹³ Robert Burton (d. 1640) stylised himself as the scholarly melancholic *par excellence*. Rufus had an important role to play in allowing Burton to become 'Democritus the Younger', a sort of remodelled reincarnation of the famous philosopher Democritus of Abdera.¹⁴ Moreover, there is a direct line from Rufus via ar-Rāzī and Burton to George Eliot: Edward Casaubon, the bookish vicar from her novel *Middlemarch* in search of the *The Key to All Mythologies*, represents another refraction of the melancholic scholar.¹⁵ And even in the psychiatric literature of eighteenth-century France, twentieth-century Germany and twenty-first century North America, we can find traces of Rufus' ideas.¹⁶

Demise and Discontinuities

Despite this great impact, we do not have, today, a single copy of either the Greek original of Rufus' *On Melancholy*, or its Arabic version. The reason for this may be that Rufus' resounding success was also his undoing. Galen adopted and adapted Rufus, so as to overshadow and eclipse him completely. Consequently, Rufus' *On Melancholy* ceased to be copied. We can, however, stem the tide of the treatise's bad fortunes and even partly reverse its demise. To do so, we need to reconstruct it from the fragments which we find in various Greek, Latin and Arabic sources. What these sources are we shall see shortly. Before doing so, however, it is useful to explain the guiding principles of the present collection.

Rationale of This Collection of Fragments

Compiling fragments from an antique author poses a number of problems. Firstly one has to decide what to include. In the present case of Ru-

¹² The chapter is edited in PORMANN 2007b, 339–44.

¹³ See Schuster, Völlnagel, below pp. 197–243.

¹⁴ See Rütten, below pp. 257–62.

¹⁵ See Toohey, below pp. 236–9.

¹⁶ See Rütten, below pp. 252–62; and Toohey, below pp. 240–42.

fus' *On Melancholy*, this decision is rendered more difficult by the fact that previous collection of fragments by Rufus, that by Daremberg and Ruelle, is both too comprehensive and too narrow. Daremberg and Ruelle included all works by Rufus known to them. For this reason, the large majority of their material is to be excluded. Yet, their source base did not comprise many of the Arabic fragments printed here. And the fragments from ar-Rāzī and Ibn al-Ġazzār which they incorporated into their collection only appear there in unreliable Latin or Greek translations, respectively. Nor did they use Constantine the African's *On Melancholy* which yields a number of important fragments in Latin.

For these reasons, the present collection is both much more restricted than that by Daremberg and Ruelle, but also much more comprehensive. In it, all fragments attributed to Rufus by name and dealing with melancholy are included. Obviously, the largest group of fragments comes from Rufus' own book *On Melancholy* (FF 1–65). But, as Manfred Ullmann suggested, other texts such as the *Case Histories* (FF 66–71), and the *Medical Questions* (F 72) also deserve to be incorporated here.¹⁷ Sometimes it is impossible to determine with certainty whether a short fragment, entitled 'Rufus, on melancholy' does come from his treatise *On Melancholy*, or is merely a fragment on the subject of melancholy from a different work. Moreover, many shorter fragments, although dealing with this topic, are only prefaced by a 'Rufus', 'Rufus said', or 'he said' (where the 'he' refers to Rufus). Therefore, there may well be some fragments in this first part (FF 1–65) which do not stem from Rufus' *On Melancholy*. These problems of provenance are discussed in the commentary. The Greek encyclopaedic authors (to be discussed shortly in greater detail) constitute another conundrum. They contain material attributed to authors such as Galen or Posidonius (*fl.* end of 4th cent. BC) which we know from Arabic sources probably goes back to Rufus. In these cases, the Greek text is quoted in the commentary to the parallel passage where Rufus' name is mentioned (see F 13 § 1, F 35 § 2, and FF 37, 42).

Apart from the question what material to include, there is also the problem of how to present it. The issue at stake is whether to favour the context in which the fragment originally appeared in Rufus, or the context of the text in which the fragment is quoted. To give two concrete examples, there are two long passages, one in ar-Rāzī's *Comprehensive Book*, and one in al-Kaskarī's *Compendium*, which are broken up here (FF 13, 17, 35, 15, 14, 21, 29, 60, 33, 38, 40, and FF 6, 42, respectively). The reason is simple: to group thematically connected fragments together.

¹⁷ ULLMANN 1994, 1316.

er. In the case of al-Kaskarī, for instance, it is beyond doubt that **F6** comes from the first book of *On Melancholy*, and **F42** from the second. Proceeding in this way provides another advantage: the resulting collection is easier, more attractive and more accessible. For the same topics are, with few exceptions, discussed next to each other. This principle, however, of favouring the original context and breaking up continuous quotations into different fragments does go against the grain of recent trends in the edition of fragments.¹⁸ Over the last decades, scholars have increasingly favoured the context in which a lost work is quoted. For, they rightly argue, the transmitter always has his own agenda, and his bias needs therefore to be studied. The longer fragments collected here, however, present some idiosyncrasies which justify that they be broken up. As we shall see shortly, ar-Rāzī's *Comprehensive Book* often displays such a random arrangement that it makes little sense to respect the chaotic sequence. Moreover, ar-Rāzī's text contains markers such as 'he said (*qāla*)' which indicate breaks. This said, it is imperative not to neglect the context of the quotation. Therefore, it is always explained in the commentary.

Anybody who edits the fragments of a lost work wants to recover the very words of the author, his or her *ipsissima verba*. In the past, scholars have often distinguished between 'testimonia' and 'fragments'; the former contain reports about the text, whereas the latter quote it verbatim. Yet, ancient and medieval authors hardly ever quoted according to the conventions of modern scholarship. They shortened, rephrased, re-arranged, and at times distorted the original. In the case of the Arabic and Latin fragments collected here, we are even farther away from the original, because it is transmitted in translated form; we are probably two and three times removed from the Greek, since the Arabic text may well have been translated via Syriac, and the Latin is a translation of the Arabic. Therefore, the distinction between testimonia and fragments has been abandoned here. Even text placed in quotation marks should be regarded with a certain amount of scepticism.

In line with the conventions of the series *SAPERE*, the text of fragments is not a philologically critical one. The Greek fragments are taken from critical editions which appeared in the *Corpus Medicorum Graecorum*; readers wishing to explore questions of transmission should refer to these editions. (The case of Appendix 1 is separate; see the introduction to it.) Similarly, readers are referred to Garbers' critical edition for the Latin fragments taken from Constantine the African. For the Arabic fragments, the situation is much more complicated. Such editions as exist, for

¹⁸ See VAN DER EIJK 2000a, xvii–xviii.

instance, for ar-Rāzī's *Comprehensive Book*, or al-Kaskarī's *Compendium* are highly unsatisfactory. In other cases, no edition exists, and I was therefore compelled to constitute a satisfactory text myself, often from unique manuscripts. This required a good deal of conjecture, and therefore, I cite interesting variant readings, and the conjectures by other scholars such as Manfred Ullmann, Peter Bachmann, and Pauline Koetschet, who were kind enough to lend their expertise, as well as myself. Readability was the primary concern. For this reason I have silently emended small mistakes such as misplaced diacritically dots, and the orthography of the Arabic *hamza*, *alif mamdūda*, *alif maqṣūra* and so on.

Sources

The authors who preserve fragments from Rufus of Ephesus' *On Melancholy* can be roughly divided into two groups: those quoting from the Greek original, and those citing the Arabic version. We shall discuss them in turn, omitting, however, authors which only occur once in the collection of fragments. Information about them can be found in the commentary to the fragment in question.

Earlier Greek authors (Galen, Oribasius)

Galen's testimony (F1) documents that Rufus' treatise must have had some success in the second century AD. And still, neither Galen nor the later Oribasius quoted from *On Melancholy* with acknowledgment. In Appendix 1, we provide the text and translation of the influential passage from Galen's *On the Affected Parts*, book three, chapters nine and ten. Much of what is said there may well go back to Rufus, although the exact extent cannot be known on the current source base. Likewise, Oribasius (d. c. 390), personal physician to Julian the Apostate (r. 361–3), did not mention Rufus by name in the chapter on melancholy in his *Abridgment for Eustathius* (Σύνοψις πρὸς Εὐστάθιον; bk 8, ch. 6). Daremberg and Ruelle thought that 'one can consider this text by Oribasius as an extract from, or at least, as inspired by, Rufus (*On peut considérer ce texte d'Oribase comme extrait, ou tout au moins, comme inspiré de Rufus*).'¹⁹ And indeed, there are some parallels with Rufus (see F13 §1), but also with Galen's *On the Affected Parts* and Aëtius' chapters on melancholy.²⁰ Oribasius also composed an enormous medical encyclopaedia in seventy books called *Medical Selections* (Συναγωγή ἰατρικαί), whence F74 is taken.

¹⁹ D-R fr. 127, n. 1.

²⁰ See the apparatus in RAEDER's edition (CGM vi.3, pP. 248–9), for details.

Aëtius of Amida

The most significant source in Greek for fragments from Rufus' *On Melancholy* is, without doubt, Aëtius of Amida (fl. c. 500–550). He continued the encyclopaedic tradition, composing his own work called *Medical Books*, divided into four groups of four books (or 'tetrábibloi', an alternative title). As Photius already noticed, Aëtius often quoted previous sources (among which Rufus figured relatively prominently), and was mostly concerned with practical as opposed to theoretical medicine.²¹

Generally speaking, encyclopaedic authors such as Oribasius and Aëtius have two ways of quoting previous authorities: with or without acknowledgment. When they name their source, one might think that the case is unambiguous. There is, however, a significant problem. The authors' headings such as 'from Rufus (Ρούφου)' which we find in the encyclopaedias are not always reliable. For when scribes copied them, they sometimes misplaced these headings or omitted them altogether.²² Therefore, one cannot always trust these authors' headings. In this context, Arabic sources can offer additional evidence. Physicians such as ar-Rāzī sometimes quote the same text contained in the Greek source, yet attribute it to a different author; they may, for instance, correctly quote a passage as 'from Rufus' *On Melancholy*' which appears under the heading 'from Galen' in the Greek encyclopaedia. By taking into consideration these corroborative pieces of evidence, Manfred Ullmann was able to collect the fragments of Rufus' *On the Treatment of Children* (Περὶ κομιδῆς παιδίου) and his *On Milk* (Περὶ γαλακτοποσίας).²³ In **F 37** and **F 42**, we have such cases; see the commentary to these fragments for further information. When the encyclopaedic author does not name any source, a similar process may be used. For instance, ar-Rāzī quotes a passage from Rufus in **F 13** § 1 which appears nearly verbatim also in Oribasius, as we have just discussed. Likewise, **F 35** § 2 has a clear parallel in Paul of Aegina. One may, however, object that there are some problems with classifying these quotations as fragments merely on the basis of a single Arabic source. For if the Greek authors' headings are unreliable, the same may be true for the Arabic ones as well.²⁴ For this reason, these Greek parallels are quoted in the commentary and not elevated to the level of fragment.

²¹ Photius, *Library*, ch. 221, p. 177a lines 12 and 22–3, reedited in CMG viii.1, p. 1, lines 6 and 14–15.

²² For an instance in Oribasius, cf. ULLMANN 1975; for Aëtius, see the commentary to **F 11**.

²³ For *On the Treatment of Children*, see ULLMANN 1975 and PORMANN 1999; for *On Milk*, ULLMANN 1994, 1319–36 and the commentary to **F 37**.

²⁴ See, for instance, the commentary to **F 75**, and PORMANN 1999, 4–6.

The Arabic Translation

The Arabic translation of Rufus' *On Melancholy* is obviously lost. Yet, not only do we not have access to it, but we know virtually nothing about it from other sources. Who produced it and when? Did the translator work from the original Greek or an intermediary Syriac version, as happened so often in the case of Galen? The earliest authors quoting from this version are Ishāq ibn 'Imrān (d. c. 903–9) and ar-Rāzī (d. c. 925). It was therefore probably available by the end of the ninth century. None of our bio-bibliographical sources mentions a translator. The only way to determine who produced the Arabic version would be to submit the fragments to linguistic scrutiny.²⁵ Yet the detailed analysis to which scholars have submitted various Arabic versions of Greek medical texts is largely impossible here because of the limited material and the uncertainty about the state of the text; after all, we do not have a single case where we can be certain that we have the original and unaltered Rufus. The difficult state of the transmission should not, however, lead us to conclude (as FLASHAR 1966, 88 did) that the Arabic translation was 'deficient (*mangelhaft*)'; the few cases where comparison with the Greek is possible certainly do not confirm this harsh judgement.

Ishāq ibn 'Imrān

Ishāq ibn 'Imrān is known to us primarily through his work *On Melancholy* (*Maqāla fī Mālinḥūliyā*), and some anecdotes occurring in the bio-bibliographical literature.²⁶ He appears to have worked at the court of the Aḡlabid sultan Ziyādat Allāh III in Kairouan (Qairawān) in the early 900s. It would appear that Ziyadat Allāh himself suffered from melancholy and consulted both Ishāq and a Jewish colleague (or rather competitor). After an argument with the former, the sultan ended up being so angry with Ishāq that he had him executed.

As already mentioned, Ishāq ibn 'Imrān's treatise *On Melancholy* is divided into two books (*maqālas*), describing the disease and prescribing remedies, respectively. It is extant in a single manuscript, reproduced in facsimile by GARBERS 1977.

²⁵ For a discussion of such attempts, see PORMANN 2004a, 128–32.

²⁶ The text has been reproduced by GARBERS 1977; he also discusses 'Imrān's life on pp. xiii–xiv. More information about Ishāq ibn 'Imrān and his work can be found below on pp. 191–3.

Constantine the African

Constantine the African was the first and foremost translator of Arabic medical texts into Latin.²⁷ He apparently came from North Africa to Salerno in 1077, and spent the latter half of his life in the monastery of Monte Casino, where he died before 1099. Apart from al-Mağūsī's *Complete Book of the Medical Art* (*Kāmil aṣ-ṣinā'a aṭ-ṭibbīya*), also known as the 'Royal Book (*al-Kitāb al-Malakī*)', Constantine mostly rendered into Latin texts by authors from Ifrīqiya (Modern Tunisia), and notably Kairouan. The most prominent medical author hailing from this region was Ibn al-Ġazzār. Constantine translated many of his works into Latin, as for instance, the *Sustenance of the Traveller and Nourishment for the Sedentary* (*Zād al-Musāfir wa-qūt al-ḥādir*).²⁸ Another inhabitant of Kairouan was Ishāq ibn 'Imrān, whose *On Melancholy* Constantine also rendered into Latin. As often was his wont, Constantine did not acknowledge his source, but rather presented the work as his own. When FLASHAR wrote his study about melancholy in 1966, he did not yet know the exact relation between Ishāq ibn 'Imrān's *On Melancholy* (*Fī l-Malinḥūliyā*, in Arabic) and Constantine's *On Melancholy* (*De melancolia*, in Latin).²⁹ Yet when GARBERS produced an edition and comparative study of both texts in 1977, the issue became clear.³⁰ Both texts are, like Rufus' work, divided into two parts. With few exceptions, Constantine translated Ishāq fairly faithfully up to a point in the second book. Then the two texts go separate ways.³¹ The independent end of Constantine's treatise provides therapeutic advice not found in Ishāq. It is from this part that we have a number of interesting Latin fragments which Constantine must have derived from Rufus' Arabic version directly.³²

Ar-Rāzī

Abū Bakr Muḥammad ibn Zakarīyā' ar-Rāzī's *Comprehensive Book* contains the largest number of fragments from Rufus' *On Melancholy*. It poses, unfortunately, also the greatest number of problems. Ar-Rāzī, as his name indicates, was born in the city of Rayy (near modern Teheran)

²⁷ This sketch is based on GREEN 2005.

²⁸ Constantine the African produced Latin translations, and should not be confused with Constantine, the Protosecretary of Rhegion, who rendered the *Sustenance of the Traveller* into Greek; see **FF 58, 61**.

²⁹ FLASHAR 1966, 91.

³⁰ See GARBERS 1977.

³¹ From GARBERS 1977, 154–5, to be exact.

³² **FF 59, 62, 63, 65**.

in 854.³³ After receiving an excellent education, he quickly emerged as one of the most innovative and influential clinicians during the Middle Ages. As many medical men of his day, he also took an acute interest in philosophy, and challenged commonly held beliefs. His detractors labelled him as an ‘heretic (*mulhid*)’. He wrote prolifically and read avidly, taking extensive notes. His *Comprehensive Book* resulted from this fondness for study: it is basically a massive collection of notes, arranged according to topics from tip to toe. The work was not published by ar-Rāzī himself, but posthumously by his students at the behest of a prominent vizier of the time called Ibn al-‘Amīd (d. 970). Other medical works by ar-Rāzī include a manual entitled *Book for al-Manṣūr* (i.e., al-Manṣūr ibn Ishāq, the governor of Rayy; *al-Kitāb al-Manṣūrī*), and his *Book of Experiences* (*Kitāb at-Tağārib*), also published posthumously by his students.³⁴

Many studies of how ar-Rāzī cited his sources in his *Comprehensive Book* exist.³⁵ It is therefore not necessary to rehearse their arguments here. One should only bear in mind that ar-Rāzī rarely quoted his source verbatim; rather, he often offered little more than heavily abridged paraphrases. There are very few cases where we can compare a Rufus fragment taken from ar-Rāzī with other evidence, or even a Greek quotation. When this is possible, as in the case of **F 13** (see the commentary), we find both overlaps and discrepancies. This confirms the suspicion that ar-Rāzī quoted loosely, and certainly not according to modern scholarly standards.

Most previous scholarly discussions of Rufus’ *On Melancholy* have relied on the sources discussed so far; moreover, they rarely had access to the original Arabic material, but relied on sometimes unreliable translations.³⁶ Therefore, one ought not only to reappraise the old evidence on the basis of the original Arabic, but also take into consideration the many new fragments. Apart from authors only yielding one or two fragments, not discussed here, al-Kaskarī (fl. 920s), al-Qumrī (fl. 960–80s), and Ibn Sarābiyūn ibn Ibrāhīm (d. after 1030s) provide new evidence.³⁷

³³ A brief account of his life and main ideas can be found in L. E. GOODMAN, art. ‘al-Rāzī, Abū Bakr Muḥammad b. Zakariyyā’, *EP* 474a–477b.

³⁴ The chapter on melancholy from this *Book of Experiences* is translated in Appendix 3.

³⁵ See WEISSER 1997; BRYSON 2000; and PORMANN 2004a. Pauline KOETSCHET, who is currently writing her doctoral thesis, will discuss the section on melancholy in detail.

³⁶ A notable exception is ULLMANN 1994; see below for a discussion of previous scholarship.

³⁷ The minor new authors are at-Tawahhumī (**F 24**), Miskawaih (**F 36**), Quṣṭā ibn Lūqā (**F 46**), and Ibn Baiṭār (**F 57**); see the commentary on the individual fragments.

Al-Kaskarī

What little we know about al-Kaskarī mostly comes from his own work, the *Medical Compendium (al-Kunnāš fī ṭ-Ṭibb)*.³⁸ He worked as a hospital physician in Baghdad in the 920s or 930s. His *Medical Compendium* combines medical theory and practice in an interesting way. As many handbooks of the time, it is arranged from tip to toe. Unfortunately, it only survives in one manuscript; its 1994 Beirut edition, moreover, accidentally omits quite a bit of text which includes the fragments collected here (FF 6, 42).

Al-Qumrī

Another new source is Abū l-Manṣūr al-Ḥasan ibn Nūḥ al-Qumrī. We have very little information about his life.³⁹ He probably lived in the second half of the tenth century. Towards the end of his life, he even reportedly taught Ibn Sīnā (Avicenna, 980–1037).⁴⁰ This, of course, contradicts Ibn Sīnā's own claim that, purely through self-study, he had mastered medicine, an extremely easy subject in his own view, at the tender age of sixteen.⁴¹ Two works by al-Qumrī have come down to us, and the most important one, both in general terms and for our purposes, is his *Book of Riches and Desires (Kitāb al-Ġinā wa-l-munā)*. It is divided into three parts, the first dealing with illnesses from tip to toe, the second with 'external diseases', meaning those affecting the skin, and the third with fevers. In general, al-Qumrī mostly quotes from previous medical authorities such as Rufus; however, in this last part on fevers his own personal experience comes mostly to the fore.

The quotations adduced here mostly come from his chapter 'On melancholy (*Fī l-mālinḥūliyā*)' (cf. commentary to F 18), with one occurring in the chapter 'On epilepsy' (F 23). In the former chapter, al-Qumrī first

³⁸ See PORMANN 2003. More information about Iṣḥāq and his work can be found below on pp. 189–90.

³⁹ The following sketch is based on KARMI 1978, 1–73.

⁴⁰ Ibn Abī Uṣaibi'a (i. 327) reports the following:

حدثني الشيخ الإمام شمس الدين عبد الحميد بن عيسى بن الحسروشاهي أن الشيخ الرئيس بن سينا كان قد لحق هذا وهو شيخ كبير، وكان يحضر مجلسه ويلزم دروسه، وانتفع به في صناعة الطب.

Master Šams ad-Dīn 'Abd al-Ḥamīd ibn 'Īsā al-Ḥusrušāhī (d. 1254) told me [Ibn Abī Uṣaibi'a] that he [Ibn Sīnā] attended his [al-Qumrī's] instruction (*mağlis*) and followed his [al-Qumrī's] classes (*durūs*). From this he [Ibn Sīnā] benefited in the art of medicine.

⁴¹ GUTAS 1988, p. 27 and n. 18.

provides a definition of the disease. Then he describes its causes and symptoms, followed by advice on how to treat it. He concludes the chapter by quoting different authorities in roughly chronological order: Hippocrates (fl. 420s bc), Galen (d. 216/16 AD), Rufus (of Ephesus), Alexander (of Tralles, d. after 500), Tābit (ibn Qurra, d. 901), Ibn Sarābiyūn (fl. c. 870s), Ibn Māsawaih (d. 857)⁴², and Muḥammad ibn Zakariyā' (ar-Rāzī, d. c. 925).

Since al-Qumrī's compendium has not yet been published, the fragments collected here are edited according to two manuscripts, namely Oxford, Bodleian Library, MS Marsh 80, abbreviated as **O**, and London, Wellcome Library, MS Arabic 408, abbreviated as **W**. **O** is an undated manuscript, which is also incomplete, breaking off in the middle of chapter 58 'On catarrhs and colds (*fī z-zukām wa-n-nazla*)' of the first book (*maqāla*). **W** is dated to ah 16 Muḥarram 1030, corresponding to AD 11 December 1620, and only contains the first book (*maqāla*).⁴³

The quotations in al-Qumrī all have parallels in ar-Rāzī, who is clearly earlier. Although there is a good amount of variation on the level of expression in the former, the substance can be found in the latter; see the commentary to the fragments for further details. Therefore al-Qumrī probably quoted Rufus from ar-Rāzī and does not constitute an independent source. This said, because of the poor textual state of the *Comprehensive Book*, al-Qumrī's fragments still contribute to our understanding of Rufus' work.

Ibn Sarābiyūn ibn Ibrāhīm and Rufus' Case Notes

The manuscript Oxford, Bodleian Library, Oriental Collections, MS Hunt. 461 (henceforth Hunt. 461) contains a treatise entitled *Important Chapters on the Medicine of the Masters (Al-Fuṣūl al-muhimma fī ṭibb al-'A'imma)*, which is attributed to one Ibn Sarābiyūn ibn Ibrāhīm, the physician (*al-mutaṭabbib*).⁴⁴ Very little is known about the author; however, he cannot have been the famous Yūḥannā ibn Sarābiyūn, who lived in the second half of the ninth century, since this Ibn Sarābiyūn ibn Ibrāhīm quotes authorities such as Ibn Sīnā (d. 1037) which date back to

⁴² Ibn Māsawaih both wrote a treatise *On Black Bile (Fī l-mirra as-saudā')*, which survives in at least one manuscript, kept in Meshed, Iran; see SEZGIN 1970, 234. I was unable to take it into consideration for the present collection. Pauline Koetschet, to whom I owe this information, is currently endeavouring to obtain a copy, and if successful, will study it in detail.

⁴³ See SERIKOFF 2005, 59–65.

⁴⁴ This manuscript has been described and partially edited by ULLMANN 1978b; this section is largely based on his work.

the eleventh century and are therefore too late by at least a century.⁴⁵ The *Important Chapters on the Medicine of the Masters* is a compilation in 43 chapters, in which the author quotes in a fairly derivative fashion various authorities on diseases occurring at a specific place in the body. He arranges the first 27 chapters (with one exception to be discussed shortly), from tip to toe, starting with ailments affecting the head and moving down via the eye, mouth, chest, and stomach to the reproductive organs. Chapters 28 to 43 are devoted to diseases of the joints and the skin; fractures; poisons; animal and insect bites; bloodletting; general diet; and pharmacology.

Of particular interest to us here is the ninth chapter which, as Manfred Ullmann has shown, contains a collection of case notes by Rufus of Ephesus. This attribution has, however, been disputed, and it is therefore necessary quickly to rehearse his main arguments.⁴⁶ This chapter nine is singular within this collection in that it contains case notes, and not theoretical advice on diagnosis and therapy. Moreover, it comes between a chapter on diseases affecting the ear (no. 8), and another on diseases affecting the nose (no. 10). It therefore does not fit into the arrangement of ailments from tip to toe. Another puzzle is its title⁴⁷:

الفصل التاسع في الأمثلة والمعالجات الجزئية لروفس وغيره للقدماء والمحدثين تستخرج وتستفاد قوانين كلية نافعة جدا

The ninth chapter on examples and individual treatments by Rufus and other ancient and modern physicians; general principles, which are extremely useful, can be extracted and derived [from them].

On the face of it, it would appear that the chapter contains case histories by ‘Rufus and other ancient and modern physicians’. And indeed, the first case history is specifically ascribed to Rufus. It is entitled ‘A report [*hikāya*] by Rufus concerning the treatment of a man [suffering] from melancholy’, (see **F 66** § 1). Yet the remaining other twenty case histories are not attributed to any specific source. Therefore, scholars have argued that since the title talks about ‘other ancient and modern physicians’ not all the case histories can be by Rufus.

There are, however, a number of strong arguments, which, combined, leave little doubt that this collection does go back to Rufus of Ephesus. First, linguistic analysis shows that all twenty one case histories represent Arabic translations of a Greek original. Therefore, they clearly are not

⁴⁵ See PORMANN 2004b.

⁴⁶ For instance, KUDLIEN 1979 and 1980, and SIDERAS 1994, 1168–70 remain sceptical. Yet, THOMSEN, PROBST 1994 assume that the case histories edited by Ullmann constitute an authentic work by Rufus.

⁴⁷ Hunt. 461, fol 38b, 11–14.

taken from ‘modern physicians’, unless, of course, these modern physicians are themselves quoting from Greek sources in Arabic translation. Secondly, across the twenty one case histories, there are many linguistic parallels with Rufus’ remaining work. Thirdly, the drugs mentioned in these case histories (85 in total) occur for their great majority (73) in other works of Rufus or in the contemporaneous medical literature (11), with one drug not having been identified. Fourth, the twenty one case histories constitute a whole and coherent collection of cases, with cross references between them; for instances, cases 2 and 3 follow on from 1 (‘another case of melancholy’). Fifth, this coherence within the collection is further highlighted by the same expressions and turns of phrases being used across the collection. Sixth, the medical approach to diagnosis and therapy displayed in these case histories reflects Rufus’ own medical outlook; for melancholy, we shall highlight some of the parallels in the commentary below. Seventh, Rufus is fond of adducing case histories in his remaining works. These arguments taken together indicate that we have here the work of the famous Ephesian physician. Ullmann speculated whether these histories may have been produced for the public contests (*agóns*) among physicians organised in Ephesus during Rufus’ time.⁴⁸

Arabists have generally accepted Ullmann’s conclusions.⁴⁹ One great expert in the field of Graeco-Arabic medical texts, Gotthard Strohmaier, accepted that this collection of twenty one case histories must, for stylistic reasons, go back to the same author, and that this author must be a Greek physician.⁵⁰ Even the most vocal opponent of Ullmann’s argument conceded that the first case history must go back to Rufus.⁵¹ If this is the case, then, again, the whole collection must be by Rufus, and *a fortiori*, the first four case histories which are linked to each other through cross-references and connecting expressions at the beginning.⁵²

⁴⁸ See Nutton, below, p. 142.

⁴⁹ See, for instance, ÁLVAREZ-MILLÁN 1999, 27–8.

⁵⁰ STROHMAIER 1980, 318 says:

They [the *Case Notes*] are so uniform in style [...] that in any case one has to agree with Ullmann that they [...] must go back to one author.

Sie [die *Krankenjournalen*] sind aber unter einander im Stil derart gleich [...], daß U[llmann] auf jeden Fall zuzustimmen ist, dass sie [...] von einem Verfasser stammen müssen.

⁵¹ Sideras 1994, 1169: ‘it remains undisputed that some of them [the *Case Notes*] certainly go back to Rufus, without doubt the first one ([...] bleib dennoch unumstritten, daß einige von ihnen mit Sicherheit von Rufus stammen, zweifelsohne die erste)’.

⁵² ABOU ALY 1992, 211–7, takes the view that the first five cases are genuine, whilst the others are not.

Previous scholarship

Now that we have reviewed the major sources for the fragments from Rufus' *On Melancholy*, it is useful quickly to address the question how the present collection relates to previous scholarship. The classic collection of Rufus' works is that published by Daremberg and Ruelle in 1879. It contains roughly fifty percent of the fragments from *On Melancholy*, edited and translated here. Of these fifty percent, moreover, roughly half came from a medieval Latin version of ar-Rāzī. Because of its peculiar nature and far from satisfactory quality, scholars often misunderstood and misinterpreted it.⁵³ Franz Rosenthal published a selection of fragments from *On Melancholy* contained in ar-Rāzī's *Comprehensive Book*, and I largely follow his translations where available.⁵⁴ It was Manfred Ullmann, however, who listed many of the new Arabic fragments in his ground-breaking article on the Arabic transmission of Rufus' medical works.⁵⁵ In addition to this, I have been able to identify some new fragments, notably from al-Qumrī's *Book of Riches and Desires* (*Kitāb al-Ġinā wa-l-Munā*). Finally, Pauline Koetschet discovered a new fragment (F46). Therefore, the source base for our knowledge of Rufus' *On Melancholy* is greatly increased. This should not, however, detract from the great scholarly value of Daremberg's and Ruelle's earlier collection. Furthermore, the most important study of this text, that by FLASHAR 1966, 84–104, can still be read with profit.⁵⁶

The present book, like all collections of fragments, therefore owes a tremendous debt of gratitude to its predecessors. It is nonetheless fair to say that it also marks significant progress. Many fragments become available here for the first time, and are made accessible through the English translation and commentary. And yet, this collection can only be provisional and temporary, not definitive and final. For there is no such thing as a definitive edition, since new manuscripts constantly come to light.⁵⁷ Future generations of Classicists and Arabists will undoubtedly find new

⁵³ See ULLMANN 1994, 1297–1303.

⁵⁴ ROSENTHAL 1965, 269–72; and 1975, 198–200; the fragments where I quote his translation are **FF 13–15, 17, 21, 28, 33, 35, 38, 47–9, 52, 60**.

⁵⁵ ULLMANN 1994, 1316–17.

⁵⁶ In a later chapter (below, pp. 248–52), Thomas Rütten will analyse how this study stimulated a contemporary German psychiatrist in his work.

⁵⁷ See SAVAGE-SMITH 1976. A case in point is the edition by of Galen's *On his Own Opinions* in the *Corpus Medicorum Graecorum* (NUTTON 1999). The editor reconstructed the text mostly from a Latin translation based on an Arabic intermediary. Yet, because a new Greek manuscript was rediscovered, NUTTON's text is now largely superseded by the original Greek edited by BOUDON-MILLOT and PIETROBELLI 2005. This does not, however, detract from the usefulness of Nutton's work, as BOUDON-MILLOT and PIETROBELLI 2005, 169, freely acknowledge.

fragments, and hopefully one day someone will unearth a complete manuscript of either the Greek original or its Arabic version, the latter being much more likely. Until such time, it is hoped that this collection will give a general reader access to Rufus' *On Melancholy*, and can serve as a guide to his thought on the subject.

From Ephesus to Istanbul

سَوْدَاءُ بَيضاءُ الْفَعَالِ وَهَكَذَا حَبُّ النَّوَاطِرِ حُصَّ بِالْأَضْوَاءِ
فَلَنْ جَنَّتْ بِحُبِّهَا لَا بَدْعَةٌ أَصْلُ الْجُنُونِ يَكُونُ بِالسَّوْدَاءِ

[She is] black [*saudā*'], [yet] white in her actions,
just as the kernels [*ḥabb*] of the eyes excel through light. [...]

If I become mad through my love [*ḥubb*] for her, this is no innovation,
for the root of madness lies in black bile [*saudā*'].

Taqī ad-Dīn Abū 'Abd ar-Raḥmān ibn Ḥamdān al-Ḥanbalī, ophthalmologist and poet in Cairo (d. 1276/7)⁵⁸

At the beginning of these two verses, we have a wonderful oxymoron: a black woman (*saudā*') who is white (*baiḍā*'). This juxtaposition of light and dark continues in the second hemistich: the pupils of her black eyes are rendered exquisite through the shining light. The second verse startles the reader or listener even more. The medieval poet physician explains his maddening love for the 'black woman (*saudā*)' by a reference to 'black bile (*saudā*)'. The two are homonymous, and since the latter is recognised to cause madness, it is no wonder that the former does so too. The chiasmic ring composition with the word 'black (*saudā*)' at the beginning and the end of the two verses in different meanings accentuates the effect. In this way, Greek humoral pathology penetrated not only medieval Arabic medicine, but also poetry, and the popular imagination.⁵⁹ And this influence endures: even today the word *mālīḥōlīya* means 'madness' in many modern Egyptian dialects.

Egypt is by no means the only part of the Islamic world where we find such instances of *longue durée*. Rufus hailed from Ephesus in Asia Minor, now part of Modern Turkey (*Efes*). In his novel *Istanbul*, Orhan Pamuk (b. 1952), the Turkish author who recently won the Nobel Prize,

⁵⁸ ULLMANN 1998, p. 120, no. 160; see also *ibid.* nos. 211–212a; for information about this author, see *ibid.*, pp. 343–4, and al-Kutubī (ed. 'Abbās 1973–4), ii. 98 (described there as an 'excellent littérateur, physician, and ophthalmologist [...] in living Cairo').

⁵⁹ The verses are quoted in a number of popular collections of poetry, as well as the *Arabian Nights* (cf. ULLMANN 1998, 120); see also DOLS 1992, especially part ii.

explores the melancholy mood of the city, which reflects his own dependency and despair. One may see in Pamuk the scholarly melancholic: through assiduous study he analyses his own condition just like Robert Burton, who styled himself as a Younger Democritus, successor to Democritus of Abdera. This represents just one of the myriad examples in which Rufus' presence can be felt, if indirectly, even today, and even on Rufus' native soil.

Rufus of Ephesus
On Melancholy

PETER E PORMANN

Fragments
Text and Translation

F1 Ibn an-Nadīm, *Kitāb al-Fihrist*, p. 291, 16. 21

[١] وله [لروفس] من الكتب [...] كتاب المرة السوداء مقالتان [...]

F2 Ibn Abī Uṣaiḇī'a, *Uyūn al-anbā' fī ṭabaqāt al-aṭibbā'*, i. 33, 4–2 *ab imo*

[١] وروفس الكبير وكان من مدينة أفسس [٢] ولم يكن في زمانه أحد مثله في صناعة الطب [٣] وقد ذكره جالينوس في بعض كتبه وفضله ونقل عنه [٤] ولروفس من الكتب كتاب المالنخوليا مقالتان وهو من أجل كتبه

F3 Galen, *Περὶ μελαίνης χολῆς*, v. 104 K

[1] τῶν δὲ νεωτέρων ἰατρῶν ἄριστα γέγραπται περὶ μελαγχολίας τῆ Ἐφεσίῳ Ῥούφῳ. καὶ τις εὐλόγως ἂν φαίη μηδὲν ἐνδεῖν τοῖς κατὰ φύσιν ἀκούουσιν, οὐκ ἐριστικῶς ἀντιλέγειν προηρημένοις.

F4 Ishāq ibn ʿImrān, *Fī l-Mālinḥūliyā* (ed. GARBERS 1977), fo. 89b, 5 *ab imo*–90a, 1

[١] لم أقرأ لأحد من الأوائل في المالنخوليا كتاباً مريضاً ولا كلاماً شافياً في هذا المرض إلا لرجل من المتقدمين يقال له روفس الإفسيسي. [٢] وهذا الرجل وإن كان وضع في هذا المرض كتاباً فيه مقالتان احتشد فيه بجميع عقله [٣] وأحسن وأجاد في البحث عنه وعن عوارضه وطريق معالجته. [٤] فإنه إنما خص بصناعته صنفاً واحداً من هذا المرض وهي العلة الشراسيفية والغى ذكر صنوفه الباقية.

F1 Ibn an-Nadīm, *Index*

[1] He [Rufus] wrote: [...] a book [*kitāb*] *On Melancholy*, in two treatises [*maqālas*]

F2 Ibn Abī Uṣaibī'a, *The Sources of Information about the Classes of Physicians*

[1] The great Rufus, hailing from the city of Ephesus. [2] In his time he was second to none in the art of medicine. [3] Galen mentioned Rufus in some [*ba'd*] of his books, praised him and quoted him. [4] Rufus wrote: The book *On Melancholy*, in two treatises [*maqālas*]; this is his greatest work [*ağall kutubihī*].

F3 Galen, *On Black Bile*

[1] Among the recent physicians, Rufus of Ephesus has composed the best work on melancholy. One might well say that nothing is missing here, at least if one listens naturally, and is not disposed from the beginning to contradict and quarrel.

F4 Ishāq ibn 'Imrān, *On Melancholy*

[1] I have never read a pleasing book on melancholy nor a clear treatise on this disease by any of the old authors except the one by a man belonging to the ancients called Rufus of Ephesus. [2] Even if this man composed only one book, containing two treatises [*maqālas*], about this disease, he did concentrate all his mind on the matter, [3] and produced excellent and expert research on it [melancholy], its symptoms, and the method of treating it. [4] He singled out in his art one kind of this disease, namely the hypochondriac illness [*al-'illa aš-šarāstīfīya*], whilst omitting to discuss its other kinds.

Book One
Symptoms and Incidents

F5 Ishāq ibn 'Imrān, *Fī l-Mālinhūliyā* (ed. GARBERS 1977), fo. 96a, 7 ab imo–96b, 12

[١] وقد وجدنا روفس الطيب الواضع لكتاب المالنخوليا أكثر في المقالة الأولى من كتابه من ذكر الأعراض والأحداث التي تصيب أصحاب المالنخوليا حتى إنه بعد أن أطال^١ الكلام وأكثر الإطناب فيما يعرض لواحد واحد منهم قال لما قطعه: [٢] فقد أثبتنا في مقالنا هذا من ذكر الأعراض التي تعرض لأصحاب المالنخوليا على ما إن أحسن [؟] القارئ لكتابنا فهمها قدر أن يفهم كل عارض يعرض لأصحاب هذا الداء مما لم نذكره في هذا الكتاب

[٣] فدل الحكيم روفس بقوله هذا <على>^٢ أن [أصحاب]^٣ أعراض هذا المرض تكاد أن لا يبلغ مداها ولا يوصل إليها [٤] ليس ذلك لأن أعراض المرة السوداء إذا غلبت على البدن خفية ولكن سبيل ما عرض في النفس من الأسقام خفي لخفاء جوهر النفس وعسر وجدانه وخفاء معرفة^٥ اختيارات النفس والوقوف على وزن ما لها من جودة التفكير وردائه وصحة التخيل وقبحه وقوة الحفظ وضعفه وسياقة العقل في الجملة ووساقه وضعفه وفشله^٦ [٥] وكذلك في أخلاقها وتفنتها فيها [٦] فإن هذا كله من الاختلاف والتفنن [ما]^٧ لوقع الحيرة على حذاق الأطباء وليس عليهم معرفة هذه العلة باختلاف أعراضها هذا.

[٧] على أن روفس الحكيم إنما كان [في]^٨ ذكر الصنف من مرض المالنخوليا الشراسيفي وفيه وضع كتابه [٨] ولكن لروفس أن يحتج ويقول [٩] إن كلامي في صنف واحد من المالنخوليا مرتبط متوشح إلى الصنفين الباقيين وإن كلامي في هذا الصنف أيضا إنما أشرت به إلى الصنفين الباقيين^٩ في الأعراض التي ذكرت والمداواة التي وصفت

^١ أطال] conī. Ullmann; cod.: طال ^٢ على] suppl. Ullmann; om. cod. ^٣ أصحاب] secl. Ullmann ^٤ معرفة] conī.; Garbers: تعرفه ^٥ معرفة] conī.; Garbers: تعرفه ^٦ فشله] secl. Ullmann ^٧ ما] secl. Ullmann ^٨ في] secl. Ullmann ^٩ الباقيين] in marg. Ullmann

Book One Symptoms and Incidents

F5 Ishāq ibn ‘Imrān, *On Melancholy*

[1] We noticed that Rufus, the physician who composed the book *On Melancholy*, discussed the symptoms and incidents occurring to melancholics at great length in the first treatise [*maqāla*]. Finally, after he discussed at great length the things which occur to each single one of them [those suffering from melancholy], he said (having cut short his discussion): [2] ‘In this treatise of ours, we have just listed in a reliable fashion the symptoms occurring in melancholics, so that, if the reader understands our book well, he will [even] be able to comprehend all those symptoms present in those suffering from this disease which we have not mentioned in this work.’

[3] By saying this, Rufus, the physician [*ḥakīm*], indicated that the symptoms of this disease can hardly be ascertained or elucidated to their full extent. [4] This is the case not because the symptoms of melancholy, when they dominate the body, are hidden. Rather, the way in which the soul is affected is hidden, because the substance of the soul is concealed and difficult to perceive, and it is unclear how one arrives at a knowledge of the choices of the soul, and how one comes to measure whether the soul’s thought is good or bad, whether the imagination is sound or not, whether the memory is strong or weak, and, in general, whether the intellect urges [something] on, is opposed [to it], or fails [in it]. [5] The situation is similar as concerns its [the soul’s] character traits and their diversity in it [the soul]. [6] All this is subject to disagreement and diverse opinions, since even intelligent physicians are at a loss, and do not have knowledge of this illness with all its different symptoms.

[7] Rufus, the physician [*al-ḥakīm*], however, had only discussed the hypochondriac [*ṣarāsīfī*] kind of the disease of melancholy, and he dedicated his book to it.

[8] Yet, Rufus is willing to argue and say: [9] ‘My discussion of one kind of the disease of melancholy is linked and connected to the other two types. Moreover, by my discussion of this one kind of melancholy, I hint at the other two types as regards the symptoms which I have listed and the treatment which I have described.’

F6 al-Kaskarī, *Kunnāš ft t-Tibb*, fol. 124b, 8-paen. fasc. SEZGIN 1985; previously edited and translated in PORMANN 2003, 235, 243-4; the passage is missing in ed. ŠIRI 1994 (it would be somewhere between pp. 227 and 228)

[١] وهذا قول روفس في كتابه في داء^١ المالنخوليا ، وهو الوسواس السوداوي ، يقول: إن ابتداء هذه العلة من تحت الشراسيف وفي فم المعدة. [٢] والدليل على ذلك أنك إذا أسهلت بطونهم ، خفّ وجعهم. [٣] وإذا جفّت بطونهم ، صعب وجعهم. [٤] وأن هذا المرض أكثر ما يعرض من سوء الهضم. [٥] وإذا تقيؤوا ، أيضا خفّ وجعهم. [٦] وأي خلط من الأخلاط خرج بالقيء ، خفّ به هذا المرض إن خرج بلغم أو خرجت مرّة سوداء أو خرجت مرّة صفراء.

[٧] وقال روفس في هذا الكتاب: إن بعض الأطباء من القدماء كان يسمي أصحاب هذا المرض الشراسيفين لأنّ ابتداءه من تحت الشراسيف^٢. [٨] وقد كان يمكنه أن يشتق لهم هذا الاسم من بعض أسماء قوى النفس [لأنّ ابتداء المرّة السوداء من تحت الشراسيف وفم المعدة]^٣.

^١ داء] coni. Ullmann; cod.: الداء. ^٢ fort. secludendum ^٣ secludi لأنّ ابتداءه من تحت الشراسيف

F7 Ibn Sīnā, *Qānūn*, I 313, 20-2/II 65 ult. ff.:

[١] ويسمى هذا نفخة مراقيّة ومالنخوليا نافخا ومالنخوليا مراقيا وهو كثيرا ما يقع عن ورم أبواب الكبد فيحرق دم المراق [٢] وهو الذي يجعله جالينوس السبب في المالنخوليا المراقي وروفس جعل سببه شدة حرارة الكبد والمعى [٣] وقوم آخرون يجعلون سببه السدة الواقعة في العروق المعروفة بالماساريقا مع ورم [...]

F8 Rāzī *Hawī* xv. 72, 15-73, 10 (D-R 337; 338, 1-4)

[١] روفس في كتاب المالنخوليا: بان^١ من مشاركة الرأس للمعدة أشياء منها أن المريء ينبت من الرأس ، ومنها أن عصبا يجيء إلى المريء والمعدة له مقدار ، ومنها أن فم المعدة يتصل بالحجاب الفاصل وهذا الحجاب كثير العصب. [٢] وأن الضربة على الرأس يقيأ منها المرار

F6 Ya'qūb al-Kaskarī, *Compendium on Medicine*

[1] Rufus said the following in his book on the ailment melancholy (*malinḥūliyā*), that is, melancholic delusion (*waswās saudāwī*): This disease starts out in the region beneath the rib-cartilage [i.e. the hypochondria] and at the [cardiac] orifice of the stomach. [2] This is shown by the fact that when you provide relief to the belly of the patients, their pain is diminished. [3] Yet if the patients' belly becomes dry, the pain is increased. [4] [Another proof is] that this disease often occurs through indigestion. [5] When the patients vomit, their pain is also diminished. [6] Every humour which is expelled through vomiting diminishes this disease, whether phlegm, black bile, or yellow bile is expelled.

[7] Rufus said in this book: Some ancient physicians called those suffering from this disease hypochondriacs [*ṣarāsīfīs*] since it originates in the region beneath the rib-cartilage. [8] Yet, one could have derived this name for them ['hypochondriacs'] from a term denoting the faculties of the soul [*quwā n-nafs*].

F7 Ibn Sīnā, *Canon of Medicine*

[1] This is called hypochondriac flatulence, flatulent melancholy, and hypochondriac melancholy. It often is caused by the swelling of the portal veins of the liver [*abwāb al-kabid*], so that it burns the blood of the hypochondriac region. [2] Galen makes this the cause of hypochondriac melancholy, while Rufus declares that its cause is the extreme heat of the liver and the stomach. [3] Others assume that its cause is the blockage occurring in the veins known as '*māsārīqā* [*μεσαραϊκαί*, mesenteric]', together with a swelling [...]

F8 ar-Rāzī, *Comprehensive Book*

[1] Rufus in this book *On Melancholy*: Certain things clearly demonstrate that the head is connected to the stomach, such as the following: 1) the oesophagus originates in the head; 2) a string of nerves of considerable size reaches into the oesophagus and the stomach; 3) the orifice of the stomach is connected to the separating diaphragm, and this diaphragm has many nerves. [2] A blow to the head therefore causes one to vomit bile.

[٣] ثم قال: لا شيء² أصلح في علل الرأس التي عن المعدة من القيء والإسهال وأنا أحسب أن السرسام³ إنما يكون لكثرة المرار في المعدة وتأذي الدماغ بذلك حتى إنه يمتنع من أفعاله لذلك وإنما يموت السرسام⁴ بالاختناق، [٤] ولا أدري شيئاً أفضل فيه من الإسهال الذريع للمرار الأصفر فإنه يمنع من حدوثه. [٥] وينبغي أن تبدئ⁵ أول ما ترى أعراضه [٦] فإنه أنفذ فيه من الفصد بل ربما كان الفصد فيه رديئاً لأنه يجعل البدن أشد يبسا وحرافة وأصعب.

[٥] ما⁵ المبرسم v.l. [المسرسم⁴ البرسام v.l.: [السرسام³ اسقي شيئاً v.l.: [لا شيء² أراني v.l.: [إبان¹ v.l. كما

F9 Rāzī Hāwī i. 162, 4–5 [1st ed./ i. 279, paen.–ult. [2nd ed.] (D-R 134):

[١] روفس في كتابه في المالنخوليا. التشنج الرطب يملأ البطن ريحا وتكون لذلك علامة رديئة.

F10 Rāzī Hāwī i. 180, 11–12 [1st ed./ i. 311, 4–5 [2nd ed.] (D-R 136)

[١] روفس في المالنخوليا، قال إذا عرض بمن به تمدد أن يظن أن بدنه ممتلئ ريحا فذلك أشر شيء.

F11 Aëtius, *Iatricorum libri*, vi. 9; CMG viii. 2, 141, 11–151, 2; D-R 70

Περὶ μελαγχολίας ἐκ τῶν Γαληνοῦ καὶ Ρούφου καὶ Ποσειδωνίου.

[...]

Ρούφου: [1] Πάντων μὲν οὖν τῶν παρεπομένων ἐκάστω συμπτωμάτων τὰς αἰτίας εἰπεῖν ἀδύνατον· [2] ἀπορίαν γὰρ πολλὴν ἔχει τὰ πλεῖστα, οἷον διὰ τί τὰ μὲν φεύγουσιν ὡς δεινὰ μὴ ὄντα δεινὰ, τὰ δὲ διώκουσιν ὡς χρηστὰ μὴ ὄντα χρηστὰ, καὶ διὰ τί ὁ μὲν τοὺς οἰκείους φοβεῖται, ὁ δὲ ὅλους ἀνθρώπους καὶ τὰ τοιαῦτα. [3] τῶν πλείστων δὲ συμπτωμάτων εἰπεῖν τὰς αἰτίας τὸν ἰατρὸν οὐ χαλεπὸν, οἷον ὁ δοκῶν ἑαυτὸν κέραμον εἶναι, διὰ τὴν ξηρότητα τοῦτο πάσχει ψυχρὸς γὰρ καὶ ξηρὸς ὁ μελαγχολικὸς χυμὸς. [4] ὁμοίως δὲ καὶ ὁ τὸ ἑαυτοῦ δέρμα δοκῶν εἶναι ταῖς ξηραῖς διφθέραις ὅμοιον. [5] ὁ δὲ οἰόμενος μὴ ἔχειν κεφαλὴν ἴσως διὰ κουφότητα τῆς κεφαλῆς τοῦτο ᾤετο, τὴν δὲ κουφότητα τὸ ἀναφερόμενον πνεῦμα παρείχεν αὐτῇ. [6] διὰ τί δὲ ὀρέγονται οἱ μελαγχολικοὶ πλειόνων σιτίων; ἢ ὅτι ψύχεται αὐτοῖς τὸ στόμα τῆς γαστρὸς. [7] διὰ τί δὲ ἔνιοι αὐτῶν οἰνοπόται; ἢ ὅτι ψυχρὸν ὄν θερμανθῆναι χρῆζει. [8] διὰ τί δὲ ἀποκτενοῦσι σφᾶς αὐτούς¹; ἢ ὅτι

[3] Then he [Rufus] said: There is nothing better for diseases of the head having their origin in the stomach than vomiting and purging. I reckon that brain fever [*sirsām*] is caused only through a great quantity of bile in the stomach, because of which the brain is damaged, so that it is prevented from carrying out its [habitual] tasks. People suffering from brain fever die precisely [for this reason] of suffocation. [4] For this, I do not know anything better than purging yellow bile briskly, for it [the purging] prevents it [brain fever] from happening. [5] You ought to begin [treatment] immediately when you see the symptoms. [6] It [purging yellow bile] is more effective than venesection. Sometimes venesection is even bad for this, for it renders the body drier, more pungent and more difficult.

F9 ar-Rāzī, *Comprehensive Book*

[1] Rufus in his book *On Melancholy*: Wet spasm [*tašannuġ*] fills the belly with wind. This represents a bad indication.

F10 ar-Rāzī, *Comprehensive Book*

[1] Rufus in *On Melancholy* said: If it happens that someone who suffers from spasm [*tamaddud*] thinks that his body is filled with wind, then this is the worst thing.

F11 Aëtius, *Medical Books*, vi. 9

Rufus: [1] It is impossible to list the causes for all the symptoms which accompany each one [each case of melancholy]. [2] For most things [*tà pleïsta*] present intractable problems, such as the following. Why do they [patients suffering from melancholy] avoid some things as if they are terrifying when they are not, and pursue other things as if they are good [for them] when they are not? Why do some fear their family members, and others all human beings, and so on? [3] On the other hand, it is not difficult for the physician to explain the causes of most [*tôn pleïstōn*] symptoms. For instance, someone who thinks that he is an earthen vessel suffers from this [delusion] because of dryness. For the melancholic humour is cold and dry. [4] Likewise, if someone thinks that his skin is similar to dry parchment. [5] When someone believes that he does not have a head, perhaps he thinks so because of the head being light; the *pneûma* which rises up provides the lightness for it [the head]. [6] Why do melancholics crave more food? Because the orifice of their stomach is cold. [7] Why are some of them drunkards? Because what is cold needs to be warmed. [8] Why will they kill themselves? Because they surmise that they can

μειζόνων κακῶν ὑπολαμβάνουσιν ἀπαλλάττεσθαι. [9] εἰ μὴ ἄρα δόξα τοιαύτη ὑπογίγνεται αὐτοῖς, ἢ ὅτι τὸ ἀποθνήσκειν ἐστὶ καλόν, ὡσπερ τῶν βαρβάρων ἐνίοις. [10] διὰ τί δὲ ἀπεψία συνεχεῖς αὐτοῖς γίνονται; ἢ ὅτι θολερὸν καὶ περιττωμάτων μεστόν ἐστιν αὐτῶν τὸ σῶμα καὶ διὰ τοῦτο καὶ δύσκρατος ἡ γαστήρ ψυχομένη διὰ παντὸς ἐκ τοῦ μελαγχολικοῦ χυμοῦ. [11] διὰ τί δὲ αἱ κοιλίαι ὡς ἐπίπαν αὐτοῖς ξηραίνονται; ἢ ὅτι τὸ πνεῦμα τοῖς ἄνω περὶ τὰ ὑποχόνδρια προίσταται καὶ οὐ πάνυ κάτω διαχωρεῖ. [12] ἀνάγκη τοίνυν δι' αὐτὸ τοῦτο καὶ τὰς γαστέρας εἶναι ξηράς· [13] ἐκ δὲ πολλῆς τῆς ἐπισχέσεως ἀθρόα ποτὲ καὶ περιτετηκότα διαχωροῦσι.

[14] σκαρδαμυκταὶ δὲ καὶ ἐξόφθαλμοι καὶ παχύχειλοι ὡς ἐπίπαν γίνονται διὰ τὸ παχὺ πνεῦμα, μελανόχροες δὲ διὰ τὴν φύσιν τοῦ χυμοῦ. [15] δασεῖς δὲ οἱ πλείους αὐτῶν διὰ τὸ πλῆθος τῶν παχέων περιττωμάτων, ταχύγλωσσοι δ' ὡς ἐπίπαν εἰσὶ καὶ τραυλοὶ καὶ ἰσχνόφωνοι τῷ ἀκρατεῖ τῆς γλώττης. [16] αἱ γὰρ συντονίαι τῆς κινήσεως κατὰ τὸ πνεῦμα γίνονται· πᾶν δὲ τὸ συντόνως κινήθην ἀπορρεῖ ταχέως.

[17] εὐπετὲς μὲν τῷ βουλομένῳ καὶ τῶν λοιπῶν συμπτωμάτων ἀποδοῦναι τὰς αἰτίας ἐκ τούτων ὀρμωμένῳ. [18] μελαίνεται δὲ ὁ χυμὸς οὗτος ποτὲ μὲν ὑπερθερμαίνόμενος, ποτὲ δὲ ὑπερψυχόμενος· [19] οἶον γάρ τι πάσχουσι οἱ καιόμενοι ἄνθρακες, διαυγέστατοι μὲν ὄντες τῇ φλογί, σβεννυμένης δὲ τῆς φλογὸς ἀπομελαίνονται, τοιοῦτόν τι καὶ ἡ ψῦξις περὶ τὸ φαιδρὸν χρῶμα τοῦ αἵματος ἐργάζεται. [20] ὀρώμεν γὰρ κάπὶ τῶν ἐκτὸς πελιδνὰ γιγνόμενά τινα τῶν σωμάτων καὶ μελαινόμενα ὑπὸ ψύξεως. [21] ἡ δὲ ὑπερβολὴ τοῦ θερμοῦ πάλιν ξηράνασα καὶ δαπανήσασα τὰς ὑγρότητας, ὑφ' ὧν τρέφεται τὸ θερμόν, μελαίνει τοὺς χυμούς, ὡσπερ καὶ ὁ ἥλιος τοὺς καρπούς καὶ τὰ τῶν ἀνθρώπων σώματα.

[22] γινώσκειν τοίνυν χρὴ ὡς διττὸν τὸ εἶδος τῆς μελαγχολίας· τινὲς μὲν γὰρ αὐτῶν ἐκ φύσεως καὶ τῆς ἐξ ἀρχῆς κράσεως ἔχουσι τὸ μελαγχολικόν, τινὲς δὲ ἐκ διαίτης φαύλης εἰς ὕστερον τὴν κρᾶσιν ταύτην ἐπεκτήσαντο. [23] καὶ ἐστὶ τὸ εἶδος τοῦτο νωθρὸν καὶ κατηφὲς αἰεὶ. [24] ὅτι δὲ ἐξ ὑπεροπτήσεως τῆς ξανθῆς χολῆς τῇ παραφροσύνῃ περιπίπτουσι, θρασύτεροι καὶ ὀργιλώτεροι τῶν ἄλλων εἰσὶ καὶ πληκταὶ καὶ τὰ πάνδεινα πράττοντες κατὰ τὸν καιρὸν ἐκεῖνον μάλιστα, ἐν ᾧ ὑπεροπτᾶται ἡ χολή· [25] τῷ χρόνῳ δὲ ὅταν καὶ αὐτὴ ἀποσβεσθῇ, κατηφεῖς καὶ ἐπίλυποι καὶ ἐπίφοβοι γίνονται.

[26] τὰ μὲν οὖν πρὸ τῆς θεραπείας εἰς τοσοῦτον διεγνωκέναι χρὴ τὸν ἰατρόν· [27] ἂ δ' ἄν τις μαθὼν ἔχοι βοηθεῖν τοῖς οὕτω νοσοῦσιν, ἤδη καιρὸς ἐκτίθεσθαι. [28] διαφέρει δὲ εἰς τὴν θεραπείαν οὐ σμικρὰ τὸ εἰδέναι ὅθεν τὴν ἀρχὴν ἔσχε τὸ νόσημα.

¹ αὐτούς] conii.; MSS αὐτῶν.

[thus] escape greater evil. [9] If they do not have this opinion, then because they [imagine that] it is beautiful to die, like some barbarians. [10] Why do they constantly suffer from indigestion? Because their body is turbid and full of superfluities, and the belly is therefore bad-tempered throughout owing to the melancholic humour. [11] Why are their abdomens generally dry? Because the *pneûma* is located above the hypochondriac region, and does not pass down at all. [12] For the same reason, their bellies are necessarily dry. [13] After prolonged constipation, they sometimes expel liquified faeces all at once.

[14] They generally blink their eyes, and have prominent eyes and thick lips because of the thick *pneûma*. Their skin turns black owing to the [melancholic] humour being poured out. [15] Many of them are hairy because of the great amount of thick superfluities. They generally speak fast, they lisp, and stammer since they cannot control their tongue. [16] For the intensity of movement comes about through the *pneûma*. Everything which moves intensely decays quickly.

[17] On the basis of this [explanation], it is easy for anybody to give the reasons for the other symptoms. [18] The humour sometimes becomes black because it gets excessively hot, and sometimes, because it gets excessively cold. [19] What occasionally happens to live coals, namely that they are most radiant through the flame, but when it dies down, they turn black, also is brought about with regard to the bright colour of the blood, when it is cooled. [20] We see how some external bodies become livid and black because of the cold. [21] The excess of heat, on the other hand, by drying out and consuming the moisture through which the heat is nourished, renders the humours black, just as the sun blackens fruits and human bodies.

[22] It is necessary to recognise that there are two kinds of melancholy. 1) Some of them have melancholy because of their nature and original mixture, whilst 2) others have acquired this mixture later owing to a bad diet. [23] This [latter] kind is always [characterised by] sluggish and downcast [behaviour]. [24] Since they fall victim to delirium because of excessive 'cooking' of yellow bile, they are bolder and more easily angered than others: they brawl and commit the most outrageous acts at the very moment when the bile is excessively cooked. [25] With time, after the bile is burnt up, they become downcast, sad, and fearful.

[26] The physician has to recognise these things to this extent before he begins treatment. [27] What one ought to know in order to be able to help those suffering from this illness, it is now time to explain. [28] It makes a great difference for the treatment to know what the origin of the disease is.

F 12 Ishāq ibn 'Imrān, *Fī l-Mālinhūliyā* (ed. GARBERS 1977), fo. 98b, lines 9–12

[1] ومنهم من يتوهم أن لا رأس له [2] كمثل ما رأيناه قريبا بمدينة القيروان [3] فإننا ثقلنا رأسه بقلنسوة عملتها من رصاص وجعلناها على رأسه في محل الخوذة [4] فحينئذ صح عنده أن له رأساً [5] وكذلك حكى روفس أنه رأى ذلك

F 13 Rāzī *Hāwī* i. 74, 8–15 [1st ed.]/i. 120, 16–121, 7 [2nd ed.] (D-R 127, 1–5)

[١] روفس في كتابه في المرة السوداء ، قال: المالنخوليا يجب أن يدارك في ابتدائه ، وإلا عسر علاجه من جهتين: من قبل تمكن الخلط ، ومن قبل عسر إجابة العليل إلى القبول¹.

[٢] وعلامة ابتدائه أن يعرض للإنسان خوف وفتح وظن رديء في شيء واحد ؛ ويكون سائر أشيائه² لا علة بها [٣] مثل أوهامهم أن منهم³ يخاف الرعد ، أو يولع بذكر الموت ، أو بالاغتسال ، أو يبغض طعاما أو شرابا أو نوعا من الحيوان. ويتوهم أنه قد ابتلع حية أو نحو ذلك. [٤] فيدوم بهم بعض هذه الأعراض مدة ، ثم تقوى وتظهر أعراض المالنخوليا كاملة وتشتد على الأيام. [٥] فإذا رأيت شيئا منها فبادر بالعلاج.

¹ [السيؤال] conī. Ullmann (ap. FLASHAR 1966, p. 95, n. 21); codd.: القبول ² [أشيائه] conī.; codd.: [منهم] fortasse leg. من [منهم] أسبابه

F 14 Rāzī *Hāwī* i. 75, 16–76, 9 [1st ed.]/123, 4–124, 2 [2nd ed.] (D-R 127, 16–20)

[١] قال: ومن العلامات الدالة على ابتداء المالنخوليا حبّ التفرد والتخلي من الناس على غير وجه حاجة معروفة أو علة ، كما يعرض للأصحاء لحبهم البحث أو الستر للأمر الذي يجب ستره.

[٢] وقد ينبغي أن يتفقد علامة متداولة الأمر ويبادر بعلاجه لأنه في ابتدائه أسهل ما يكون [٣] وأعسر ما يكون إذا استحکم. [٤] وأول ما يستدل به على وقوع الإنسان في المالنخوليا أن يسرع الغضب والحزن والفتح بأكثر من العادة ، ويحب التفرد والتخلي. [٥] فإن كان مع هذه الأشياء بالصورة التي أصف ، فليقو ظنك ؛ [٦] ويكون لا يفتح عينيه فتحا جيدا [٧] كأن به خفشا ، وتكون أعينهم ثابتة قليلا ، وشفاهم غليظة ، وهم¹ أدم الألوان ، زعر الأبدان ، صدورهم وما يليه عظيم ، وما دون ذلك من

F12 Ishāq ibn 'Imrān, *On Melancholy*

[1] Some of them [melancholics] imagine that they do not have a head. [2] We saw something of the sort close to the city of Kairouan. [3] We burdened his [the patient's] head with a *qalansuwa* (tiara) which we made of lead and put on his head in place of a helmet. [4] Then he realised that he had a head. [5] Rufus, too, reported [*hakā*] that he saw this.

F13 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal (modified)

[1] Rufus said in his book *On Black Bile*: Melancholy must be treated from the very beginning. Otherwise treatment is made more difficult for two reasons: 1) because the humour has become inveterate; and 2) because it then becomes difficult for the patient to answer questions.

[2] The beginning of melancholy is indicated by fear, anxiety and suspicion aimed at one particular thing whilst no disease is present in any other respect. [3] Examples of their imaginations include the following. Some are afraid of thunder; others ardently desire to discuss death; others want to wash themselves [constantly], or hate a particular food, a particular drink or a particular kind of animal; or they imagine that they have swallowed a viper or something similar. [4] Such symptoms last for a time; then they become stronger, and the symptoms of fully developed melancholy appear and become increasingly more severe. [5] If you perceive any symptom of this kind, begin treatment quickly.

F14 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal (modified)

[1] He said: A sign of incipient melancholy is the craving to want to be alone and stay away from all other people, without any visible need or cause for it, of the kind that the healthy can sometimes have, because they love research or want to keep undisclosed what must remain secret.

[2] One must look out for a recurrent sign (*'alāma mutadāwilat al-'amr*), and start treatment immediately, since melancholy is most easily treated at the beginning. [3] Once it has settled in, however, it is extremely difficult to cure. [4] The first sign from which one can conclude that someone is suffering from melancholy is that he becomes angry, sad and anxious more quickly than usual, and likes to be alone. [5] If this is combined with circumstances which are of the kind I am about to describe, you can feel confirmed in your supposition. [6] The patient cannot open his eyes properly, as if he were day-blind. [7] The eyes of melancholics are somewhat rigid, their lips thick, their complexion dark, little hair on their body, their chest and adjacent parts of the body strongly de-

البطن ضامر [٨] وحركتهم قوية سريعة، لا يقدرّون على التمهّل، لثغ دِقَاقُ الأصوات،^١
ألسنتهم سريعة الحركة بالكلام.

suppl. Ullmann [وهم]^١

F 15 Rāzī Hāwī i. 75, 12–15 [1st ed.]/122, ult.–123, 3 [2nd ed.] (D-R 127, 15)

[١] قال: وإذا عرض المالنخوليا، ربما خفي ابتداءه إلا على المهرة من الأطباء [٢] لأنّ
الطبيب الحاذق قد يميّز خبث النفس والقنوط والغم^١ العارض في ابتداء المالنخوليا من
العارض بسبب آخر ممّا يعرض للناس.

الهم v.l. [الغم]^١

F 16 al-Qumrī, Kitāb al-Ġinā wa-l-Munā, O, fol. 18a, 4–5/ MS W, 23b, 1–2

[١] وقال لا يميز المالنخوليا إذا ابتداءً بالإنسان إلا الحذاق من الأطباء

F 17 Rāzī Hāwī i. 74, 16–75, 8 [1st ed.]/121, 8–122, 9 [2nd ed.] (D-R 127, 6–11)

[١] قال: وإذا عرضت في أبدان أصحاب المالنخوليا قروح، دلّ ذلك على موت قريب
[٢] وهي قروح تظهر في الجنين والصدر وظاهر البدن [٣] ففيها حرارة مؤلمة جدا
قريبة من الجمر فيما يعرض فيه من الحكمة وغير ذلك.

[٤] ويعرض المالنخوليا للرجال أكثر ممّا يعرض للنساء [٥] غير أنه إذا عرض
للنساء، كان ما تتخيله أفحشّ وغمهنّ أقوى؛ [٦] ولا يعرض للصبيان؛ وقد يعرض
للغلمان في الندرة وللأحداث [٧] فأما الكهول والمشايخ فبالاختصاص يعرض لهم؛
وخاصة المشايخ [٨] فإن المالنخوليا يكاد أن يكون عرضا لازما للشيخوخة، لأن
المشايخ بالطبع ضيقو الصدور، قليلو الفرح، سيئة أخلاقهم، هضمهم رديء، ونفخهم
في البطن كثير. [٩] وهذه أعراض المالنخوليا.

[١٠] وأبعد الأزمنة من المالنخوليا الشتاء لجودة الهضم فيه [١١] ثم الصيف لأنه
يطلق البطن ويذيب الفضول [١٢] فأما من لم يطلق الصيف^١ بطنه منهم فإنه يهيج عليه فيه
هيجانا عظيما شديدا. [١٣] والموقعة في المالنخوليا الإكثار من الشراب الغليظ الأسود
والشراب الحريف^٢ واللحوم الغليظة لا سيّما لحم البعير <والمعز^٣ و التملؤ^٤ من الطعام
والشراب وترك الرياضة توقع في المالنخوليا [...]

^١ [الصيف] vers. lat.: *in aestate*; v.l. om. ^٢ [الحريف] v.l.: الحديث ^٣ [والمعز] add. ex vers. lat. *et hircinae* ^٤ [والتملؤ] v.l. om.; cf. vers. lat. *et multa repletio*

veloped, their belly below shrunken. [8] Their movements are powerful and quick, and they can do nothing slowly. They lisp, and their voice is thin. They speak quickly, with a swift movement of the tongue.

F 15 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal (modified)

[1] He said: When melancholy occurs, often only skilful [*māhir*] physicians can recognise it at the onset. [2] For an intelligent [*hādiq*] physician usually knows how to distinguish a malign state of the soul [*hubt an-nafs*], despair [*qunūt*] and worry [*ḡamm*] occurring at the onset of melancholy from affections caused by something else.

F 16 Abū l-Manṣūr al-Ḥasan ibn Nūḥ al-Qumrī, *Book of Riches and Desires*

[1] He said: Melancholy at its onset is detected only by intelligent [*hādiq*] physicians.

F 17 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal (modified)

[1] He said: When ulcers appear on the body of a melancholic, this indicates imminent death. [2] Such ulcers appear on both sides [of the body], the chest and elsewhere on the surface of the body. [3] They are painfully hot and resemble carbuncles [*ḡamr*] in that itching occurs, and in other respects.

[4] Men suffer from melancholy more frequently than women. [5] Yet women who suffer from it have more repugnant fantasies and greater anxieties. [6] Children do not get it, youths and young men rarely. [7] On the other hand, elderly and old men especially get it, in particular the old. [8] For melancholy is fairly typical of old age, since the old are naturally depressed, little inclined to merriment, and moody. They suffer from indigestion and a lot from flatulence. [9] These are the symptoms of melancholy.

[10] Winter is the season in which melancholy is least likely to occur, since the digestion is good in winter. [11] Next comes summer, since it purges the stomach and dissolves the superfluities. [12] If the summer does not purge the stomach, they suffer from an extremely severe irritation [*hayaḡān*] during it. [13] During melancholy it is harmful to drink much thick and dark wine, or acrid¹ wine; to eat tough meat, especially that of camels and goats; to fill oneself with food and drink; and to avoid physical exercise.

¹ ‘acid’] variant: ‘new’.

F 18 al-Qumrī, *Kitāb al-Gīnā wa-l-Munā*, O, fols. 17b, paen.–18a, 4; W, fols. 23a, 12–23b, 1

[١] قال روفس يعرض المالنخوليا للرجال أكثر منه للنساء [٢] غير أنه إذا عرض للنساء كان أردأ وأفحش [٣] ولا يعرض للغلمان والخصيان إلا في الندرة ويقل أيضا في الأحداث [٤] وأما الكهول والمشايخ فلا يخص من قد عرض له منهم وخاصة المشايخ بالطبع^١ [٥] فإن المالنخوليا يكاد أن يكون عرضا لازما للشيخوخة لأن المشايخ بالطبع ضيق الصدر قليلو الفرح^٢ أخلاقهم سيئة وهضمهم رديء ونفخهم في البطن كثير [٦] وهذه أعراض المالنخوليا.

الفرح الفرح: coni.; codd.: [الفرح]^٢ v.l. om. [بالطبع]^١

F 19 *Rāzī Hāwī* vii. 227, 11–12 (D-R 250)

[1] روفس في المالنخوليا: الضربان من الاستسقاء الزقي والطبلي ينحف معهما البدن فأما اللحمي فيعبل معه

F 20 Paul of Aegina, *Epitomae medicae libri septem* (CMG ix. 1–2, ed. Heiberg), ii. 8, 17–21 (bk 5, ch. 3) [also quoted by Michael Glycas, *Annales* (ed. I. Bekker, *Corpus scriptorum historiae byzantinae*, 18), 121, 21–122, 1]:

[1] ὁ δέ γε Ρουφος μελαγχολίας αὐτοῖς εἶδος τὸ τοιοῦτον [ὑδροφοβικὸν πάθος] ἀπεφάνητο γίνεσθαι τοῦ ἰοῦ τὸν χυμὸν ἐκεῖνον μιμησαμένου, καθάπερ ἑτέρους ἴσμεν μελαγχολικοὺς ἄλλους ἄλλα φοβουμένους, [2] ἥτις αἰτία συντρέχει καὶ τοῖς φάσκουσιν αὐτοὺς οἶεσθαι τὸν δακόντα κύνα ἐν τοῖς ὕδασιν εἰκονίζεσθαι.

F 21 *Rāzī Hāwī* i. 76, 9–77, 3 [1st ed.]; 124, 2–125, 7 [2nd ed.] (D-R 127, 20b–22)

[١] قال: وليس يظهر في كل هؤلاء قيء أو إسهال معه كيموس أسود بل ربما كان الأكثر الظاهر منهم البلغم [٢] فإن ظهر في الاستفراغ شيء^١ أسود دلّ على غلبة ذلك وكثرته في أبدانهم [٣] وخف به مرضهم قليلا ، على أن منهم من يخف مرضه بخروج البلغم منه أكثر مما يخف بخروج الخلط الأسود [٤] وظهور الخلط الأسود فيهم يكون إما بالقيء أو البراز أو البول أو قروح في الجسد أو بهق أو كلف أو جرب أو سيلان البواسير ، وما أكثر ما يعرض الدوالي لهم [٥] والذين لا يظهر فيهم الخلط الأسود أعسر علاجاً [٦] على أنه وإن كان خروج البلغم يخف عنهم فإن الغالب عليهم الخلط الأسود

F 18 Abū l-Manṣūr al-Ḥasan ibn Nūḥ al-Qumrī, *Book of Riches and Desires*

[1] Rufus said: Melancholy befalls men more than women. [2] If, however, it occurs in women, it is worse and more abominable. [3] It occurs only rarely in boys and castrates, and is also seldom in young men. [4] Elderly and old men specifically suffer from this, especially old men, because of their nature, [5] for melancholy is all but a necessary symptom of old age. Old men are naturally moody, lack joy, have a bad character, suffer from indigestion and frequent flatulence in their belly. [6] These are the symptoms of melancholy.

F 19 ar-Rāzī, *Comprehensive Book*

[1] Rufus in his book *On Melancholy*: The two kinds of dropsy [called] ‘waterskin-like’ and ‘drum-like’ make the body thin, whilst fleshy dropsy makes it fat.

F 20 Paul of Aegina, *Seven Books on Medicine*

[1] Rufus declared that this [rabies] affected them [the patients] like some kind of melancholy, since the venom [transmitting rabies] imitates this humour [i.e., black bile], as we know that other melancholics each fear different things. [2] This reason tallies with the claim that they [some people suffering from rabies] think that the image of the dog who bit them appears on the water.

F 21 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal (modified)

[1] Not every melancholic vomits or shows a black liquid in his excrement. Rather, phlegm appears most frequently. [2] When something black appears in the stool, it shows that something similar predominates, and a large amount of it is present in the body. [3] Through this their sickness abates slightly, although in some case the illness abates through the excretion of phlegm rather than the excretion of the black humour [*al-ḥilt al-aswad*]. [4] The black humour betrays its presence by vomiting or in the stool or urine; or through ulcers on the body, dull-white leprosy [*bahaq*, corresponding to Greek *alphós*], pimples [*kalaf*] and mange [*ğarab*], or the bleeding of haemorrhoids. How often they have varicose veins [*dawālin*]! [5] Those in whom no black humour appears are more difficult to treat. [6] Even when the excretion of phlegm gives them re-

فإليه ينبغي أن يقصد بالاستفراغ [٧] وليس من كثرة السوداء في البدن كان الغالب المالنخوليا ، ولكن إذا كانت منتشرة في الدم كله كالبول الذي لا يرسب ثقله ، [٨] فأما إذا كانت راسبة فإنها وإن كانت كثيرة لا يكون منها ذلك ،

[٩] قال فأما إذا تميزت من الدم كيف كان إلى ظاهر البدن كالحال في الجرب والبهق الأسود أو خرجت عنه كالحال في البول والبراز الأسود وعظيم الطحال والدوالي لم يكن له المالنخوليا .

خلط v.l. [شيء] ^١

F 22 Rāzī Hāwī i. 135, 12–13 [1st ed.]/233, 7–8 [2nd ed.] (D-R 131)

[١] وفي كتابه [أي: روفس] في المالنخوليا ، قال [٢] ظهور البرص في أصحاب الصرع دليل عظيم على البرء إذا ^١ ظهر خاصة في الرأس والحلق والرقبة .

إذا: conī.; codd.: إذا ^١

F 23 al-Qumrī, *Kitāb al-Ġinā wa-l-Munā*, O, fol. 23b, 5–4 *ab imo*

[١] قال روفس ظهور البرص في أصحاب الصرع إذا كان في الرأس والرقبة دليل عظيم على البرء

F 24 Muḥammad ibn ‘Alī ibn ‘Abd Allāh at-Tawahhumī, *al-Kitāb al-Wāḍiḥ ad-dalīl fī mudāwāt al-‘atīl*, MS D, fol. 13a, 10–18

[١] قال روفس أنا كويت واحدا ممن أصابه هذا الألم [يعني المالنخوليا] بسكين حامية [٢] فوضعها فوق عضو من أعضائه فلم يحس بالنار [٣] فقال: «زدني من نارك» إنها باردة وذلك لبطلان الحس [٤] وتكثر فيه القروح في ساقيه لنصاب [؟] السواد إلى أسفل البدن لكثرة حركة الساقين

F 25 Rāzī Hāwī viii. 34, 13–14 (D-R 233)

[١] روفس في المالنخوليا قال: قد يعرض لمن به قرحة في أمعائه إسهال الكيموس الأسود وذلك دليل الموت .

F 26 Rāzī Hāwī viii. 87, 8–9 (D-R 234)

[١] روفس في المالنخوليا: إنه قد يعرض لمن به قرحة في معاه إسهال كيموس أسود ويتبع ذلك موت .

lief, the black humour still exerts control over them, and one must try to purge it. [7] Usually melancholy does not arise from the presence of a large amount of black bile in the body, but by its penetrating the whole of the blood just as in the case of urine when its sediments do not settle. [8] When the black bile settles, it does not cause melancholy even when present in large quantities.

[9] He said: when it moves from the blood, whatever it is like, to the exterior of the body, for instance, through mange [*ğ̣arab*] or black leprosy [*bahaq aswad*], or when it is discharged from the body, for example through urine, black stool, an enlargement of the spleen, or varicose veins, no melancholy arises.

F22 ar-Rāzī, *Comprehensive Book*

[1] In his book *On Melancholy* he [Rufus] said: [2] If leprosy [*baraş*] occurs in epileptics, it is a strong indication of a cure, especially if it appears in the head, throat and neck.

F23 al-Qumrī, *Book of Riches and Desires*

[1] Rufus said: If leprosy [*baraş*] appears in people suffering from epilepsy, when it [leprosy] is in the head and and throat, this is a strong indication of a cure.

F24 Muḥammad ibn ‘Alī ibn ‘Abd Allāh at-Tawahhumī, *The Clear Guide on How to Treat Patients*

[1] Rufus said: I cauterised someone who suffered from this ailment [melancholy] with a hot knife. [2] I put it onto one of the parts [of his body], but he [the patient] did not feel the fire. [3] He then said: ‘Increase the fire’, as if it [the knife] were cold, for the sensation had ceased. [4] There were many ulcers on his legs, since the blackness had reached the lower part of the body, because of the frequent motion of the legs.

F25 ar-Rāzī, *Comprehensive Book*

Rufus in *On Melancholy*: Whoever has an ulcer in the intestines may have a stool of black liquid, which is an indication of death

F26 ar-Rāzī, *Comprehensive Book*

Rufus in *On Melancholy*: Sometimes it happens that someone having an ulcer in his stomach excretes a black humour. This is followed by death.

F 27 *Rāzī Hāwī* xiv. 248, 14–15 (D-R 351)

[١] روفس في المرة السوداء: الغذاء يصير برازا في قولون لأن ابتداء^١ العفونة هناك بين جدا.

لابتداء v.l.: ابتداء^١

F 28 *Rāzī Hāwī* xv. 212, 2–12 (D-R 361)

[١] من كتابه [أي: روفس] في المالنخوليا ، قال: [٢] الربيع يثور فيه الدم ويتعكر لأن ما فيه من الأثقال تهيج معه كما تثور مياه العيون في ذلك الوقت ، [٣] ولذلك يبادر فيه بالفصد لأنه يخرج دما رديئا يثور [٤] ويؤمن به من هيجان العلل ، [٥] ويهيج فيه المالنخوليا - إن كان الدم سوداويا - لأنه يصعد إلى الدماغ والبثور ، والدمايل ، والأورام والخراجات والصداع والعروق التي في الصدر ، ونفت الدم [٦] ويهيج فيه السعال ويسوء فيه حال أصحاب السل ، ويموتون فيه كثيرا [٧] ويعرض فيه الفالج والسكنة كثيرا ، ووجع المفاصل [٨] والخوانيق تكون في هذا الفصل قاتلة سريعا وتبادر القروح إلى العفن [٩] وأكثر ما تعرض هذه الأعراض لمن يكتسب في شتوته دما رديئا كثير الفضول [١٠] فيظهر فعل تلك الفضول في الربيع حتى يسخن^١ الدم وينتشر.

لسخونة الدم **F 31** fort. leg. يسخن (Ullmann), sed vers. lat.: *calefit sanguis*; cf. **F 31** [يسخن^١

F 29 *Rāzī Hāwī* i. 77, 8–14 [1st ed.]/125, paen.–126, 5 (beginning not in D-R; would come after F 127, 24 *tempore ueris*; then 25–26)

قال [١] وللدّم أيضا أوقات يتكرر فيها بنوائب [٢] كما تغلى العيون في أوقات معلومة يكدر فيها ماؤها ويرمى بما في أسفلها إلى فوق ، [٣] ومن دلائل هذا المرض كثرة الاحتلام^١ والدوار ودوي الأذن وثقل الرأس [٤] وهذه تكون بسبب الريح والثور الذي في السوداء [٥] فإن [كان]^٢ معها ريحا كما أن مع جميع الأشياء الباردة ريحا [٦] ولست أعني الجامدة لكن التي لن تبلغ من حرها أن تطفئ البخارات.

الاحتلام^١ v.l. الاحتلاج^٢ [كان^٢ secl. Ullmann

F 30 *al-Qumrī, Kitāb al-Ġinā wa-l-Munā*, O, fo. 18a9–10

[١] وقال الذين يهيج بهم المالنخوليا ونحوه في الربيع ليس فساده في أدمغتهم لكن دم عروقهم سوداوي [٢] فيثور في ذلك الوقت حتى يبلغ الدماغ

F27 ar-Rāzī, *Comprehensive Book*

Rufus in *On Black Bile*: Food turns into faeces in the colon, for the beginning of putrefaction is clearly visible there.

F28 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal (modified)

[1] From his [Rufus'] book *On Melancholy*; he said: [2] During spring, the blood is stirred and becomes turbid, because the dregs in it are astir together with it, just as the water of wellsprings [*uyūn*] is stirred at this time. [3] For this reason, one quickly resorts to venesection, for it [venesection] expels bad blood which is stirred. [4] By this means, one is safe from diseases being provoked. [5] During this [spring], melancholy is provoked, if the blood is melancholic, for it [the blood] rises to the brain, as are pustules, abscesses, swellings, tumours, headaches, the veins in the chest, and spitting blood. [6] During it [spring], coughing is provoked, and the state of people suffering from consumption deteriorates, and they often die. [7] Hemiplegia and apoplexy also frequently occur, as well as joint pain. [8] Diphtheria during this season leads to a quick death, and ulcers rapidly putrefy. [9] These symptoms mostly occur in those who acquire bad blood during the winter season, having a lot of superfluities in it; [10] the effect of these superfluities becomes visible during the spring, so that the blood is heated and dispersed.

F29 ar-Rāzī, *Comprehensive Book*

He said: [1] For the blood, there are certain times at which it becomes turbid during crises. [2] Likewise, the wellsprings boil at certain times, when the water in them becomes turbid and what is at the bottom is stirred up. [3] The following are indications for this disease: frequent wet dreams [*ὄνειρωγμός*]; vertigo; ringing in the ear and heaviness of the head. [4] It is caused by the wind and the commotion which occurs in the black bile. [5] For black bile is accompanied by wind, as all cold things are – [6] I do not mean the freezing [things], but [the things] the heat of which is not so great as to make the vapours fine.

F30 Abū l-Manṣūr al-Ḥasan ibn Nūḥ al-Qumrī, *Book of Riches and Desires*

[1] He said: When melancholy and the like is triggered during spring, the corruption is not in the brain, but the blood in the veins is melancholic; [2] it is stirred at this time until it reaches the brain.

F 31 Rāzī *Hāwī* xv. 213, 2–3

[١] قال: الربيع فصل صحيح ولكن هذه الأشياء إنما تعرض فيه لسخونة الدم لمن دمه رديء.

F 32 Rāzī *Hāwī* xv. 213, 1 (D-R 362)

[١] قال: الخريف مفسد للهضم.

F 33 Rāzī *Hāwī* i. 77, 15–17 [1st ed.]/126, 6–8 [2nd ed.] (D-R 127, 28)

[١] قال وأصحاب الطبائع الفاضلة مستعدون للمالنخوليا لأن الطبائع الفاضلة سريعة الحركة كثيرة الفكر.

F 34 al-Qumrī, *Kitāb al-Ġinā wa-l-Munā*, O, fol. 18a, 5–6; W, fol. 23b, 2–4

[١] وقال أصحاب الطبائع الفاضلة مستعدون للمالنخوليا لأن الطبائع الفاضلة سريعة الحركة كثيرة الفكر

المستعدون: v.l.: [مستعدون]

F 35 Rāzī *Hāwī* i. 75, 11–12 (D-R 127, 13–14)

[١] قال: وقد يوقع فيه شدة الفكر والهم، [٢] وقد يعرض لبعض هؤلاء أن يولعوا بالأحلام وبالأخبار عما يكون، فيصيبون فيه.

F 36 Miskawaih, *Fī n-Nafs wa-l-'Aql*, 65, 6–5 *ab imo* [ed. ARKOUN]; 57, ult.–58, 2 [ed. BADAWI]

[١] ويحكى عن روفس الطبيب أنه قال: [٢] «ليس أحد يمعن في الفكر في علم ما إلا وينتهي به ذلك إلى مالنخوليا»، [٣] فما يؤمننا، إذا اعتقدنا أوهاما ليس لها جزئيات مشاهدة بالحس، أن <لا> نكون بهذه الصفة

[<لا>] suppl. BADAWI¹

F31 ar-Rāzī, *Comprehensive Book*

[1] He [Rufus] said: Spring is a healthy season, yet these things occur during it, because the blood of those whose blood is bad is heated.

F32 ar-Rāzī, *Comprehensive Book*

[1] He [Rufus] said: Autumn spoils digestion.

F33 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal

[1] People of excellent nature are predisposed to melancholy, since excellent natures move quickly and think a lot.

F34 al-Qumrī, *Book of Riches and Desires*

[1] He said: People of excellent nature are predisposed to melancholy, since excellent natures move quickly and think a lot.

F35 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal (modified)

[1] He said: Violent thoughts and worries may make one succumb to melancholy. [2] Some of them [i.e. melancholics] may become passionately fond of dreams and forecasting future events, and they predict them accurately.

F36 Miskawaih, *Epistle on the Soul and the Intellect*

[1] It is reported that Rufus, the physician, said the following: [2] ‘No-one who devotes too much effort to thinking about a certain science (*ilm*) can avoid ending up with melancholy.’ [3] How can we be certain, if we are obsessed by illusions, that this description does not apply to us?

Book Two – Therapy

F 37 Aëtius, *Iatricorum libri*, vi. 10; CMG viii. 2, 146, 24–ult.; D-R 71

Ῥούφου. [1] κοινὰ δέ ἐστι, κὰν ὁ ἐγκέφαλος πρωτοπαθῆ κὰν τὰ ὑποχόνδρια, τὰ ὑπακτικὰ τῆς γαστρὸς βοηθήματα. [2] πρῶτον μὲν οὖν εὐπεψίας φροντίδα τίθεσθαι χρή, ἔπειτα δὲ καθαίρειν πρῶτον μὲν ἐπιθύμῳ καὶ ἀλόῃ. [3] τούτων γὰρ εἰ καὶ ὀλίγον ἐφ’ ἐκάστης ἡμέρας λαμβάνοι, ὠφελεῖται τὰ μέτρια καὶ ἡσυχῆ ὑπάγειν.

F 38 Rāzī *Hāwī* i. 77, 18–78, 1 [1st ed.]/126, 9–13 [2nd ed.] D-R 127, 29–32

[١] قال والذين بهم المالنخوليا يحسن حالهم ويخف بانطلاق البطن والجشاء والقيء
[٢] لي: هذا في الشراسيفية لا في غيرها [٣] ولم يذكر روفس إلا هذا الضرب [٤]
وإنّي لأعجب من جالينوس كيف لم يقل إن روفس لم يذكر شيئاً ولا علاجاً إلا للضرب
واحد من ضروب هذه العلة.

باطلاق v.1. [باطلاق]

F 39 Aëtius, *Iatricorum libri*, vi. 10; CMG viii. 2, 151, lines 9–20; D-R 72

Ῥούφου. [1] ἐμείψαν δὲ ἐκ μειζόνων διαστημάτων μὴ ἀπὸ σιτίων, ἀλλ’ ἀπὸ ῥαφανίδων νήστεις ἢ ὀριγάνου ἢ θύμου. μὴ μέντοι τοῖς δραστηρίοις ἐμετικοῖς κεχρηῆσθαι. [2] βλαβερὰ γὰρ τὰ τοιαῦτα ἐπὶ τούτων ταλαιπωρίαν προστιθέντα τῇ γαστρὶ καὶ τῷ στομάχῳ ἤδη προπεπονηκόσι τῇ νόσῳ. ὀρώνται γάρ τινες ἐκ τῶν δραστικωτέρων ἐμετικῶν ἀλίσκόμενοι τῇ μελαγχολίᾳ. [3] εὖ γε μὴν εἰδέναι χρή ὅτι πολλοὶ τῶν οὕτω νοσοῦντων ἐν μὲν τῷ καιρῷ τῆς θεραπείας οὐδέν τι ὠφελήθησαν, ἀφεθέντες δὲ κατέστησαν τῷ προθεραπεύεσθαι καλῶς ἰσχυσάσης τῆς φύσεως κατὰ τῶν νοσημάτων ἀσθενῶν τῇ βοηθείᾳ γεγενημένων. [4] διόπερ χρή ἄνεσιν διδόναι τῇ φύσει. [5] εἶοικε γὰρ συνταλαιπωρεῖσθαι ταῖς θεραπαίαις, ἰσχύειν δὲ ἐν τῇ ἀναπαύσει καὶ κρατεῖν τῶν νοσημάτων ἤδη προλεπτυνθέντων.

F 40 Rāzī *Hāwī* i. 78, 2–80, 1 [1st ed.]/126, 14–130, 2 [2nd ed.] D-R 128, 1–7; 127, 33; 128, 8–11

[١] والعلاج قال أسهلهم بالأقثيمون والصبر فإنهما معا يلين إسهالهما ينفعان المعدة
ويحتاجون إلى ذلك لأنهم سيئو الهضم [٢] وأعطهم كل يوم بعد النفث بهما شيئاً قليلاً

Book Two – Therapy

F37 Aëtius, *Medical Books*

Rufus: [1] Whether the brain or the hypochondriac region is first affected, a common remedy is drugs which evacuate the stomach. [2] For first of all, one ought to take care to achieve good digestion, and then purge with epithyme and aloe. [3] If the patient takes even a little bit of these things each day, this helps him to pass stool moderately and quietly.

F38 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal (modified)

[1] He said: Those suffering from melancholy find improvement and relief of their condition through purging, belching and vomiting.

[2] I say: this is about none other than the hypochondriac [type of melancholy]. [3] Rufus only discussed this kind [of melancholy]. [4] I am astonished that Galen [cf. **F3**] did not say that Rufus talks about, and provides a treatment for, one kind of this illness only.

F39 Aëtius, *Medical Books*

Rufus: [1] Let them vomit in greater intervals, not after they have eaten, but on an empty stomach through radish, origany, or thyme; do not use, however, [too] efficacious emetics, [2] for the latter cause them harm since they put additional stress on the belly and the stomach, which already suffer from the disease. One can observe that some patients get melancholy from too efficacious emetics. [3] One ought to be well aware that many who suffer from this disease [apparently] derive no benefit at the time of the treatment, but, when left alone [for a while] so that their nature regains its strength through the correct earlier treatment, they overcome the disease which has been rendered weak through the therapy. [4] Therefore one should grant nature respite. [5] For it appears to be adversely affected by the treatment, but it appears to regain its strength during rest, and to vanquish the diseases when they have been previously rendered feeble.

F40 ar-Rāzī, *Comprehensive Book*

[1] The treatment. He said: Purge them with epithyme and aloe, for together they purge gently and are beneficial for the stomach; they need this [treatment] because they have indigestion. [2] After [initial] cleans-

منهما [٣] وأعطهم كل يوم ثلثي^١ درهم من عصارة الأفسنتين، [٤] ولا تغب الإسهال عنهم بما ذكرت فإنك إذا فعلت ذلك لم يعرض لهم النفخ الكثير، ولم تجف طبائعهم وجاد هضمهم ودر بولهم [٥] وهذا أصلح ما يكون لهم [٦] وليرتاضوا قليلا ويأكلوا أغذية جيدة وأجود التعب لهم المشي [٧] ومن كان منهم هضمه رديئا فليستعمل الحمام قبل الغذاء [٨] وليكن الغذاء سريع الهضم بعيدا من توليد النفخ مليئا للبطن [٩] ويسقوا شرابا أبيض باعتدال، وليتجرعوا الخل الثقيف عند النوم [١٠] ويصتبعوا في أغذيتهم فإن ذلك يعين على جودة الهضم وخاصة إذا كان عنصليا، [١١] وإن أمكن فليفصدوا وخاصة في ابتداء هذا السقم [١٢] وبعد ذلك إذا تراجعت القوة فانفض السوداء بقوة بشحم الحنظل والخربق الأسود [١٣] ولا تدع استعمال المليئة البطن فيهم في كل يوم ليدوم لهم لين للبطن [١٤] والأفيثيون أنفع شيء في ذلك والفوتنج والأسارون وماء الجبن وإدامة الأفسنتين فإنه قد برا خلق كثير منهم بإدامته [١٥] ومن كان منهم ضعيف المعدة فجنبه القيء البتة^٢ [١٦] وأغذهم بالأغذية الحميدة اللذيذة كخبز السميد ولحم الدجاج والحدا والسّمك الصغار الرصاصي^٣ [١٧] وأعن لهم بتخصب أبدانهم فإنهم إذا سمّوا اتقلوا عن أخلاقهم الرديئة وبرؤا برءا تاما [١٨] ومن كان منهم يحتمل شرب الخمر فلا يحتاج إلى علاج سواه فإن فيه وحده جميع ما يحتاج إليه في علاج هذه العلة [١٩] وتنفعهم الأسفار البعيدة الممتدة فإنها تبدل مزاجهم وتجيد هضمهم وتسليهم عن الفكر وتلهيهم.

[٢٠] وسل عن السبب البادئ والتدبير وضاده بالعلاج [٢١] فمن كان وقع فيه من ضيق حال ولطف التدبير فأوسع عليه بالصد [٢٢] وأغب علاجهم مدة ثم عاوده فإنهم ربما خرجوا من العلة في المدة التي تغب فيها العلاج [٢٣] وإدمان العلاج يوهن الطبيعة، [٢٤] وظهور البهق فيهم علامة قوية على الصلاح في الصدر والبطن خاصة والظهر، وكذلك الجرب المنقرح [٢٥] وعليك بإسخان شراسيفهم بالتكميد الدائم

ing [*naḥḍ*] with these [epithyme and aloe], administer to them [the patients] each day a little bit of the two [drugs]. [3] Give them [the patients] each day two thirds of a dirham [*tultai dirhamin*] absinth juice. [4] Do not relent purging them with what I have just mentioned, for if you do this [administer the drugs as I have said], great flatulence will not befall them, their nature will not dry out, their digestion will be good, and they will pass water. [5] This is the best thing for them. [6] They should take light exercise and eat good food; the best exertion for them is walking. [7] Those suffering from indigestion should bathe before meals. [8] Let them have quickly digestible food which is unlikely to generate flatulence and mild to the belly. [9] They should drink white wine in moderation, and swallow thick vinegar before going to sleep. [10] They should dip their food in it, for this improves digestion, especially, if it is made of squills. [11] If this is possible, they ought to be phlebotomized, especially at the beginning of the ailment. [12] Afterwards, when the strength gradually returns, cleanse the black [bile] forcefully through colocynth grease and black hellebore. [13] Do not omit to employ each day things which move their bowels, in order that bowel movement continue. [14] Epithyme is the most useful thing in this case, as well as mint, asarum, whey and constant use of absinth, for many people were cured through its constant use. [15] Some of them have a weak stomach; if this is the case, then completely avoid vomiting. [16] Let them eat fine [*ḥamīd*] and tasty [*ladīd*] food such as semolina bread, chicken and kite meat [*lahm ad-dağāğ wa-l-ḥidā'*], and small rock fish. [17] Help them by making their bodies plump, for if they put on weight they abandon their bad character and are totally cured. [18] Those who can tolerate to drink wine have no need for any other medication, for it alone is all they need in order to treat this illness. [19] Long and extended journeys are beneficial for them, for they change their mixture (*mizāğ, krâsis*), improve digestion, distract them from thinking, and amuse them.

[20] Ask [the patient] about the initial cause and [his] regimen, and counteract them through treatment. [21] If someone was [initially] in a state of anxiety, and follows a light regimen, then be generous to him with the contrary [administer a counteracting treatment generously]. [22] Suspend the treatment for a while, then resume it, for sometimes they come out of the disease while the treatment is suspended. [23] Constant and excessive treatment [*'idmān al-'ilāğ*] weakens the nature. [24] The appearance of dull-white leprosy [*bahaq*] – especially in the chest, the belly, and the back – is a strong sign of health; likewise ulcerous mange [*ğarab mutağarriḥ*]. [25] You have to heat their epigastric region by constantly applying warm compresses, in order that the digestion improve

ليجود هضمهم ويذهب نفخهم [٢٦] وَيَطْلَهُمْ بالمياه المحللة للرياح بطيخ الفوتنج والسذاب فإن هذه تحلل النفخ وتعين على الهضم [٢٧] وليكن طَبْحُهَا بالزيت وامرهم به [٢٨] وَإِنْ طَبَخْتَهَا بالماء فاغمس صَوْفاً وَضَعَهُ عَلَى البطن

[٢٩] وَإِنْ ضَمَدْتَهُمْ بالبزور المَفْشِيَّةُ^٤ للرياح فهو جائز وليكن ذلك بالليل [٣٠] وادهم أيضا البطن بدهم السوسن [٣١] وَأَعْنُ بَأَنْ يَكُونَ أَبَدًا مَدَثْرًا مَسْخَنًا [٣٢] وَضَعْ عَلَيْهِ المحاجم إِنْ احتجت إلى ذلك لشدة النفخ وَقَوِّهِمْ بالطيب، [٣٣] وَإِذَا أَمَعَتْ فِي العلاج فضع ضماد الخردل على البطن فإنه عظيم النفع ليستأصل الوجع أصلا [٣٤] واحذر في أواخر علمهم وعند ما رأيت البرء أن تنصب مادة إلى بعض الأعضاء [٣٥] فإنه كثيرا ما يكون ذلك فيؤديهم^٥ الفالج والصرع [٣٦] فَإِنْ ظَنَنْتَ شَيْئًا فعليك بتقوية الموضع إن كان شريفا [٣٧] فلا توهم العليل أن به ما لنحوليا [٣٨] لكن أنك إنما تعالجه من سوء الهضم فقط وساعده على كثير من رأيه والهه وفرحه واشغله عن الفكر.

[٣٩] لي: لا يذكر هذا الرجل سوى المراقبة.

v.l. [الرصاصي^٣ 30^٢ vers. lat.: *prohibeatur uomitus omnino* codd.; vers. lat.: 30^٢ [ثلثي^١ om. andr^٥ *dissolventibus inflationes* con.; codd.: المَفْشِيَّةُ aut المَفْشِيَّةُ; vers. lat.: *Et studeas ne in declinatione morbi, cum incipiunt conualescere, fluat humor ad aliquod membrum, faciens superuenire;* çod. Esc.: واحذر في [٣] فيؤديهم واحذر في [٣] وأواخر علمهم وعند أمارات البرد من ذلك وتنصب مادة إلى بعض الأعضاء فإنه كثيرا ما يكون ذلك فيؤديهم

F41 al-Qumrī, *Kitāb al-Ginā wa-l-Munā*, O, fol. 18a, 6–8; W, fol. 23b, 4–8

[١] وقال احذر في أصحاب المراقبة في أواخر علمهم وعندما رأيت البرء أن تنصب المادة إلى بعض الأعضاء [٢] فإنه كثيرا ما يكون ذلك فيؤديهم إلى الفالج والصرع [٣] وإن ظننت ذلك فعليك بتقوية العضو إن كان شريفا

F42 al-Kaskarī, *Kunnāš fi t-Tibb*, fols. 124b paen.–125a10 [previously ed. & tr. in PORMANN 2003, 236, 244

[١] وذكر أن الأقسامون وحده ينفعهم أو الصبر وحده أو الدواء المتخذ بالفوذنج الجبلي وكل دواء يسهل هذا الخلط السوداءوي. [٢] وينبغي أن يستعمل في أثر كل إسهال تسهلهم بالدواء شرب شراب الأفسنتين فقط. [٣] فإني أعرف من برئ به برء تاماً

and their flatulence disappear. [26] And [you have to] apply warm compresses made with water which dissolves winds, [such as] through a decoction of mint and rue, for they dissolve flatulence, and assist digestion. [27] Cook [these things] with oil, and apply it [the oil thus cooked] as an ointment. [28] If, however, you cook [these things] with water, then dip a [piece of] wool into it, and put it onto the belly.

[29] If you apply to them bandages made with seeds which dissolve wind [i.e., counteract flatulence], then this is permissible, but let this happen at night. [30] Anoint the belly also with oil of lily. [31] Help by keeping [the belly] always covered and warm. [32] Put cupping glasses onto him, if you need to do this because the flatulence is so severe; and strengthen him with fragrant [things]. [33] If you are intent on a thorough treatment, then put a bandage prepared with mustard onto the belly, for this is extremely useful in order to remove the pain completely.

[34] Pay special attention at the end of the disease to those suffering from hypochondriac [melancholy], when you see health restored, lest [disease] matter [*mādda*] is poured into some part [of the body (*‘udw*)]. [35] For often this happens and leads to hemiplegia and epilepsy. [36] If you suspect this, you have to strengthen the place [*maudi*], if this is a noble [part of the body]. [37] Do not make the patient suspect that he has melancholy. [38] Rather just treat him for indigestion; help him against his excessive belief, terror and joy; and keep him from [too much] thinking.

[39] I [Rāzī] say: This man [Rufus] only discusses hypochondriac [melancholy].

F41 al-Qumrī, *Book of Riches and Desires*

[1] He said: Pay special attention to those suffering from hypochondriac [melancholy], when their disease comes to an end and you see health restored, lest the [disease] matter [*mādda*] is poured into some part [of the body]. [2] For often this happens and leads to hemiplegia and epilepsy. [3] If you suspect this, you have to strengthen the part [of the body in question], if it is a noble [part of the body].

F42 al-Kaskarī, *Small Compendium*

[1] He [sc. Rufus] mentioned that epithyme on its own is useful for them [melancholics], or aloe alone, or the drug made from mountain mint, and [generally] any medicament which purges this melancholic humour. [2] Whenever you purge these people with a medicament, you ought to let them drink absinth juice only. [3] For I know people who were cured completely solely by using absinth juice, since absinth has a marvellous

باستعمالهم الأفسنتين فقط؛ فإن للأفسنتين في هذا المرض فعلا عجيبا. [٤] ويشرب طيخ الفوذنج أيضا لأنه يطرد الرياح ويصفي الدم ويخرج ما فيه من الفضول بإدراره البول. [٥] وينبغي أن يسقوا أصحاب هذا المرض الكمادريوس والكمافيطوس لأنهما يدران البول ويحودان الهضم. [٦] ويستعملون التعرق لأن العرق يصفي الدم وينقيه من الفضول. [٧] لأنه متى أردنا قطع العرق أدررنا البول لأن التنقية بالعرق والبول هي أعم للبدن من جميع التنقية بغيرهما. [٨] ومن هذه الجهة ينتفع أصحاب الاستسقاء بالتعرق والأدوية المدرة للبول، لأن أصحاب الاستسقاء ينفعهم التعرق بمثل المروخ بالدهن المتخذ بالنطرون أو بدهن البابونج.

[٩] فهذا أجمل ما ذكره روفس في كتابه في داء المالنخوليا

F43 Ishāq ibn 'Imrān, *Kitāb fī l-Malinḫūliyā* (ed. GARBERS 1977), fo. 112a paen.-112b, 2

[١] وقد ذكر روفس الطيب أنه إن أخذ في فصل الربيع من الأفيثمون وزن عشرة دراهم وهي شربة تامة منه ويشرب بالغداة [٢] وأسهل إسهالا واسعا مرة سوداء ولكن ينبغي أن يكون وهو مسحوق مذوب بالمبيخج

F44 Rāzī *Hāwī* xxiii (1). 280, 13-281, 1 (D-R 341)

[١] روفس في كتابه في المالنخوليا: [٢] إذا عالجت مرضا طويلا مزمنًا فأغب العلاج حينًا وعد فيه، [٣] فإن الإدمان على العلاج يوهن الطبيعة وتألفه أيضا [٤] فأغب العلاج ثم عد إليه [٥] فإني رأيت أقواما بهم المالنخوليا عولجوا بإكباب فلم ينتفعوا، [٦] ولما ترك علاجهم برؤا بعد.

F45 Aëtius, *Iatricorum libri*, iii. 116; CMG viii. 1,305, 11-306, 2

[1] Ἰερὰ Ρούφου ἐκ τοῦ περὶ μελαγχολίας. [2] Κολοκυνθίδος ἐντεριώνης < κ χαμαιπίτυος < ι χαμαίδρνος < ι κασσίας < ε ἀγαρικοῦ πρασίου ἀνὰ < ι ὀποπάνακος < η σαγαπηνοῦ < ε πετροσελίνου < ε ἀριστολοχίας στρογγύλης < ε πεπέρεως λευκοῦ < ε κινάμωμου < δ ναδροστάχους κρόκου σμύρνης τρωγλοδυτικῆς πολίου ἀνὰ < δ. [3] ἀναλάμβανε μέλιτι καὶ δίδου < δ τὴν τελείαν δόσιν μετὰ μελικράτου καὶ ἄλων. [4] ἔχει τι πρὸς τὴν γνώμην συμφέρον τῷ ἄγειν ἀπὸ κεφα-

effect on this disease. [4] One also [ought to] drink mint decoctions because they expel winds, cleanse the blood, and expel the superfluities in it [sc. the body of the patient] through stimulating urination. [5] People suffering from this disease ought to drink true germander and ground pine since both stimulate urination and help digestion. [6] They ought to use things that induce sweating since sweating cleanses and purifies the blood from superfluities. [7] For, when we want to stop sweating, we stimulate urination, because cleansing through sweating and urinating is more common for the body than any other form of cleansing. [8] For this reason people suffering from dropsy profit from induced sweating, and diuretic drugs. This is because people suffering from dropsy are helped by sweating induced, for instance, by anointing them with the oil combined with natron, or that made from camomile.

[9] This is summarily what Rufus [of Ephesus] discussed in his book *On the Ailment of Melancholy*.

F43 Ishāq ibn ʿImrān, *On Melancholy*

[1] Rufus, the physician, already mentioned that if you take ten dirham epithyme in the spring season, this is a complete potion, when drunk in the morning. [2] It purges black bile extensively; yet, one should drink it crushed and dissolved in grape syrup.

F44 ar-Rāzī, *Comprehensive Book*

[1] Rufus said in his book *On Melancholy*: [2] If you treat a long and chronic illness, then interrupt the treatment for a while, and return to it [later]. [3] For constant treatment weakens the constitution [of the patient (*ṭabīʿa*)], and it [the constitution] also gets used to it [the treatment]. [4] Therefore, interrupt the treatment, and then return to it. [5] I have seen people suffering from melancholy who were treated assiduously, but did not benefit. [6] Yet, after one had ceased their treatment, they were later cured.

F45 Aëtius, *Medical Books*, iii. 116

[1] Rufus' *hierá* ('holy remedy'), from the book *On Melancholy*: [2] Colocynth pith, 20 dr.; ground pine, 10 dr.; true germander, 10 dr.; casia, 5 dr.; and agaric and horehound, of each 10 dr.; opoponax, 7 dr.; sagapenum, 5 dr.; parsley 5 dr.; round birthwort, 5 dr.; white pepper, 5 dr.; cinnamon, 4 dr.; spikenard, saffron, troglodytic myrrh, hulwort, of each 4 dr. [3] Mix it with honey and administer 4 dr. as the full dose together with honey-water and salt. [4] By removing most things from the

λῆς τὰ πλεῖστα· [5] ὅθεν ἰλίγγοις καὶ καρηβαρίαις καὶ γλαυκώμασι προμελετωμένοις ἐπιληπτικοῖς παραλυτικοῖς πάθει τοῦτο τὸ φάρμακον ἰδίως προσάγοντες ἰώμεθα, καὶ εἰ δεοὶ μνήμην ἀνακαλέσασθαι. [6] τῷ δὲ μελαγχολικῷ οὐ μικρὰ καὶ ἡ τυχοῦσα ὠφέλεια ἐξ αὐτοῦ γίνεταί. [7] διὸ πολλάκις καθαρτέον αὐτῷ. [8] τὰ μὲν γὰρ ἄλλα φάρμακα ἄλλα ἄλλως σύγκειται καὶ πρὸς ἕτερά τινα νοσήματα ἐπιτηδειότερα. [9] ᾧ δ' ἂν τις χρήσαιτο πρὸς τὰ μελαγχολικά, ἐστὶ τοῦτο· χρήσθαι δὲ καὶ ἐκάστης ἡμέρας ὅσον κυάμου πλήθει τῆς ἀντιδότου οὐ καθάρσεως χάριν· [10] μεγάλα γὰρ ὀνίνησιν εἰς τὰς πέψεις καὶ τὸ ἄφυσον. [11] δοκεῖ δέ μοι ἐπὶ ταῖς γενναίαις πάσαις καθάρσεσι συμφέρειν πίνειν μαλάχης σπέρματος < β

F46 Qustā ibn Lūqā, *Fī l-marār al-'aswad*, Munich, Bayerische Staatsbibliothek, MS arab. 805, fol. 69a, 7–10

[١] فأما إذا كانت [العلة] من مرار أسود محض فأحمد ما يعالج به الأفيمون والإبارجات التي ليست قوية الحدة [٢] وأفضل الإبارجات التي ليست قوية الحدة إيارج روفس [٣] وهو الذي ذكر تركيبه في المقالة الثانية من كتابه في المالنخوليا وهو الوسواس السوداوي

F47 Rāzī Hāwī v. 80, 1–20 [1st ed.]; 87, 18–88, 4 [2nd ed.] (D-R 191, 1–5)

[١] روفس في المالنخوليا، قال أقوالا كثيرة تحتويها: إن غلبة البرد على المعدة يهيج الشهوة وغلبة الحر يقطعها، [٢] ما يهيج الشهوة شرب الماء البارد وإسقاط الماء الحار لها، [٣] ومنه تهيج الشتاء والرياح الشمال لها. [٤] قال ومن سافر في ثلج كثير تهيج به الشهوة جدا حتى يعرض لهم بوليموس [٥] والماء البارد يشهي الطعام أكثر من الخمر.

F48 Rāzī Hāwī v. 188, 2–3 [1st ed.]; 206, 8–10 [2nd ed.] (D-R 193)

[١] روفس في المالنخوليا: بوليموس يعرض للمسافرين في البرد الشديد والثلج الكثير، [٢] وعلاجه الإسحان بالأغذية والخمر والجلوس بقرب نار.

head it is beneficial to reasoning. [5] This drug is therefore appropriate to be administered in cases of dizziness, headache, and cataracts, as well as previously treated epileptic and paralytic diseases, and also in order to recall memory. [6] The benefit derived from this [drug] is quite significant for melancholics. [7] One therefore ought to purge with it frequently. [8] There are various other drugs with different compositions which are more useful for certain other diseases. [9] Yet one may use this [remedy just described] in case of melancholy: each day also use the quantity of approximately one bean of the remedy, but not for the purpose of purging. [10] For it is extremely useful for the digestion and against wind. [11] I am of the opinion that for all strong purging it helps to drink 2 dr. of mallow seed.

F46 Qusṭā ibn Lūqā, *On Black Bile*

[1] If the disease [sc. epilepsy] is caused by pure black bile, then the best treatment is epithyme and ‘holy remedies (*hierás*)’ which are not too sharp. [2] The best ‘holy remedy’ which is not too sharp is Rufus’ ‘holy remedy’. [3] He mentioned how to make it in the second book [*maqāla*] of his work *On Melancholy* (*Fī l-Malinḥūliyā*), that is ‘melancholic delusion (*al-waswās as-saudāwī*)’.

F47 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal (modified)

[1] In *On Melancholy*, Rufus has reported many views which comprise [the following]: a surfeit of cold in the stomach arouses the appetite and a surfeit of warmth removes it. [2] The appetite is stimulated by drinking cold water, while warm water calms it [?]. [3] In this context also belongs the fact that the [coldness of] winter and of the north wind stimulate it [the appetite].

[4] Those who travel in heavy snow feel their appetite so powerfully stimulated that they have a ravenous hunger [βούλιμος]. [5] Cold water produces more of an appetite than wine.

F48 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal

[1] Rufus in *On Melancholy*: Ravenous hunger [βούλιμος] attacks people who travel in severe cold and heavy snow. [2] Its treatment consists of warming with food and wine, and sitting by the fire.

F 49 Rāzī Hāwī v. 185, 12–14 [1st ed.]; 203, 10–12 [2nd ed.] (D-R 204)

[١] روفس في المالنخوليا: من عرض له إفراط الشهوة يدبر بالمسخنات بالخمير ويطعم ما يطعم حارا ويؤثر ويجلس عند النار [٢] ولا يسقى البارد لأنه يهيج الشهوة.

F 50 Rāzī Hāwī v. 70, 6–7 [1st ed.]; 75, 18–19 [2nd ed.] (D-R 195)

[١] روفس في المالنخوليا: شرب الماء البارد يشهي الطعام أكثر من الخمر، [٢] والهواء والبلد البارد اعون على شهوة الطعام.

F 51 Rāzī Hāwī i. 86, 4–5 [1st ed.]/i. 141, 10 [2nd ed.]

[١] روفس: الماء الفاتر جيد لأصحاب السوداء

F 52 Rāzī Hāwī v. 120, 19–20 [1st ed.]; 132, 12–13 [2nd ed.] (D-R 192)

[١] روفس في المالنخوليا، قال قولاً: أوجب أن يغطي البطن بالدفار والثياب فإن ذلك عون عظيم على جودة الهضم.

F 53 Rāzī Hāwī vi. 115, 5–7 (D-R 219)

[١] روفس في المالنخوليا: يعين على إخراج الفضول من بول أو غائط من جميع منافذ الجسم بماء حار بعد انحدار الغذاء وهضمه.

¹ [إخراج] coni.; codd.: احدار; vers. lat.: *emittendum*

F 54 Rāzī Hāwī vi. 133, 5–9 (D-R 221)

[١] روفس في المالنخوليا: [٢] لا يتخذ ماء الجبن من لبن الضأن فإنه أقل إسهالاً [٣] وليجبن بالسكجيين: يغلي الماء [٤] فإذا غلي رش عليه ثم يسقى الماء [٥] ويغلي ثانية فإنه إن غلي ثانية أسهل أقل [٦] ويشرب أولاً بعسل حتى يسرع انحداره [٧] ولا يكره الإكثار منه بل يشرب إلى أن يسهل ما يرى كافياً فإنه لا غائلة له.

F 55 Rāzī Hāwī vi. 133, 9–10

[١] قال: ومما يسهل السوداء أن يسحق ثلاثة دراهم من الزوقرا ومن الفودنج ثلاثة دراهم [٢] ويشرب بماء العسل مع شيء من الصبر فإن الصبر جيد للمالنخوليا.

F49 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal (modified)

[1] Rufus in *On Melancholy*: He who suffers from excessive appetite must be treated with things warming through wine. All he eats he must eat warm, and preferable sit by the fire. [2] He should not be given anything cold to drink, since that arouses the appetite.

F50 ar-Rāzī, *Comprehensive Book*

[1] Rufus in *On Melancholy*: Drinking cold water stimulates appetite more than wine. [2] Fresh air and the cold countryside are quite helpful for [stimulating] appetite.

F51 ar-Rāzī, *Comprehensive Book*

[1] Rufus: Tepid water is good for people suffering from black [bile].

F52 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal

[1] Rufus in *On Melancholy*; he said: It is quite necessary that the belly be covered with blankets or cloths, for this is greatly useful to improve digestion.

F53 ar-Rāzī, *Comprehensive Book*

[1] Rufus in *On Melancholy*: to assist the expulsion of superfluities through urine and faeces from all the pores of the body one is helped by [drinking] warm water after the food has gone down and been digested.

F54 ar-Rāzī, *Comprehensive Book*

[1] Rufus in *On Melancholy*: [2] whey from sheep milk should not be taken, for it purges less. [3] Let it curdle through oxymel. The water should be brought to boiling. [4] When it has boiled, one should sprinkle it onto it. Then the water should be administered by drinking. [5] Let it boil a second time, for if it boils a second time, it purges less. [6] One should first drink it with honey, so that it descends more quickly through the stomach. [7] One ought not to object to using it frequently; rather, it should be drunk until you are of the opinion that sufficient purging has taken place; there is no danger [in this procedure].

F55 ar-Rāzī, *Comprehensive Book*

[1] He [Rufus] said: Black bile is purged through the following: crush three dirham of pickling herb (*echinophora tenuifolia*) and of mint three dirham. [2] It should be drunk with a [mixture of] honey and water [i.e. *melīkrāton*] with a bit of aloe, for aloe is good against melancholy.

F 56 Rāzī Ḥāwī vi. 86, 15–16 (D-R 218)

[١] روفس في المالنخوليا: الأقحوان يسهل السوداء متى شرب منه ثلثا درهم بماء العسل.

F 57 Ibn Baiṭār, *Ġāmi'* i. 61, 3 *ab imo*–ult.

[١] روفس في الثانية¹ من المالنخوليا [٢] هو [أي: أنغرا] النبات الذي يقال له [٣] إنَّ الأرض أنبتته لأورفيس² ليونس به السباع [٤] وذلك أن فيه قوة تطيب النفس [٥] إلا أنها باردة ضعيفة لأن الذي فيها مما يشبه الشراب يسيرا
لدونسيس con.: codd.: الثالثة² con.: codd. الثاني¹

F 58 Ibn al-Ġazzār, *Zād al-Musāfir*, i. 83, 7–5 *ab imo* (ed. ed. SUAISI, AL-ĠAZI, 1986)/ 115, lines 5–7 (new ed. 2000); Greek translation by Constantine, the Protosecretary of Rhegion, ed. D-R p. 582

[١] وقد زعم روفس الحكيم أن الجماع نافع لمن تغلب عليه المرة السوداء والجنون [٢] ويرد عليه عقله ويحلل شدة انهماك العاشق، وإن جامع غير ما يعشق، ويلين العريكة.

[1] ὁ δὲ σοφώτατος Ροῦφος ἔφη ὅτι ἡ συνουσία ὀνίνησιν εἰς τοὺς ὑπερνικῶντας αὐτοὺς ἢ μέλαινα χολὴ ἢ ἡ ἀφροσύνη· [2] ἐπιτρέφει γὰρ πρὸς ἑαυτὴν τὴν τούτων φρόνησιν, καὶ διαλύει τὴν ἰσχυρότητα τοῦ ἔρωτος. κὰν τάχα εἰ συνουσιάσει τὸν μὴ ἐρώμενον, καὶ μαλάσσει αὐτίς τὴν σκληρίαν.

F 59 Constantine, the African, *De melancholia*, ed. GARBERS 1977, 185

[1] Coitus etiam adiuuat, Rufo testante. [2] Coitus, inquit, pacificat, anteriorem superbiam refrenat, melancolicos adiuuat. [3] Nonne enim uides, cum bruta irascantur animantia, qualiter post coitum fiant mitia.

F 60 Rāzī Ḥāwī i. 77, 15–17 [1st ed.]/126, 6–8 [2nd ed.] (D-R 127, 27)

[١] قال وشهوة الجماع فيهم أيضا دليل على أن في السوداء ريحا كثيرة

F 61 Ibn al-Ġazzār, *Zād al-Musāfir*, i. 84, 8 , 3–ult. *ab imo* (ed. ed. SUAISI, AL-ĠAZI, 1986)/ 116, 9–10; 14–17 (new ed. 2000); Greek translation by Constantine, the Protosecretary of Rhegion, ed. D-R p. 583

[١] وقد زعم روفس أن الشراب دواء قوي للمحزونين والخائفين والعاشقين [...]

[1] φησὶ γὰρ ὁ Ροῦφος ὅτι ὁ οἶνος φάρμακον μέγιστόν ἐστι τῶν φοβουμένων καὶ ἐρώντων. [...]

F 56 ar-Rāzī, *Comprehensive Book*

[1] Rufus in *On Melancholy*: Feverfew purges black bile, when one drinks two thirds of a dirham of it in a [mixture of] honey and water [i.e. *melīkrāton*].

F 57 Ibn Baiṭār, *Collection of Simple Drugs*

[1] Rufus in the second [book] of *On Melancholy*: [2] It [sc. *onagra*] is a plant of which it is said that [3] the earth makes it grow for Orpheus to tame wild animals, [4] for it has a power to render the soul pleasant. [5] Its power, however, is cold and weak, because it somewhat resembles wine.

F 58 Ibn al-Ġazzār, *Sustenance of the Traveller*

[1] Rufus the physician [*al-ḥakīm*] claimed that sexual intercourse is useful for those in whom black bile [*al-mirra as-saudā'*] and madness [*ḡun-ūn*] dominate. [2] For it brings back intelligence; it dissolves the preoccupation of the [passionate] lover [*al-‘āšiq*], even if he has intercourse with someone else and not the one he loves; and it makes his temper milder.

F 59 Constantine, the African, *On Melancholy*

[1] Sexual intercourse is also useful, witness Rufus. [2] For he says that sex soothes, reins in previous arrogance, and helps melancholics. [3] Do you not see how much wild animals, even when given to fury, calm down after intercourse?

F 60 ar-Rāzī, *Comprehensive Book*; tr. Rosenthal (modified)

[1] Their desire for sexual intercourse is also a proof that the black bile contains a lot of wind.

F 61 Ibn al-Ġazzār, *Sustenance of the Traveller*

[1] Rufus claimed that wine [*šarāb*] is a strong remedy for those afflicted by sadness, fear and passionate love. [...]

[٢] وقال روفس إن الخمر ليست وحدها إذا شربت باعتدال تبسط النفس وتنقي عنها الحزن، [٣] لكن غيرها إنما يفعل ذلك مثل الحمامات المعتدلة السخونة. [٤] ولذلك صار بعض الناس تدعوه نفسه إذا دخل الحمام المعتدل إلى أن يتغنى.

[2] Ἔφη δὲ καὶ ὁ Ῥούφος ὅτι οὐ μόνον ὁ οἶνος πινόμενος συμμέτρως ἐξαπλοῖ τὴν ψυχὴν καὶ ἀποδιώκει ἐξ αὐτῆς τὴν λύπην, [3] ἀλλὰ καὶ ἕτερα πάλιν ποιοῦσι τὰ τοιαῦτα, ὡς τὰ εὐκρατα λουτρὰ καὶ θερμά, [4] καὶ ἐπὶ τούτων ἐγείρει αὐτοὺς ἡ ψυχὴ αὐτῶν, ὅταν εἰσέρχωνται ἐν τῷ βαλανίῳ, συμμέτρως μελωδεῖν καὶ τραγωδεῖν.

F 62 Constantine, the African, *De melancholia*, ed. GARBERS 1977, 189

[1] Item balneum fumum expellit pungitium & indigestionem dissolvit, superfluitatem cibi deponit, digestionem adiuuat, sicut Rufus dixit: [2] Si autem cibum inuenerit in uia sua, cito ad remota mittit membra, unde corpus uelociter incrassat.

F 63 Constantine, the African, *De melancholia*, ed. GARBERS 1977, 184

[1] Sicut dixit Rufus: [2] Calor, inquit, uini caloris uiuificatiuus est naturalis ut¹ qualitates pessimas mundificet & expellat. [3] Et crudos humores, si inueterauerunt, cum calore suo excoquit, malos meliorat, sanguinem mundificat & coleram nigram. [4] Unde necesse est, sicut Rufus dixit, caloris uiuificatiuum sit naturalis hoc uinum agens, si temperate bibentes biberint, [5] id est, cum aqua dulci miscuerint aequaliter seu uicinitus puritati eius secundum uirtutem uini & non modum bibens excesserit.

¹ ut] conī. Nesselrath; codd.: et

F 64 Rāzī Hāwī xxiii (1). 65, 3–7 (D-R 368)

[١] روفس في كتابه في المالنخوليا، قال: إذا أكلوا فلا يشربوا عليه شرابا كثيرا دفعة [٢] فإن ذلك يفسد الهضم [٣] لكن يتوقى ذلك، ويشرب قليلا قليلا بقدر ما يدفع به العطش فقط [٤] ولا يميل إلى اللذة، فإن الهضم يحدو بذلك كما يحدو طبخ الشيء بالرطوبات المعتدلة الكمية.

F 65 Constantine, the African, *De melancholia*, ed. GARBERS 1977, 191

[1] Rufus enim in fine libri sui dixit: [2] Melancholicus ad nuptias inuitatus multum bibit uinum, sed paulatim. [3] Quod cum per totum corpus diuisum fuerit, animam laetificauit et de molestationibus accidentium huius passiones sanauit. [4] Qui cum huiusmodi uini iucamentum uidit, accedente infirmitate saepe eo usus fuit, donec ex toto euasit.

[2] Rufus said: ‘Not only wine [*ḥamr*] – when drunk moderately – delights the soul and cleanses it of sadness, [3] but other things, too, have this effect such as moderately hot baths. [4] That is why some people feel like singing when they go for moderate baths.

F62 Constantine, the African, *On Melancholy*

[1] Bathing purges pungent vapours, stops indigestion, removes the superfluities of food, and helps digestion, as Rufus said. [2] If it [vapour] encounters food on its way, it [vapour] quickly sends it [food] to the extreme parts of the body; hence the body gains weight quickly.

F63 Constantine, the African, *On Melancholy*

[1] Rufus said: [2] Heat of wine revives the natural heat, so as to cleanse and purge bad qualities. [3] Through its heat it cooks raw humours when they become inveterate; improves bad [humours]; and cleanses the blood and black bile. [4] Hence it is necessary, as Rufus said, that this stimulating [?] wine revives the natural heat, if they consume it in moderation, [5] that is, if they mix it with sweet water – [either] equal parts, or [mixed] more closely to its pure state according to the power of the wine –, and if they do not exceed the mean when they drink it.

F64 ar-Rāzī, *Comprehensive Book*

[1] Rufus said in his book *On Melancholy*: When they eat, they should not, in addition to this, drink a great amount of wine all in one go, [2] for this will harm the digestion. [3] Rather the patient should avoid this, and only drink little by little, just as much as quenches his thirst. [4] Nor should he tend towards over-indulgence [*ladda*], since good digestion is improved by this [not over-indulging], just as things are ‘cooked’ well by moistures present in equal quantities.

F65 Constantine, the African, *On Melancholy*

[1] Rufus said at the end of his book: [2] A melancholic who was invited to a wedding drank a lot of wine, but little by little. [3] When the wine had spread throughout the whole body, it cheered up his spirit and cured his feelings of sadness about things that had happened to him. [4] When he saw the joy which this kind of wine provoked, he often used it when the disease occurred, until he was completely cured.

Case Histories

F66 Ibn Sarābiyūn ibn Ibrāhīm, *al-Fuṣūl al-muhimma li-ṭibb al-ʿaʿimma*, ch. 9; Rufus, *Case Notes 1* (ed. ULLMANN 1978b, 66–9)

حكاية لروفس في علاج رجل من المالنخوليا

[١] قال وقد رأيت أنا مالنخوليا عرض لإنسان بسبب مرض كان في طحاله ولم يكن فيه ورم يعتدّ به بل كان يحس فيه بنخس فقط وهيجان مثل ديبب النمل وكان من أبناء ثلاثين سنة [٢] وكان عرض له قديما مرض في أمعائه من أخلاط لزجة حبست طبيعته فلا تجيب إلا في ثلاثة أربعة أيام وذلك بأخذ ما يلين البطن أو يحقنة تحقن بها [٣] فإذا أخذ شيئا من ذلك خرج منه أجسام حجرية وأخلاط غليظة وإن لم يبادر إلى تليين البطن وقع في القولنج [٤] فطلب مني ما يلين طبيعته [٥] ولأنها لم تنتفع بالمليينات التي أخذها كثيرا فاتخذت له إسقيلا مغموسا بالعسل كما يتخذ للمصروعين وكان يستعمله كل يوم مرة [٦] فلما وجده نافعا لقطع لزوجة البلغم أدمن استعماله فكان يستعمله في اليوم مرتين ثلاثة [٧] فلما جرى على ذلك قريب من سنة شكّا إليّ لذعا يجده في طحاله فجسسته فلم يكن فيه ورم [٨] فأمرته بترك أخذ ماء العنصل وأخذ لب القرطم مع التين بدله ثمومه† طبيخ مع السلق والكرنب والعدس [٩] فاستعمل هذا فلم يسكن ذلك اللذع بل زاد [١٠] ولما ظننت أنه تولد فيه من إدمان ذلك الدواء خلط حاد دفعت إليه أفيثمون كثيرا مع بسفايج وقليل سقمونيا لأن طبيعته لم تكد تجيب إلا بدواء قوي [١١] وبعد جهد انحلّت طبيعته بشيء يسير [١٢] فأمرته أن يستعمل من الغذاء اللين مع الأفيثمون فوقع عشاء في الحمى وفي المالنخوليا من الغد إلا أنه كان لا يدوم به [١٣] ففصدته في اليوم الثاني لأن غذاءه لم يكن انهضم في اليوم الأول بسبب حماه وسهره [١٤] وكنت أستعمل ضمادات مطفئة مسكنة على طحاله وسائر بطنه [١٥] وعندما تسكن أعراض المالنخوليا فيشكو لذعا في طحاله مع ارتقاء إلى <فوق [١٦] فلما فصدته في غد ذلك اليوم من العرق الذي على الكعب الأيسر واستفرغت منه دما كافيا

Case Histories

F66 Ibn Sarābiyūn ibn Ibrāhīm, *Important Chapters on the Medicine of the Masters*, ch. 9; Rufus, *Case Notes* 1

A report [*hikāya*] by Rufus concerning the treatment of a man [suffering] from melancholy.

[1] He said: I saw that melancholy had befallen a man because of an illness situated in the spleen. There was, however, no tumour (*waram*) in it, which would [normally] be expected. Rather in it he [the patient] only felt a pricking [pain] and an irritation similar to ants moving. He was thirty years of age. [2] Previously he had suffered in his intestines from viscous humours which blocked his nature [i.e. gave him constipation], so that it [nature] only responded after three or four days, namely through taking things softening the stomach, or through an enema administered to him. [3] When he took some of these things, stone-like bodies and viscous humours were secreted. When he did not immediately soften the stomach, he fell into a colic. [4] He asked me for something which would soften his nature. [5] Yet, since he did not benefit from the softening [remedies] which he often took, I prescribed squills soaked in honey for him, as one does for epileptics; he used this once each day. [6] When he found it helpful for cutting the viscosity of the phlegm, he used it more frequently; he took it twice or thrice a day. [7] When nearly a year had passed in this fashion, he complained to me about a biting [pain] which he felt in the spleen. I palpated it and there was no tumour in it. [8] I ordered him no [longer] to take a decoction of squill. Instead he took safflower pits with figs in a decoction with marygold, cabbage, and lentils. [9] He employed this, but the biting [pain] did not subside; rather, it increased. [10] When I suspected that because of the constant use of this drug a pungent humour had been generated in him, I gave him a lot of epithyme with polypody and a little bit of scammony, since his nature really only responded to a strong remedy. [11] After some effort, his nature dissolved a little bit [i.e. there was some stool]. [12] I ordered him to eat light food with epithyme. In the evening he fell into a fever, and the next day into melancholy. It did not last, however. [13] On the second day, I resorted to venesection because the food had not been digested on the first day because of the fever and the insomnia. [14] I applied dressings which quell and sooth onto the spleen and the rest of the belly. [15] When the symptoms of melancholy subsided, he complained of a pricking [pain] in the spleen together with a ‘rising up’. [16] After I had phle-

سكن اللذع قليلا [١٧] ولما اثبتت له في اليوم الثاني انطفأت عنه الحمى وسكن اللذع وأعراض المالنخوليا سكونا كثيرا [١٨] واستقرغت الدم في اليوم الثاني مرتين لأن قوته كانت قوية ودمه محترقا [١٩] ودفعت إليه من الغد ماء الجبن وحده حذرا من الالتهاب الذي يهيجه الأفيثمون في المعدة والجنين [٢٠] وحقنته بحقنة حادة وبردت طحاله وبطنه [٢١] وفي اليوم الثاني خلطت اللبن بقليل سقمونيا [٢٢] ولما مكث على هذا التدبير ثمانية أيام برأ برأ تاما.

F 67 Ibn Sarābiyūn ibn Ibrāhīm, *al-Fuṣūl al-muḥimma li-ṭibb al-ʿaʿimma*, ch. 9; Rufus, *Case Notes 2* (ed. ULLMANN 1978b, 69–73)

قصة صاحب المالنخوليا آخر

[١] وأعرف إنسانا آخر كان يعرض له كل سنة في الربيع وجع بين أضلاعه بغير حمى أو نفخة مع لذع ونخس ولم تظهر في الموضع حرارة [٢] وكان يفتصد في كل سنة بسبب ذلك ويأخذ مسهلا [٣] فتمكث به العلة من وقت الاستواء إلى أن يشتد الحر الربيعي ثم تسكن عنه على أنها تنقص بالفصد والإسهال [٤] ولما ظن أنه لم ينتفع بهما تركهما فصعب عليه الوجع نحو شهر وارتقى إلى تديئه فافتصد وأخذ مسهلا [٥] فلم يسكن الوجع لكن امتد إلى ناحية وجهه ويحس به في جانب واحد فلبث في فكه مدة [٦] ولما فرغت أن يصير إلى عينه ودماغه فيقتله أمرته بالفصد وأخذ المسهل ثلاث دفعات [٧] وكويت بين أضلاعه موضع الوجع فسكن الوجع سكونا تاما [٨] ولم ينكر أربعة أيام من أمره شيئا [٩] فلما كان في الخامس ابتدأ يرى قدام عينيه خيالات [١٠] فلم أجتسر على الاستقراغ لأن بدنه كان قد جف [١١] فرطبت تدييره لكي إن احتجت إلى استقراغ يأتي بسهولة [١٢] ومكث الخيالات يومين وفي الثالث ظهر أعراض المالنخوليا [١٣] وانقطع عنه الرجاء إلا أنني لما كنت متيقنا بأنني قطعت المادة لم تهلني تلك الأعراض [١٤] وغذوته بعصارة الخندروس والسمك الصخوري والحساء المتخذ من الباقلي نحو ثلاثين يوما [١٥] وعلى كلكا يربط بدنه يسكن أعراض المالنخوليا إلى أن برأ برأ تاما

botomised him the next day at the vein on the anklebone of the left [foot] and had evacuated a sufficient amount of blood, the pricking [pain] subsided a little. [17] When I turned to him on the second day, the fever had died down, and the pricking and symptoms of melancholy had greatly subsided. [18] I evacuated blood twice on the second day, since his [general] strength was good, and his blood was burnt. [19] On the next day, I administered whey on its own, for fear of the inflammation which the epithyme was provoking in the stomach and the sides. [20] I gave him a pungent enema and cooled his spleen and belly. [21] On the second day I mixed milk with a little bit of scammony. [22] After he kept this diet for eight days, he was completely cured.

F67 Ibn Sarābiyūn ibn Ibrāhīm, *Important Chapters on the Medicine of the Masters*, ch. 9; Rufus, *Case Notes 2*

The case history [*qiṣṣa*] of another patient suffering from melancholy.

I know someone else who suffered each year in the spring from a pain between his ribs, without fever or flatulence, but with biting and pricking [pain]; at the place [of the pain], no heat appeared. [2] For this reason, each year he had himself phlebotomised, and took a purging [remedy]. [3] The disease lasted from the time of the [spring] equinox until the heat of the spring became extreme. Then it subsided, as it had been diminished through venesection and purging. [4] As he believed that he did not benefit from these two [venesection and purging], he gave them up. As a result, the pain became difficult for him [to bear] for approximately a month, and rose to the breasts [*tadiyān*]. Then he had himself phlebotomised [again] and took a laxative. [5] The pain, however, did not subside, but rather extended to his face, so that he felt it on one side. It remained for a while in his jaw. [6] When I feared that it would reach his eye and brain, so as to kill him, I ordered venesection and taking purging [drugs] three times. [7] I cauterised the area of the pain between the ribs. Then the pain subsided completely. [8] For four days he did not complain about his condition at all. [9] On the fifth day, however, he began to see delusional images in front of his eyes. [10] I did not dare to evacuate, since his body had become dry. [11] So I prescribed a moistening diet, so that if I needed to purge [him], this would go easily. [12] The [delusional] images remained for two days; on the third, the symptoms of melancholy manifested. [13] He lost all hope; however, since I was sure that I had removed the [disease] matter, these symptoms did not frighten me. [14] I nourished him with spelt juice, rock fish, and broth made with beans for approximately thirty days. [15] The more his body became moist, the more the symptoms of melancholy subsided, until he was completely cured.

[١٦] وكان ما يعتره من أعراض المالنخوليا الغم والفرع من الموت ولذلك أمرته باللهو والطرب فتخلص بعد ثمانين يوماً [١٧] وتحير الأطباء من برئه أنه كيف صارت المادة بعد استقراغها تميل إلى عضو شريف ثم سكن عنه المرض من غير استقراغ [١٨] فأرئتهم أنه كان به فضل سوداوي محصور في بعض شرايينه فكان يغير ويفسد الدم في الشرايين قليلاً قليلاً [١٩] فلما استقرغناه بقيت البقية تسعى ومن أجل أن أصلها قطعناه تناقصت قليلاً قليلاً [٢٠] ولما انتهت إلى الدماغ كانت قد ضعفت جداً إلا أنها وجدت فيه أخلاطاً يابسة محترقة من الغم والسهر العارضين له [٢١] فلها صارت البقية كالخمير لها فغيرها إلى السوداء وأحدث المالنخوليا [٢٢] فلما رطبنا تدبيره وسكنا غمه سكنت الآفة

F 68 Ibn Sarābiyūn ibn Ibrāhīm, *al-Fuṣūl al-muhimma li-ṭibb al-ʿimma*, ch. 9; Rufus, *Case Notes 3* (ed. ULLMANN 1978b, 72–5)

قصة أخرى

[١] وأعرف إنساناً آخر ابتدأ به المالنخوليا من احتراق الدم [٢] وكان الرجل وادعا ولم يكن الفرع والغم اللذان أصاباه بقويّ ويخالطهما مع ذلك فرح قليل [٣] وكان سبب {مرضه} مداومته {على} النظر في علوم الهندسة وكان يجالس الملوك [٤] فلسبب هذه الأشياء اجتمع فيه مادة سوداوية في الوقت الذي من عادة السن أن يحدثه أعني في زمان الانحطاط على أنه كان في سن الشباب حاداً المزاج [٥] فلما انضاف إليه السن اجتمع فيه السوداء [٦] وأكثر ما يناله الأذى بالليل بسبب الأرق ووقت السحر فإذا نام وقت السحر يرى خيالات فاسدة في نومه مع سبات أرقى [٧] فعالجه طبيب غير مدرب فاستقرغه وقيّاه بأدوية حادة مراراً وتغافل عن تعديل مزاجه [٨] وإصلاح المزاج في مثل هذه الأمراض أشرف المعالجات لأن سوء المزاج هو المولد لمثل هذا الخلط فلا ينقطع تولده إلا بإصلاح [٩] فلما احتدّ مزاجه بتلك الأدوية كثر الاحتراق في بدنه وآل أمره إلى الجنون [١٠] وبقي لا يأكل ولا يشرب حتى مات

¹ حار codd.; conī. STROHMAIER: حاد¹

[16] The symptoms of melancholy from which he suffered were sadness and fear of death. I therefore ordered amusement [*lahw*] and music [*tarab*]. After eighty days he was saved. [17] The [other] physicians were at a loss as to how he was cured, that is, how the [disease] matter, after being purged, was able to reach a noble part [of the body], and how then the disease subsided without purging. [18] I showed them that a melancholic superfluity was contained in one of his arteries, so that it changed and spoiled the blood in the arteries little by little. [19] After we had purged it, a remainder continued to flow [in the arteries]. Yet since we had cut out its origin, it diminished gradually. [20] When it finally reached the brain, it had become extremely weak; there, however, it did encounter dry and burnt humours due to the sadness and sleeplessness which befell him. [21] Therefore, the remainder had a yeast-like effect on them [these humours], turned them into black [bile], and caused melancholy. [22] After we had applied to him a moistening diet and soothed his sadness, the affliction subsided.

F68 Ibn Sarābiyūn ibn Ibrāhīm, *Important Chapters on the Medicine of the Masters*, ch. 9; Rufus, *Case Notes* 3

Another case history [*qiṣṣa*]

[1] I know another person in whom melancholy began because of blood being burnt. [2] This man was gentle, and the sadness and fear which afflicted him were not strong. Furthermore, they were combined with a little bit of hilarity. [3] The reason for his illness was the constant contemplation of geometrical sciences; he also had social intercourse with kings [*mulūk*]. [4] Because of these things melancholic [disease] matter accumulated in him at a time of his life when this usually happens, that is, at the age of decline. Moreover, when he had been young, he had [already] had a pungent mixture (*krâsis*, *mizāğ*). [5] When age was added to this [his pungent mixture], black bile accumulated in him. [6] The pain mostly afflicted him at night because of insomnia, and at dawn. When he slept at dawn, in his sleep accompanied by a lethargic wakefulness he saw vicious delusional images. [7] An untrained physician treated him. A couple of times, he purged him and made him vomit with pungent drugs, whilst he neglected to balance his [the patient's] mixture. [8] In the case of diseases like this, the first and foremost treatment is to improve the mixture, since a bad mixture produces this kind of humour [black bile], and its production can only be interrupted by improving [it, sc. the mixture]. [9] After his mixture had become pungent through those drugs, the burning in his body increased, and he finally became mad. [10] He continued neither to eat nor to drink until he died.

F 69 Ibn Sarābiyūn ibn Ibrāhīm, *al-Fuṣūl al-muḥimma li-ṭibb al-'a'imma*, ch. 9; Rufus, *Case Notes 4* (ed. ULLMANN 1978b, 74–5)

قصة أخرى

[١] رجل آخر من أبناء عشرين سنة تخلص من الغرق فأصابه من خوفه ما لنخولياً
 [٢] فداواه طيب بمثل المداواة المتقدمة من الاستفراغ المتواتر بالأدوية الحادة وبآخرة
 استفرغه بالخربق الأسود فحير [٣] فعالجه طيب آخر بالترطيب والتغذية والتفريغ
 [٤] فهدأ وبرأ وكان بروه بكلا الطيبين لأن الأول استفرغ المادة والثاني عدل المزاج

F 70 Ibn Sarābiyūn ibn Ibrāhīm, *al-Fuṣūl al-muḥimma li-ṭibb al-'a'imma*, ch. 9; Rufus, *Case Notes 5* (ed. ULLMANN 1978b, 74–5)]

قصة أخرى

[١] رجل آخر طال به حمى الربع وكان مع ذلك زاهدا متقشفا طويل الصوم [٢]
 فلحق أفكاره الضرر وكان يظن بنفسه ظنونا [٣] ولما رأيت أثر النضج في بوله وكان
 يخرج منه بالإسهال خلط سوداوي رجوت برء لأن خروجه كان مع النضج ولم يكن في
 الابتداء وعدم النضج حتى يكون م...عا [٤] فرطبت بدنه وانعشت قوته فبرأ ولم
 يحتاج إلى استفراغ [٥] و>كثيرا من أصحاب هذه العلة أبرأتهم بتعديل المزاج من غير
 استفراغ

F 71 Ibn Sarābiyūn ibn Ibrāhīm, *al-Fuṣūl al-muḥimma li-ṭibb al-'a'imma*, ch. 9; Rufus, *Case Notes 16* (ed. ULLMANN 1978b, 102–7)

قصة صرع كان ابتداءه من المعدة

[١] كان رجل يحضر مجالس يطيل فيها الجلوس فيتأخر غذاؤه عن الوقت وكان من
 أبناء أربعين سنة وكان حار المزاج [٢] فاجتمع في معدته خلط غليظ [٣] فحدث به
 أولا دوار إذا تأخر غذاؤه ثم لما احتدّ الخلط واحترق عرض له صغر النفس ثم آل به
 الأمر إلى الصرع [٤] فأعطاه بعض الأطباء الإيارج المتخذ بشحم الحنظل لأنه ظنه
 صرعا بلغميا [٥] فعرض له اضطراب وقلق شديد واشتدّ به المرض [٦] فلما دعاني

F69 Ibn Sarābiyūn ibn Ibrāhīm, *Important Chapters on the Medicine of the Masters*, ch. 9; Rufus, *Case Notes* 4

Another case history [*qiṣṣa*].

[1] Another man, twenty years of age, was saved from drowning. Because of his fear [of drowning], melancholy befell him. [2] A physician treated him in the same way as previously [mentioned], namely by uninterrupted purging with pungent drugs. At last, he purged with black hellebore. Then he was at a loss. [3] Another physician treated him with a moistening [diet], and by giving him food, and cheering him up. [4] Then he became calm, and was cured. The cure was effected by both physicians, since the first purged the [disease] matter, and the second balanced the mixture.

F70 Ibn Sarābiyūn ibn Ibrāhīm, *Important Chapters on the Medicine of the Masters*, ch. 9; Rufus, *Case Notes* 5

Another case history [*qiṣṣa*].

Another man suffered from quartan fever for a long time. In addition to this, he was an ascetic, who was content with little and fasted for long periods of time. [2] Damage to his thoughts ensued, and he formed [unfavorable] opinions about himself. [3] When I saw traces of cooking [*naḍġ*] in his urine, and when a melancholic humour was secreted at stool, I hoped that he would be cured, for it [the humour] was excreted cooked. This was not the case in the beginning; rather cooking was absent, until he became <...>. [4] I moistened his body and restored his strength. He was cured without requiring any purging. [5] I cured many of the patients suffering from this disease by balancing the mixture (*krâsis*, *mizāġ*) without purging.

F71 Ibn Sarābiyūn ibn Ibrāhīm, *Important Chapters on the Medicine of the Masters*, ch. 9; Rufus, *Case Notes* 16

A case history [*qiṣṣa*] of epilepsy which began in the stomach.

A man used to attend meetings [*maġlises*], sitting there for a long time, so that he would eat later than the [appropriate] time. He was forty years old, and had a warm mixture (*mizāġ*, *krâsis*). [2] A viscous humour had accumulated in his stomach. [3] First of all, vertigo affected him, when he was late in eating. Then when the humour became pungent and was burnt, dyspnoea befell him; subsequently, his situation deteriorated into epilepsy. [4] Some physicians gave him the *hierá* ('holy remedy') made from colocynth pith, for he thought that it was phlegmatic epilepsy. [5] He suffered from shivering, great unrest, and his condition became

ورأيت حركة عينيه وآثار الفزع والمالنخوليا [٧] ولأن مزاجه كان حاراً محرقاً للأخلاق وسنه سن الانحطاط وتدييره موكدا لخلط غليظ ومن شأن هذا إذا غلظ أن يسهل خلطا سوداويا ولاضطرابه وإزعاجه الكثير ظننت أنه خلط محترق [٨] فلما تحقق في ذلك أمرت أن يأخذ الخندروس ويأخذه باردا فحين أخذه سكن سكونا بينا [٩] وبعد انحداره عن معدته أعطيته أكارع المعز مطبوخة أيضا بالخندروس فصلح أكثر [١٠] ومن الغد نعت خبزا سميدا جيد النضج والخمير في الماء الحار وناولته [١١] فعاد عليه عقله وسكن عنه أعراض الصرع والذع والرعدة [١٢] ولأنه كلما يتأخر غذاؤه عرض له لذع في معدته ودوار وبصاق رابت أنه يحتاج إلى الاستقراغ ولا يكتفي بتعديل الخلط [١٣] لأن الخلط إذا كان رديئا أحال الغذاء إلى نفسه فأعطيته السكجيين وماء الشعير وبعد ذلك السكجيين وحده وبعد ذلك مع طبيخ الفوتنج والكرفس ثلاثة أيام [١٤] وفي الرابع أعطيته الإيارج مع طبيخ الأفيثمون والفوتنج وحقنته [١٥] ووضعت على رأسه خلّ خمر ودهن الورد وعصارة النّمام والآس لأقويه من غير أن أسخنه أو أبرده [١٦] فاستقرغ استقراغا كافيا وانحدر منه شيء غليظ أسود مع بلغم كثير [١٧] ثم غذوته بالأغذية المذكورة وسقيته شرابا ممزوجا رقيقا [١٨] وبقي بعد ذلك متى أخر عنه الغذاء يكثر بزاقه ويصغر نفسه ويصيبه دوار [١٩] فقويت معدته ورطبت تدييره ولطفت المادة بما ذكر [٢٠] واستقرغته ثانيا بإيارج فيقرا ومطبوخ الأفيثمون والأفسنتين واستعملت هذا التديير مرارا [٢١] فبتدئ أولا فنقويه ثم نرطبه ونعدل حدة كيموسه ثم نلطفه من غير إسخان قوي ثم نستقرغه بعد ذلك [٢٢] وجربنا على ذلك خمسين يوما فزالت العلة بالكلية [٢٣] وأمرته أن لا يؤخر غذاؤه بعد ذلك بل يتناول وقت الغذاء^١ خبزا منقعا في ماء حار ووقت المساء يغتذي بما جرت به عادته [٢٤] فبقي عمره لم تعاوده الثوبة

^١ الغذاء: conī.; codd.: الغذاء.

more severe. [6] When he called for me and I saw the movement of his eyes, and the hallmarks of fear and melancholy; [7] and since his mixture was hot and burnt the humours, his age was that of decline, and his diet was generating viscous humour – for it is typical of this [humour] when it becomes viscous to facilitate melancholic humour; and because of the shivering and frequent discomfort, I thought that it was a burnt humour. [8] Once I had established this, I ordered that he take spelt, and that he take it cold. After he had taken it, he became visibly more restful. [9] When it [the humour] had sunk down out of his stomach, I gave him goat trotter also cooked in spelt. Then his situation improved further. [10] The next day I soaked well-baked semolina bread and yeast in warm water, and gave it to him. [11] Then his intellect returned, and the symptoms of epilepsy, as well as the pricking [pain] and the trembling subsided. [12] Since each time that he ate late, a pricking [pain] in his stomach occurred, accompanied by vertigo and saliva, I formed the opinion that he required purging, and that [simply] to balance his humour did not suffice. [13] Since the humour, when it was bad, transformed the food into itself, I gave him oxymel and barley water, and afterwards oxymel on its own, and after that with a decoction of mint and celery for three days. [14] On the fourth day, I gave him the *hierá* ('holy remedy') with a decoction of epithyme and mint, and administered an enema. [15] I put wine vinegar, oil of roses, and creeping thyme and myrtle juice onto his head, in order to strengthen him without either warming or cooling him. [16] He was thus sufficiently purged, and something viscous and black came down from him together with a lot of phlegm. [17] Then, I fed him with the food mentioned above, and gave him gentle wine mixed [with water] to drink. [18] Even after that, when he ate [too] late, his saliva continued to be plentiful, and he suffered from dyspnoea and vertigo. [19] Therefore, I strengthened his stomach, prescribed a moistening diet, and thinned out the [disease] matter with the measures described above. [20] I purged him a second time with *hierà pikrá* ('bitter holy remedy') and a decoction of epithyme and absinth; I used these ministrations a couple of times. [21] We began first of all by strengthening him, then we moistened him and evened out the sharpness of his humour, then thinned it [the humour] out without any strong heating, and then purged him afterwards. [22] We proceeded in this manner for fifty days, and subsequently the disease disappeared completely. [23] I ordered that he not eat late after this, but rather take at lunchtime bread soaked in warm water, and that in the evening he eat what he was used to. [24] For the rest of his life, no attack recurred.

Medical Questions

F72 Rufus, *Medical Questions* (ed. Gärtner *CMG* suppl. 4, p. 26, lines 1–9), §4

[1] Ῥώμην δὲ καὶ ἀσθένειαν τοῦ κάμνοντος καταμάθοις ἄν, ἣν ὁ μὲν τις ἰκανὸς τῷ φθέγματι καὶ ἐφεξῆς λέγη τὰ συμβεβηκότα, ὁ δὲ οἶο<ν> ἀναπαύων τε πολλάκις καὶ λεπτῇ τῇ φωνῇ· [2] νοσήματος δὲ ιδέαν ... ἄνευ μελαγχολίας βράγχωσιν, γλώττης παραπληξίας καὶ τιν<α τ>ῶν κατὰ θώρακα καὶ περὶ πνεύμονα εἰθισμένων γίνεσθαι. [3] τὰ μὲν γὰρ μελαγχολικὰ διασημαίνει θρασύτης καὶ ἄκαιρος λύπη· [4] μάλιστα δὲ <ὁ> ἄνθρωπος καταφανῆς ἐστὶ καὶ θαρρῶν καὶ ἀνιώμενος οἷς λέγει, καταφανῆς δὲ καὶ ἐτέρως ἐστίν. [5] ἀλλὰ [καὶ] <εἰ> ἢδ' ἡ πεῖρα αὐτῷ προσγένειτο, σαφῶς ἂν ἤδη διαγινώσκοιτο ἢ νόσος.

Commentary on the Hippocratic Epidemics

F73 Galen, *In Hippocratis librum vi epidemiarum commentaria i–viii*, *CMG* x. 2,2, 138, 19–139, 15 [cf. van der Eijk, *Diocles of Carystus*, fr. 110]

[1] Ἀριστοτέλης δ' ἐν τοῖς Προβλήμασι καὶ τὴν αἰτίαν ζητεῖ, δι' ἣν ἀφροδισιαστικούς συμβαίνει γίνεσθαι τοὺς μελαγχολικούς, ἀθροίζεσθαί τε πνευμά φησιν αὐτοῖς ἐν ὑποχονδρίοις φυσῶδες οὐκ ὀλίγον, διὸ πνευματώδη τε καὶ ὑποχονδριακὰ προσαγορεύεσθαι τὰ τοιαῦτα πάθη, καὶ Διοκλῆς δὲ καὶ Πλειστόνικος ἕτεροὶ τε πολλοὶ τῶν ἰατρῶν οὕτως ὀνομάζεσθαί φασιν αὐτά. [2] οὐ χεῖρον δὲ καὶ λέξιν τινὰ τῶν τῷ Ἀριστοτέλει γεγραμμένων εἰπεῖν ἔχουσαν ὧδε· [3] 'διὰ τί οἱ μελαγχολικοὶ <εἰσιν> ἀφροδισιαστικοί; ἢ ὅτι πνευματώδεις. [4] τὸ γὰρ σπέρμα πνεύματος ἔξοδος ἐστὶ. [5] διότι οὖν πολὺ τὸ τοιοῦτον, ἀνάγκη πολλάκις ἐπιθυμεῖν καθαίρεσθαι, κουφίζονται γάρ.' [6] διὰ τοῦτ' οὖν καὶ Ροῦφος [ἔλεγεν] ἀντὶ τοῦ ψόφος εἶλετο γράφειν 'φόβος', ἵνα ὁ λόγος ἦ τῷ Ἱπποκράτει περὶ τῶν μελαγχολικῶν, οἷς ἐστὶν ἰδιαίτατος ὁ φόβος· [7] ἄλλω μὲν γὰρ ἄλλο φοβερὸν, ἐν γοῦν τι πάντως καθ' ἕκαστον αὐτῶν, ὅταν γε τὰ μέτρια δυσθυμῶσιν, εἰ δὲ μή, καὶ δύο καὶ πλείω καὶ πάνυ πολλὰ καὶ τισιν αὐτῶν ἅπαντα. [8] γενήσεται <δ'> οὖν κατὰ μὲν τὸν Ροῦφον ἢ λέξις οὕτως ἔχουσα· [9] οἷσιν, ὅταν ἀφροδισιάζωσι, φυσᾶται ἢ γαστήρ, ὡς Δαμναγόρα, οἷσι δ' ἐν τούτοις ὁ φόβος·

Medical Questions

F72 Rufus, *Medical Questions*

[1] One may learn the strength and weakness of the patient when someone has a strong voice and recounts what occurred to him in an orderly fashion; or when someone speaks with many interruptions and in a weak voice. [2] The form of the disease [one can recognise ... gap here] ... without melancholy [there are] hoarseness, paralysis of the tongue, and some of the diseases usually occurring in the chest or the lungs. [3] Melancholic [illnesses] are indicated by rashness and untimely grief. [4] It is especially obvious that someone is rash and grieving from what he says, but also from other things. [5] But even if one [only] uses this test (*peîtra*), the disease can be diagnosed clearly.

Commentary on the Hippocratic Epidemics

F73 Galen, *Commentary on Hippocrates' Epidemics*

[1] Aristotle, in his *Problems*, also investigates the reason why melancholics yearn for sexual intercourse. He says that their *pneûma* gathers in the hypochondriac region, and causes no small amount of wind. One therefore speaks of 'pneumatic' and 'hypochondriac' diseases, and both Diocles and Pleistonius, as well as many other physicians, have called them this. [2] It is worth quoting a passage from Aristotle's writings, which runs as follows: [3] 'Why do melancholics yearn for sexual intercourse? Because of an excess of wind (*pneûma*). [4] For semen constitutes an exit for wind (*pneûma*). [5] When the latter is plentiful, one therefore necessarily desires to purge it, and relief is thus achieved.' [6] For the same reason Rufus chose the reading 'fear (*phóbos*)' instead of 'noise (*psóphos*)', because Hippocrates talked about melancholics, for whom 'fear (*phóbos*)' is most appropriate. [7] They fear different things. Every one of them is afraid of one thing, if their desperation is moderate; if not, [they fear] two or more things, and some even a great many things, or everything. [8] According to Rufus, the passage should be understood as follows: [9] some people such as Damnagoras have a flatulent belly, when they have sex, others are beset by fear (*phóbos*) in these circumstances.

Other Works

F74 Oribasius, *Medical Collections* bk 45, ch. 30, §§ 14, 42, 45, 50, 66; CMG vi. 2.1, 192, 12–14; 194, 29–30, 38–9; 195, 16–19; 196, 18–19

[1] τεταρταῖος δὲ καὶ μελαγχολίας ῥύεται, καίτοι πολλὸς μὲν ἐν τῇ μελαγχολίᾳ ὁ χυμὸς οὗτος ἔνεστι, πολλὸς δ' ἐν τῷ τεταρταίῳ πυρετῷ. [...]

[2] ἰάσατο δὲ δυσεντερίᾳ καὶ μανίας τῆς τε ἄλλης καὶ μελαγχολίας. [...]

[3] αἱ δὲ τοῦ αἵματος ἐκκρίσεις, αἱ μὲν καθ' αἰμορροΐδας μελαγχολίαν τε ἰῶνται καὶ πᾶσαν μανίαν ἄλλην. [...]

[4] καὶ γὰρ οὖν καὶ κισσοὶ πολλὰ προσωφελοῦσιν, ἐπεὶ καὶ μελαγχολίαν καὶ μανίαν, καὶ ὅσα περὶ κεφαλὴν κεχρονισμένα γίνεται, καὶ βάρη ὀσφύος καὶ κυφώματα, ὅσα ὑπὸ συντάσεως τῶν νεύρων κατ' ὀσφὺν γίνεται, προσωφελοῦσιν. [...]

[5] ἄλφοι γοῦν καὶ λέπραι καὶ ψῶραι μελαγχολίαν καὶ ἐπιληψίαν ἰάσαντο. [...]

Other Works

F74 Oribasius, *Medical Collections* bk 45, ch. 30

[1] Quartan fever also fights melancholy, even though a lot of this humour [black bile] is present in melancholy and also during quartan fever. [...]

[2] Dysentery cures madness and especially melancholy. [...]

[3] Secretions of blood, especially those occurring because of haemorrhoids, cure melancholy and all other forms of madness. [...]

[4] Varicose veins are extremely beneficial, since they help against melancholy and madness; against chronic ailments affecting the head; against heaviness and humps in the loins; and against ailments resulting from a tension of the nerves in the loins. [...]

[5] Dull-white leprosy (*alphós*), leprosy (*lépra*), and scurvy (*psóra*) cure melancholy and epilepsy. [...]

Spuria

F75 Rāzī *Hāwī* xix. 192, 2–3 (D-R 359)

[١] روفس ، قال: الحميات السوداء تسود البول والبراز [٢] قال ذلك في الملينخوليا وفي الربع
[٣] قال¹ وكذا الشمس والرياضة وكثرة خروج العرق تقل البول ، [٤] وكذلك جميع ما يسخن البدن ويحل رطوباته

لي v.1. [قال¹

F76 Rāzī *Hāwī* x. 54, 13–17 (D-R 280)

[١] ... لروفس قال: في الكلى تضعف عند الشيخوخة الهرم ومن ركوب الخيل بغتة من غير عادة ، ومن ضربة تعرض للصلب ، والتعب الشديد ، وانتصاب طويل للشمس ، والسفر البعيد ، [٢] ففي هذه الأحوال تقبل قوى الجاذبة للبول ، [٣] وقد ينحدر في هذه الأحوال شيء من رطوبات دموية فربما كانت سببا للتقرح.

F77 Rāzī *Hāwī* xix. 195, line 11–196, 1 (D-R 330)

[١] فلكثرة أكلهم وامتلائهم يكثر فيهم القشار. [٢] وكذلك الثقل في الذين يحمون من امتلاء. [٣] وأما من يحم من صوم أو من تعب فأبوالهم ناربية لطيفة [٤] وأمراض هؤلاء تنحل أبدا قبل أن يصير في أبوالهم قشار [٥] وذلك أنه يكتفي في هؤلاء سحابة بيضاء متساوية متعلقة ملساء.

F78 Rāzī *Hāwī* (D-R 338, 5)

[1] Dixit: In adurente uero [febre], quae est propter apostema calidum in uentre, quasi inflammans ut erisipilam.

*Spuria***F75** ar-Rāzī, *Comprehensive Book*

[1] Rufus said, ‘melancholic fevers render the urine and the faeces black.’ [2] He said this about melancholy and quartan [fevers].

[3] He said, ‘Likewise the sun and exercise; excessive sweating diminishes the urine, [4] as do all those things which overheat the body and dissolve its moisture.

F76 ar-Rāzī, *Comprehensive Book*

[1] ... by Rufus; he said about kidneys that they become weak in old age – senility –, and because of riding horses all of a sudden without previously being used to it; an accidental blow to the spine; by extreme exhaustion; by standing in the sun for a long time; and by travelling long distances. [2] For in these conditions, the powers to draw urine are diminished. [3] Also in these conditions some bloody moistures may come down, which cause ulceration.

F77 ar-Rāzī, *Comprehensive Book*

[1] Because they have eaten [too much] and suffer from a repletion, there are many rinds in their [urine]. [2] Likewise with the sediment in [the urine of] those who suffer from fever caused by repletion. [3] Those who suffer from fever caused by fasting or exhaustion have fine, fiery urine. [4] The ailments from which they suffer do not ever dissolve before rinds appear in their urine. [5] For in the case of these people a white, homogenous, suspended and smooth cloud is sufficient.

F78 ar-Rāzī, *Comprehensive Book*

[1] He said: During a caustic fever which occurs because of an inflammation in the stomach, as if it were burning like erysipelas [anacolouthon?]

Commentary

- F1** In AD 987–8, the Baghdad bookseller Ibn an-Nadīm completed an ‘Index (*Fihrist*)’ in which he provides short biographical notices on various authors, and lists their books. Book Seven on ‘philosophers and ancient sciences’ comprises three chapters: 1) on philosophy, 2) on the exact sciences (mathematics, geometry, music, etc.), and 3) on medicine. In this last chapter, there is a fairly short entry on Rufus, which largely consists of a list of his works. *On Melancholy* is mentioned here, and notably that it is ‘in two treatises (*maqālatān*)’.
- F2** Ibn Abī Uṣaibi‘a (d. 1270) is a physician chiefly known for his bio-bibliographical work called *The Sources of Information about the Classes of Physicians*. In it he lists a great number of ‘Greek physicians among whom Hippocrates spread the art of medicine’, as the chapter is entitled where he discusses Rufus. The entry is significant in our context for two reasons: 1) it confirms that *On Melancholy* comprised two books; and 2) it shows that by the thirteenth century, Rufus was most famous for his work on this subject.
- F3** Galen wrote a short treatise *On Black Bile* (v. 104–48 K), not to be confused with the excerpt from Aëtius printed in Kühn’s edition and sometimes referred to as *On Melancholy* (xix. 699–720 K); see below, p. 259. At the very beginning of *On Black Bile*, Galen briefly lists previous authors who wrote on this topic in a short doxographical paragraph. After Hippocrates, he mentions, among others, the schools of Erasistratus and Praxagoras, and then comes to Rufus. Galen’s *On Black Bile* is available in English and French translations (GRANT 2000, 19–36; BARRAS et al. 1998).
- There was a certain amount of doubt whether Galen actually did write *On Black Bile*, but Jacques JOUANNA 2009 has recently shown that despite certain conceptual differences between this and other works by Galen, Galen must be the author.
- F4** At the very beginning of his treatise *On Melancholy*, Ishāq ibn ‘Imrān makes the statement contained in **F4**. Like Galen (**F3**), he extols Rufus as an excellent author on the topic of melancholy. Moreover, he confirms that Rufus’ *On Melancholy* comprises ‘two treatises’ (cf. **FF 1–2**). He adds that Rufus concentrated on the ‘hypochondriac’ type of melancholy (cf. **F5** §7, **F38** §§2–3).
- F5** Shortly before the present passage, Ishāq ibn ‘Imrān divides melancholy into three kinds, one located beneath the rib-cartilage (*hypochóndria*), and two in the brain, and develops further subdivisions. Then he reflects on the difficulty of diagnosing certain types of melancholy; it greatly helps physicians to recognise the disease, if they have known the patient for a long time and are able to identify a change in his character or usual behaviour. Next comes the fragment, after which Ishāq states that he will follow Rufus’ example. He will describe only one type of melancholy, that occurring solely in the brain, and thus allow his readers to infer the necessary information of the other two types from this description. The difference between Rufus and Ishāq is immediately obvious: Rufus focusses on the hypochondriac, and Ishāq on the encephalic type. For a detailed paraphrase and analysis of Ishāq’s argument, see ULLMANN 1978b, 72–77.

In §1, Ishāq provides an important description of the contents of *On Melancholy*. Rufus went into great detail when outlining the ‘symptoms and incidents (*‘arāq wa-‘ahdāt*)’, but was unable to list all of them. Ishāq quotes Rufus, as it would appear, verbatim in §2, where Rufus states that the intelligent reader can infer other symptoms of melancholy from those already mentioned. A very similar idea is expressed in **F11** §17; the epistemological implications of this statement will be discussed below in the commentary to **F11**. In §§3–6, Ishāq elaborates on the difficulty of diagnosing and describing melancholy, notably because of the concealed nature of the soul. Ishāq continues in §7 by remarking that Rufus only discussed the hypochondriac type. Yet §§8 and 9 clearly show that Rufus, as he himself says twice, had the clear notion of there being ‘two other types (*shifāni bāqiyāni*), or, as Constantine paraphrased (p. 112, lines 9–11 ed. GARBERS 1977):

Sed tamen cum de specie illa sola scripserit, cum qua tamen duas alias tetigit, se omnes tres comprehendisse dixit.

But although he wrote on this type [of melancholy, i.e. the hypochondriac] only, together with which he also touched on the other two [types], he says that he included all three [types].

Therefore, as FLASHAR 1966, 92–3, already assumed (see below, pp. 249–50), Rufus had adhered to the tripartite division of melancholy – hypochondriac, cephalic, and general – which Galen later adopted, as did many other authors in Galen’s wake. Rufus, to be sure, focussed on the first type, but what he says can equally be applied to the other two. See also van der Eijk below, p. 178.

F6 This fragment (**F6**) and **F42** occur together, one after the other, in the chapter on melancholy of al-Kaskarī’s *Compendium*. Al-Kaskarī first defines melancholy and insists that it is important to establish whether the patient has a warm or a cold mixture in order to diagnose his exact condition. Then al-Kaskarī embarks on a digression on the link between sleep and cold on the one hand, and insomnia and warmth on the other. He returns to his subject in a stricter sense with three quotations from Rufus contained in **F6** and **F42**. In the first (**F6** §§1–6), the disease is said to originate in the stomach, for if one applies pressure to the stomach, the patient’s pain gets worse, whilst relief for the stomach causes the pain to diminish. In §§7–8 we find an etymological explanation: hypochondriac melancholy (the only one with which Rufus deals explicitly) is called this because the disease starts out in the *hypochōndria*, the abdominal region. **F42** consists of a number of recipes taken from Rufus, and therefore probably derives from the second book of Rufus’ *On Melancholy* concerned with medication and treatment. After this passage, al-Kaskarī emphasises that he relies on his experience in various Baghdad hospitals in order to assess the effectiveness of drugs and treatments (see below, p. 192).

In his *On the Affected Parts*, book 3, chapter 10 (see Appendix 1 below), when discussing the brain, Galen gives fairly lengthy quotations from Diocles’ work entitled *Affection, Cause, Treatment* (πάθος, αἰτία, θεραπεία). According to Galen, Diocles talked specifically about one type of melancholy, the ‘flatulent and hypochondriac affection (τὸ φυσῶδες καὶ ὑποχονδριακὸν πάθος)’ (viii. 188, lines 2–3 K; below, p. 281), although it is not entirely clear whether Diocles

himself used these terms; see VAN DER EIJK 2001a, 217–18 and below, p. 167. It seems that Rufus is thinking of Diocles here, and perhaps also of ‘Pleistonicus and many other physicians’ who, according to Galen’s *Commentary on Hippocrates’ Epidemics* (CMG v. 10.2.2, 138, line 19–139, line 2), also employed these two terms; see also VAN DER EIJK 2000–1, F110 and below, p. 167, and n. 29.

- F7** Ibn Sīnā wrote a long chapter on melancholy in his *Canon of Medicine* (ii.65, 17–71, 9 ed. Būlāq 1877). He first gives a concise definition of melancholy as ‘a change of opinion and thought departing from the natural towards corruption, resulting in fear and a bad melancholic mixture (*mizāğ, krâsis*)’. Then he divides the disease according to what causes it and where the cause originates: is the brain primarily affected or not? is disease matter present or not? and so on. At some point, he contemplates causes outside the brain, for instance the spleen, but also the hypochondriac region (*al-marāqq*), when ‘superfluities resulting from food and vapours in the intestines accumulate there.’ These superfluities are burnt, and ascend as harmful vapours to the brain. Then follows the fragment, in which Ibn Sīnā calls this kind of melancholy ‘hypochondriac’ and ‘flatulent’, and gives different physicians’ opinions as to what causes it: a swelling in the portal veins of the liver, as Galen thought, or, as Rufus argued, the heat in the liver and the stomach. Ibn Sīnā continues to report other opinions. Throughout the rest of the chapter, especially in the therapeutic parts, there are many parallels between Rufus and Ibn Sīnā, and it appears that the latter must have substantially drawn on the former.

[2] Ibn Sīnā seems to refer here to Galen’s discussion of melancholy in *On the Affected Parts*, iii. 10, and more specifically the following sentence (see Appendix 1, below, p. 281):

For whether the heat in the blood vessels in the region of the stomach is too great in their cases, or whether [there is] an inflammation of the parts near the lower opening of the stomach (*pulōrós*), he [Diocles] has omitted to point out through what cause these are accompanied by the melancholic symptoms.

It appears that Ibn Sīnā or his source confused the word *bāb* (pl. *abwāb*, literally meaning ‘gate’), a loan translation of *pūlē* (portal vein), and *bawwāb* (literally meaning ‘gate-keeper’), a loan translation of *pulōrós* (pylorus, lower opening of the stomach). The Arabic translation of the Galenic passage renders *pulōrós* as *al-maudi’ al-ma’rūf bi-l-bawwāb* (the place known as ‘gate-keeper’).

[3] The ‘*māsārīqā* [μεσαραϊκάί]’; Bar Bahlūl [1024, 1 ed. DUVAL] gives the following definition:

مَصَارِيقُ هِيَ الْعُرُوقُ الدَّقَاقُ الَّتِي تَنْزِلُ إِلَى الْكَبِدِ

Μεσαραϊκάί [mesenteric veins] are the ‘small veins’; *the thin veins which lead to the liver.*

- F8** Book xv of Ar-Rāzī’s *Comprehensive Book* deals with fevers. The present quotation occurs in a section on ‘non-intermittent (*sūnochos*)’ or ‘constant (*dā’im*)’ fevers, which ar-Rāzī says are equivalent to ‘acute diseases (*amrād ḥadda*)’. There are many quotations from various sources in this chapter. Just before the present one, ar-Rāzī cites Yūsuf al-Qass (fl. 902–6), called ‘the insomniac (*as-sāhir*)’; Job of Edessa (fl. c. 820s), called the ‘the freckled (*al-abraš*)’; two works by Yūḥannā Ibn Māsawaih (d. 857), the *Book of Completion and Perfec-*

tion (*Kitāb al-Kamāl wa-t-tamām*) and *Success-bringer* (*al-Munağğih*); and the mysterious Abū Ğuraiğ (fl. c. 6th–7th cent.), known as ‘the monk (*ar-rāhib*)’. Then follows the present fragment, in which Rufus first explains why the head and the stomach are connected (§§1–2). Rufus stresses that vomiting and purging are best in the case of diseases affecting the head, but originating in the stomach, such as brain fever (§3), caused by an excess of bile there. The treatment therefore consists in purging this bile (§4), best immediately after diagnosing the disease (§5); purging is better than bloodletting (§6). Ar-Rāzī then continues with quotations from Alexander of Tralles (d. after 500) and Ibn Māsawaih regarding ‘acute diseases (*amrād ḥadda*)’.

Obviously, hypochondriac melancholy is a disease affecting the head, but having its origin in the stomach. Just as an excess of yellow bile rising to the head can impair the functions of the brain, so can black bile ascending from the *hypochōndria*. Rufus thus discusses brain fever as an illness cognate to melancholy, and prescribes a somewhat similar treatment.

The term ‘brain fever’ is used here to render *sirsām*, which in turn, translates Greek *phrenītis*. Obviously, this disease sometimes corresponds to what we nowadays call meningitis, but it can clearly denote other disease entities as well; see DOLS 1992, 30–31, 74–6; JACQUART 1992.

- F9** **F9** and **F10** both come from the section on spasms (*tašannuğ*) from the first book of ar-Rāzī’s *Comprehensive Book*. The first passage is preceded by a quotation from *The Signs* (*al-‘Alāmāt*), probably the text known as *Hippocrates’ Thoughts and Observations of Signs about Life and Death* (Ἱπποκράτους νοήματα τε καὶ σημειώσεις περὶ ζωῆς καὶ θανάτου), a short compendium on how to foretell death. The quotation deals with signs preceding a spasm. The passage from Rufus’ *On Melancholy* is followed by another quotation by our author, this time from Rufus’ book *On Regimen*, also dealing with indications for imminent death. The second fragment is preceded by a recipe for a drink against spasms of the tendons taken from *Hunain’s Selections* (*Iḥtiyārāt Hunain*). It is followed by another recipe given according to *‘Ihwrsfs* (?). The two fragments constitute a doublet; see **F25** and **F26**, and BRYSON 2000, 47–66.

The link between melancholy and wind is discussed in the commentary to **F60**. Moreover, the fragment underlines again the idea that when the belly is inflated, as is the case in hypochondriac melancholy, this is bad, and presumably leads to melancholy; see **F6** and commentary.

- F10** *see* **F9**

- F11** **F11** and **F37** constitute the most substantial Greek texts preserved today from Rufus’ *On Melancholy*. They occur in Aëtius’ medical encyclopaedia entitled *Medical Books* (Βιβλία Ἰατρικά), namely in book six, chapters nine and ten. The sixth book in general deals with diseases of the head, among which we also find melancholy. Chapter nine is entitled ‘On melancholy, from the works of Galen, Rufus, and Posidonius (Περὶ μελαγχολίας ἐκ τῶν Γαληνοῦ καὶ Ρούφου καὶ Ποσειδωνίου)’; and chapter ten ‘Treatment of melancholy (Θεραπεία μελαγχολίας)’. The ‘Posidonius’ referred to here is a physician who lived towards the end of the fourth century BC, not to be confused with the famous Stoic philosopher Posidonius of Apamea (fl. 2nd cent. BC; see VIMERCATI 2004). Both chapters in Aëtius, taken together, form a whole consisting of selected extracts

from these three authors. Aëtius arranges them so as to express his own conception of this illness and its treatment. Since FLASHAR, 1966, 85–7 and van der Eijk, below, pp. 176–8, have already discussed the problems of transmission and textual criticism, suffice it here just to highlight some problems and their solutions.

The greatest difficulty is to know where exactly the extracts from Rufus begin, since the authors' headings – 'from Galen (Γαληνοῦ)', 'from Rufus (Ρούφου)' – appear at different places in the various manuscripts. We can, however, be fairly certain that the fragments as they are printed here go back to the Ephesian physician. Moreover, the arrangement of the text is not uniform in the manuscript tradition. Paragraphs 26–8 appear before §22 in some of the manuscripts (see, e.g., Kühn's edition of Galen xix. 706, 9–14). FLASHAR, 1966, p. 87, n. 9 and VAN DER EIJK, below, pp. 177–8, both argue that this is probably Rufus' original arrangement. I, however, believe that there is good reason to assume that the arrangement printed here is correct; I shall come back to this point shortly. Aëtius' division into two chapters, one dealing with the description and symptoms of the disease, and the other with the treatment, reflects Rufus' approach to the subject.

F11 begins by making a point of medical epistemology: one cannot know the causes for *all* symptoms (§1), and gives some examples for things difficult to explain (§2). The causes of *most* symptoms, however, can easily be elucidated (§3): physiological processes of the disease such as wind, coldness, dryness, but also false opinions cause certain delusion (§§3–13). Rufus continues to explain why melancholics are as they are, but now turns to more general features (§§14–16); melancholics have thick lips, protruding eyes, much hair, and so on, because of an excess of thick wind and superfluities. In §17, he reiterates his original point, and further develops it: one can easily infer the causes of the other symptoms from those just given. The expression 'the other (τῶν λοιπῶν)' is used loosely here to mean 'most other' symptoms, and not 'all the other', which would contradict the initial statement in §1. Next (§18), Rufus raises a new topic, namely that humour blackens either because of its being cooled or heated excessively. To illustrate this, he adduces comparisons with live coals (§19), 'outside bodies' (§20), and fruits (§21). Afterwards (§22), he distinguishes two types of melancholy: one innate and the other acquired through bad diet, and further elaborates on their respective characteristics (§§23–5). Rufus concludes by saying (§26) that one needs to know these things, that is to say, to which type of melancholic, innate or acquired, the melancholic belongs, before starting the therapy. He will now set out how to treat the patient on the basis of this knowledge (§27), for knowing the origin of the disease has a great impact on the treatment (§28).

Paragraph 17 has a close parallel in **F5** §2. Ishāq ibn 'Imrān, who quotes Rufus, specified that the citation occurs towards the end of Rufus' discussion of symptoms and incidents, that is to say, at the end of book one. Moreover, Ishāq understands Rufus to say that one cannot know all the symptoms (**F5** §3). If this is so, then §§26–8 would naturally come at the end of the statement about what the physician needs to know, and form a bridge to the second book on treatment. The formula 'it is now time to explain (ἤδη καιρὸς ἐκτίθεσθαι)' would form a natural transition to this second part. See VAN DER EIJK, below, pp. 176–8 for further discussion.

[1–3] For the apparent contradiction between the statements here, see VAN DER EIJK, below, pp. 176–7, and the discussion above.

[3–9] The delusions mentioned here are being an earthen vessel (§3); having parchments skin (§4); and not having a head (§5); moreover melancholics may crave food, wine, or even death. In the parallel passage in **F 13** §3, ar-Rāzī lists fear of thunder; talking of dying; excessive cleanliness; hate of a specific food, drink, or animal; and imagining having swallowed a viper as the delusions of melancholics. The only point of overlap between the two lists is the desire for (talking about) death. In another fragment (**F 12**), we find corroboration for the idea of not having a head (§5). Yet this discrepancy beckons the question to what extent either Aëtius or ar-Rāzī reflects the original Rufus.

[14–16] Again, there is a close parallel in **F 14** §§6–8, but this time, most of the attributes mentioned in Aëtius also occur in ar-Rāzī. The one exception is hair: according to Aëtius, most melancholics are hairy (δασεις), whilst ar-Rāzī maintains that their bodies possess little hair (زُرّ al-'abdān). The difference might, however, be explained in terms of a negation being accidentally introduced or omitted. The two authorities differ in another important way: whereas Aëtius lists all these attributes as things the causes of which can be easily explained, ar-Rāzī fails to mention the topic of causation altogether.

[15] according to *LSJ*, ἰσχνόφωνος can mean both ‘having a weak voice’ and ‘having a speech impediment’. An important parallel passage is Galen’s *Commentary on Hippocrates’ Epidemics* [*CMG* v. 10.1, p. 94, 6–10]. In the Greek text, Galen says:

λοιπὸν οὖν ἔστιν ἐπισκέψασθαι περὶ τῶν ἰσχυρόφωνων καὶ τραχυρόφωνων καὶ τραυλῶν καὶ ὀργίλων καὶ πρῶτον <μὲν περὶ τῶν πρῶτων> γεγραμμένων, τῶν ἰσχυρόφωνων.

One also has to investigate those who have a weak voice (*ischnóphōnoi*) and a rough voice, lisp, and become angry [easily]; first, however, about those mentioned first, namely those having a weak voice (*ischnóphōnoi*).

The Arabic translation, from which the Greek text is supplemented here, runs as follows [*Escorial*, MS árabe 804, fol. 25a, lines 9–5 *ab imo*]:

وقد ينبغي أن نبحث عن أصحاب الصوت الرقيق والصوت الحسن وأصحاب اللثة وأصحاب الغضب السريع فأبدي بأول من ذكره وهو أصحاب الصوت الرقيق وقد نجد هذا الموضع مختلفا في النسخ وفي بعضها مكتوب إسخوفونس ومعناه الذي صوته متعذر ممتنع وفي بعضها مكتوب إسخوفونس ومعناه الذي صوته رقيق والذي صوته رقيق فغير الذي صوته متعذر ممتنع

It contains an interesting remark by Ḥunain about variant readings and meanings:

We noticed that this passage varies in the [different] manuscripts. In one [or ‘some’] manuscript(s), *ischóphōnos* is written, meaning ‘someone whose voice is slow and impaired’, whereas in another [or ‘others’], *ischnúphōnos* is written, meaning ‘someone whose voice is weak’. But someone whose voice is weak is different from someone whose voice is slow and impaired.

Whether this is a bit of *travail sémantique* on Ḥunain’s part, or whether these distinct forms did exit, either meaning may have been intended by Rufus. Stammering caused by black bile is also mentioned in *Problems*, 11.38; see PEARCY 1984, 453. For a more general discussion, see SWAIN, below, p. 122, and n. 35.

For Ḥunain and his Arabic version of Galen's *Commentary on Hippocrates' Epidemics*, see PORMANN 2008c.

- F 12** This fragment occurs in the first book of Iṣḥāq ibn 'Imrān's *On Melancholy* concerned with aetiology, diagnosis and nosology. Iṣḥāq devotes a whole subchapter to the 'discussion of symptoms accompanying each kind of melancholy (ذكر الأعراض اللاحقة لكل صنف من المالنخوليا)'. According to Iṣḥāq, general symptoms include sadness, distress, delusions, and fear. Some people see frightful apparitions, often dark or black, as did Diocles, who saw for instance frightening black men; cf. VAN DER EUIK 2001a, 224. Then comes the present fragment in which Iṣḥāq reports that he himself has seen people suffering from the delusion of not having a head. His therapy consists in putting a sort of heavy tiara on the head of the patient so that he realise that he does have a head. Rufus made similar observations. Iṣḥāq continues the list of symptoms by discussing auditory and olfactory delusions.

[3] The treatment of using a heavy head wear to make patients realise that they have a head occurs in Alexander of Tralles's *Therapeutics*, in the chapter 'On melancholy' [p. 607, lines 1–5 PUSCHMANN]:

οὕτως οὖν Φιλότημος ἰατρὸς ἰάσατο τὸν ἀποτετμηθεὶς δοκοῦντα διὰ τὸ τύραννον γενέσθαι ὀδυρόμενόν τε τὸ συμβᾶν κατὰ κεφαλῆς ἐπιθεῖς ἑαυτῷ μολύβδινον πῖλον ἀθρόως, ὥστε τοῦ βάρους αἰσθόμενον οἰηθῆναι πάλιν ἀνειληφέναι τὴν κεφαλὴν ὑπερχαρέντα τε καὶ διὰ τοῦτο ἀπ-αλλαγῆναι τῆς κενῆς φαντασίας.

In this way Philotimus, the physician, cured someone who thought that he was decapitated because he had been a king, and who constantly lamented what had happened to him. He suddenly put a leaden cap on his head, so that he would sense its weight and think that his head had been restored again. And [indeed] he rejoiced so much that he was freed from this idle delusion.

[5] It may be the case that Iṣḥāq is simply referring here to Rufus' remark in **F 11** §5. On the other hand, it cannot be excluded that Rufus provided a detailed narrative of a similar case.

- F 13** Fragments **F 13**, **F 17**, **F 35**, **F 15**, **F 14**, **F 21**, **F 29**, **F 60**, **F 33**, **F 38**, **F 40** (in this order) occur together in ar-Rāzī's *Comprehensive Book*, notably in book One ('On the diseases of the head'), chapter three, entitled 'On melancholy, melancholic foodstuffs, how to counter them [the melancholic foodstuffs], and on those predisposed to melancholy [*al-musta'iddūn li-l-mālinḥūliyā*], and the opposite'. Dols, 1992, 50–56, has provided a detailed summary of this chapter. At the beginning, ar-Rāzī quotes the famous passage from Galen's *On the Affected Parts*, iii. 10 (see Appendix 1 below), and continues with other Galenic (*Commentary on Hippocrates' Epidemics*, *On the Pulse*, *Therapeutics for Glaucō*) and Hippocratic (*Aphorisms*) texts. He also cites later authorities such as Oribasius (d. after 395); Alexander of Tralles (d. after 500); Ahrun, the 'presbyter (al-Qass)' (fl. c. 530s ?); al-Yahūdī, 'the Jew', perhaps Māsargawaih (fl. c. 700 ?); Paul of Aegina (fl. c. 640s); Šem'ōn de-Ṭaibūtā (fl. c. 780s); 'Alī ibn Rabban aṭ-Ṭabarī (fl. c. 850s); Yūḥannā Ibn Māsawaih (d. 857). Yet Rufus is by far the most prominent source in this chapter, and ar-Rāzī even ends it with a short quotation from Rufus (**F 51**).

In this fragment (**F 13**), Rufus makes the general point that one ought to treat melancholy as soon as possible, lest it become inveterate (§ 1). Then (§§ 2–3) he describes the symptoms at the onset of the ailment – mostly delusions, see **F 11** §§ 3–9 –, and then warns that they will get worse and, by implication, more difficult to treat, so the disease progresses (§ 4). Therefore, prompt treatment is imperative (§ 5).

[1] There is a parallel passage in Aëtius' chapter on the therapy of melancholy. It occurs just before **F 37**, at the end of a passage attributed to Galen: 'One ought to treat the disease when it begins, for once it has become chronic and wide-spread, it becomes difficult to tackle (ἀρχόμενον οὖν θεραπεύειν τὸ πάθος προσήκει· χρονίσαν γὰρ καὶ ἀυξηθὲν δυσμεταχείριστον γίνεται). [CMG viii. 2, vi. 10, p. 146, 21–2 ed. OLIVIERI]'. Moreover, this passage also occurs in the chapter 'On melancholy' in Oribasius' *Abridgment to Eustathius*, viii. 6 (CMG vi. 3, p. 248, 29–30 ed. RAEDER). It is possible that the author heading slipped down too much in Aëtius, and that Oribasius is quoting Rufus without acknowledgement.

The translation 'to answer questions' is based on a conjecture (*as-su'āl* instead of *al-qabūl*); cf. FLASHAR 1966, p. 95, n. 21.

[1–2] The general idea of melancholy needing to be diagnosed and treated quickly is reiterated in other fragments from ar-Rāzī's *Comprehensive Book* and elsewhere; see **F 14**, §§ 1–4.

[3] There are a number of parallels in Greek medical literature for the idea of someone thinking that he or she has swallowed a viper. Galen relates how Chrysippus, Erasistratus' teacher (on whom see POLITO 1999, 50–1), reported the following [Galen, *Commentary on Hippocrates' Epidemics* ii. 2 (CMG v. 10.1, p. 207, 45–p. 208, 17), Madrid, Escorial, MS árabe 804, 58b, lines 5–3 *ab imo*]:

وهذا الطريق تخلص ذلك المتطبب الذي دعى إلى علاج امرأة كانت تظن أنها قد بلعت حية فسقاها دواء متقيًا ثم ألقى في الطشت التي قاءت فيها حية ميتة وهي لا تشعر فخلصها من ذلك التوهم

In this way the physician was saved who was called to treat a woman thinking that she had swallowed a snake. He gave her an emetic drug to drink and then threw a dead snake into the basin into which she vomited, without her noticing this. Thus he freed her of this delusion.

See also PORMANN 2005, 198 for another version of this episode.

F 14 For the general context, see **F 13**.

In this fragment, Rufus states that the onset of melancholy can be diagnosed by the fact that the patient wants to be alone for no apparent reason (§ 1), and that one ought to treat the patient straightaway (§§ 2–3); other symptoms include anger and sadness (§ 4). Moreover, certain character traits, when combined with these symptoms, make melancholy more likely (§ 5), as for instance an inability to open one's eyes, a dark complexion, little hair and lisping.

[1–4] similar to **F 13**, §§ 1–2; moreover, §§ 2–3 have a close parallel in Ibn Sīnā' *Canon (Qānūn* ii. 68, 13–14 ed. Būlāq 1877), which runs as follows:

يجب أن يبادر بعلاجه قبل أن يستحكم فإنه سهل في الابتداء صعب عند الاستحكام

It is necessary to start treatment immediately, before it [melancholy] has settled in, for it [treatment] is easy at the beginning, but difficult after it has settled in.

[6–7] see above **F11**, §§ 14–16 for a discussion of these character traits.

[8] ٱ see *WKAS* ii. 191b9 and ULLMANN 1994, p. 1317 and n. 78.

F15 For the general context, see **F13**

Rufus highlights how difficult it is to detect the onset of melancholy: only experienced physicians can do it.

[2] The term *hubt al-nafs* (lit. ‘malign state of the soul’) can translate Greek δυσθυμία (despondency, despair); the passage clearly echoes the Hippocratic *Aphorism* vi. 23 (iv. 568 L):

ἢν φόβος καὶ δυσθυμία πολλὸν χρόνον ἔχοντα διατελέη, μελαγχολικὸν τὸ τοιοῦτο.

If fear and despondency last for a long time, then this is something melancholic.

F16 For the general context, see **F18** (second quotation)

This fragment reiterates information contained in the previous one, **F15**. The turn of the phrase is somewhat different, but it is definitely possible that al-Qumrī is merely quoting ar-Rāzī.

F17 For the general context, see **F13**

This fragment consists of four sections which make different points: 1) skin ulcers resembling carbuncles are an indication of great danger (§§ 1–3); 2) certain people – the old, men – are more prone to melancholy than others (§§ 4–9); 3) seasons have an influence on the disease, winter being the least conducive to melancholy (§§ 10–12); and 4) certain kinds of food and drink ought to be avoided, and the patient should not take exercise (§ 13).

Each of these sections has parallels elsewhere in the fragments. 1) Ulcers as well as other skin conditions such as leprosy are both an outlet for black bile and can therefore be beneficial (**F40** § 24; **F21** §§ 4–6), but also an indication for the presence of black bile and therefore not to be trifled with (**FF25–6**). 2) Age and sex (understood as the biological difference between male and female) are important factors for understanding health and disease in Hippocratic medicine. This whole section reappears in only slightly modified form in al-Qumrī (**F18**). 3) That winter stimulates digestion finds an echo in Rufus’ account of the development of melancholy according to seasons in **F47** § 3 (see commentary there). 4) Wine figures prominently as a remedy against melancholy in Rufus’ account (see below **F61** § 1), as does diet (e.g. **F40** §§ 15–16).

[3] For the expression ‘and resemble carbuncles’, the Latin translator read ‘*humra* (redness, *rubedo*)’ instead of ‘*ḡamr* (carbuncles)’. The two are quite similar in palaeographical terms (حمرة and جمر respectively). The former can also designate erysipelas (see *WGAÜ*, s.v. ἐρυσίπελας), which would make some sense. Yet, because of the insistence on the heat within them, accompanied by itching, the reading *ḡamr* (carbuncles) is certainly correct.

[6] ‘*zāhir* (surface)’ in expressions such as *zāhir al-ḡasad* or *zāhir al-badan* (surface of the body) is a standard translation for ‘ἐπιπολή (surface)’; see *WGAÜ*, s.v. ἐπιπολή and the Latin version (*in alia superficie corporis*). For the contrasting use of the article, see ULLMANN 1989, p. 13 and nos. 117–27.

[8] The reading ‘they suffer from indigestion’ is taken from the parallel passage in al-Qumrī (F 18 §5) هضمهم رديء (‘their digestion is bad’); the manuscripts as reported in the Hyderabad edition read همهم رديء (lit.: ‘their worry is bad’).

[12] *hayaḡān* (irritation) can translate ἐρεθισμός (PORMANN 2004a, 141)

[13] This injunction to avoid tough meat, notably that of goats and camels, and thick wine also recurs in Galen’s *On the Affected Parts* iii. 10 (viii. 183–4 K); see below Appendix 1, pp. 275–7.

F 18 Fragments **F 18**, **F 16**, **F 34**, **F 41**, and **F 30** (in this order) all come from al-Qumrī’s chapter on melancholy in his *Book of Riches and Desires* (*Kitāb al-Ġinā wa-l-Munā*); see the introduction, above, pp. 17–18 for further details. This first one is introduced by ‘*qāla Rāfusu* (Rufus said)’, whilst the other four follow in the style typical for this handbook with the simple ‘*qāla* (he said)’.

This fragment (F 18) resembles F 17 §§ 4–9 extremely closely, yet there are some differences in expression and style. In F 18 §1 / F 17 §4 we have *mimmā* versus *minhu*; in F 18 §2 / F 17 §5 *kāna mā tataḡayyaluhū ‘afḡaša wa-ḡam-muhunna ‘aqwā* (lit.: ‘what they [women] imagine is more monstrous, and their sorrow stronger’) vs *kāna ‘ardā’a wa-‘afḡaša* (lit.: ‘it [melancholy] is worse and more monstrous’); in F 18 §3 / F 17 §6 *wa-lā ya’riḡu li-ḡ-ṡibyāni wa-qad ya’riḡu li-l-ḡilmāni fī n-nadrati wa-li-l-‘ahḡāti* (lit.: ‘it [melancholy] does not befall children, and it rarely befalls youths, and young adults’) vs *wa-lā ya’riḡu li-l-ḡilmāni wa-l-ḡiṡyāni illā fī n-nadrati wa-yaḡillu aiḡan fī l-‘ahḡāti* (lit.: ‘it befalls youths and castrates only rarely, and is also infrequent in young adults’); and so on. The discrepancies between the two versions make it less likely that al-Qumrī copied from ar-Rāzī, although they may also be explained in terms of the former simply rephrasing the latter.

F 19 Ar-Rāzī’s *Comprehensive Book* comprises a long chapter on dropsy (*istisqā’*), first quoting Galen and Hippocrates, and then other authorities on the subject. He distinguishes between three types of dropsy, namely ‘waterskin-like (*ziqqī*, ἄσκιτης)’, ‘drum-like (*ṡablī*, τυμπανίτης)’, and ‘fleshy (*lahmī*, ἀνὰ σάρκα)’. Then he turns to the therapy, and it is in this context that the present fragment occurs. Just before it, ar-Rāzī quoted Dioscorides, Rufus (perhaps from his book *On Milk*), and the ‘second [book] of *Airs*, [*Waters*,] *Places*’, the reference being to Galen’s commentary on the Hippocratic work. After the fragment, ar-Rāzī continues with a remark about food not reaching the body in the case of ‘waterskin-like’ and ‘drum-like’ dropsy. Given the limited context, it is difficult to see how dropsy fits into Rufus’ *On Melancholy*.

[1] *istisqā’ lahmī* corresponds to ὕδρωρ ἀνὰ σάρκα cf. WGAÜ 696–7; cf. WGAÜ S I s.v. λευκοφλεγματίας

F 20 The fragment occurs in one of the early chapters contained in book five of Paul of Aegina’s *Medical Handbook*. Book five begins with a general discussion of poisons, and then turns in chapter three to hydrophobia or rabies, the most common disorder in this category. Paul first describes the condition: rabid dogs bite people without any warning, and their bite does not at first bring excessive pain. Later, however, patients suffer from the symptoms of rabies, that is, spasms, excessive sweating, weakness, and fear of water; some even bark like dogs, and bite others in their turn. These symptoms are clearly caused by the ‘poison (ίός)’, except for the fear of water, which, according to some, results from the excessive

dryness in the body. Rufus, notably, explains their fear of water in terms of melancholy. As black bile causes delusions, so does the ‘poison (ἰός)’ transmitted by rabid dogs. In this sense, it seems, Rufus thinks that rabies is a ‘form of melancholy (μελαγχολίας ... εἶδος)’.

F21 For the general context, see **F13**.

The fragment deals with two different, yet related, aspects of melancholy: the secretion of black bile indicating the disease, and the consequences of black bile not being secreted. Generally speaking, one might assume that melancholy is always indicated by the visible presence of black bile, but this is not the case (§ 1). Black bile can be secreted in many different ways: through stools and urine, and various skin disorders; such secretion normally has a beneficial effect, as the black bile is thus expelled (§§ 2–4). Conversely, if no black bile is secreted, this is bad, and one ought to purge the black bile (§§ 5–6). Large quantities of black bile in the blood do not in and of themselves cause melancholy, provided that they settle down like sediment in urine; if they are stirred, however, then melancholy ensues (§§ 7–8). At the end (§ 9), Rufus reiterates the point that when black bile is secreted, melancholy is avoided; see also **F22**. There are strong parallels with the diseases mentioned in **F74** as alleviating melancholy.

[4–7] There is a close parallel in Ibn Sīnā’ *Canon (Qānūn ii. 71, 2–6 ed. Būlāq 1877)*.

[7–8] The idea that one can have large quantities of black bile without falling ill is further developed in **F28**; spring, for instance, stirs the blood and provokes melancholy; see also **FF 29–30**.

F22 The present quotation stems from the section on epilepsy (*ṣarʿ*) and nightmare (*kābūs*) in ar-Rāzī’s *Comprehensive Book*, notably the second part concerned mainly with treatment. The present passage is preceded by another quotation from Rufus’ *Book for Laymen (Kitāb ilā l-ʿamma, Πρὸς ἰδιώτας)*, dealing with how to treat nightmares, and how to prevent them from turning into epilepsy. The passage is followed by a quotation from the mysterious Tiyādūq (Θεοδόκος ?) which contains a recipe for a cream; on Tiyādūq, see ULLMANN 1970, 22–3.

In **F21**, Rufus established that it is good for the black bile to be expelled from the body through various skin conditions and in other ways. In the present fragment, he makes a similar claim for leprosy accompanying epilepsy: the former indicates that the latter is being cured. In various other places we find a link between epilepsy and melancholy, which was already established in a passage from the Hippocrates’ *Epidemics*, later quoted by Galen in his *On the Affected Parts*; see Appendix 1, below, p. 271. For instance, one of the case histories describes an occurrence of epilepsy linked to melancholy (**F71**). Moreover, in **F40** §§ 34–8 (reiterated in **F41**) Rufus warns that at the end of the disease, melancholy may turn into epilepsy if disease matter is still present. Finally, in **F74** § 5 both melancholy and epilepsy are mentioned as diseases cured by ‘dull-white leprosy, leprosy, and scurvy’.

F23 This quotation comes from al-Qumrī’s *Book of Riches and Desires*; see the introduction, above, pp. 17–18. Unlike the other fragments from the same source (cf. commentary to **F18**), it occurs in his chapter ‘On epilepsy (*Fī ṣ-ṣarʿ*)’. The quotation is virtually identical to **F22**; see commentary there. The difference is that

al-Qumrī has a slightly different word order and uses ‘when it is (*idā kāna*)’ instead of ‘when it appears (*idā ṣahara*)’.

F 24 This fragment occurs in the chapter ‘On melancholy’, found in the *Clear Guide on How to Treat Patients* (*al-Kitāb al-Wāḍiḥ ad-dalīl fī mudāwāt al-‘alīl*) by Muḥammad ibn ‘Alī ibn ‘Abd Allāh at-Tawahhumī. Nothing is known about this author; his *Clear Guide*, preserved in a unique manuscript in the Chester Beatty Library, is a medical compendium which contains many quotations from previous authorities. The quotation is followed by a list of medication which contains Galen’s *hierá* (‘holy remedy’). Therefore the quotation appears to end just before. The fragment confirms that Rufus included personal experience in his writings. Since the exact source is not specified, there is a small chance that it is taken from case notes not included in the *Important Chapters on the Medicine of the Masters* by Ibn Sarābiyūn ibn Ibrāhīm; see above, pp. 18–20. It seems, however, more likely that it is simply a remark from Rufus’ *On Melancholy*. Unfortunately, we do not know how this case ended. Was the patient cured because the disease matter was expelled through the ulcers on his legs? Cf. **F 21** § 4.

F 25 Both **F 25** and **F 26** come from book eight of ar-Rāzī’s *Comprehensive Book*, dealing with various diseases of the intestines such as ulcers and gripes [*maḡaṣ*]. They both occur in the context of medication. In the first case (**F 25**), a recipe for a purging remedy (*al-munaqqiya*) against gripes from the *Perfection* (*al-Kamāl*) – perhaps Ibn Māsawaih’s *Perfection and Completion* (*al-Kamāl wa-t-tamām*), a medical encyclopaedia which is now lost – precedes the fragment, and an explanation about ‘stamped clay (*ṭīn maḥtūm*, γῆ σφραγίς)’ from the *Questions* (*al-Masā’il*) – perhaps Ḥunain ibn Ishāq’s *Questions on Medicine* (*al-Masā’il at-ṭibbiya*) – follows it. In the second case (**F 26**), the arrangement is not less haphazard, with a quotation from the mysterious Abū Ġuraiġ ar-Rāhib (‘the Monk’) preceding, and one from *ṭhwrsfs* (?) following it.

F 25 and **26** form one of the many cases where we have a doublet: ar-Rāzī quotes the same passage twice, although with slight variations; see BRYSON 2000, 47–66. At first sight, the information contained in this short fragment, namely that black liquid in the stool is an indication of death, seems to contradict **F 21** where secretion of black bile is seen as positive. The solution to this apparent contradiction may well be that the specific black liquid caused by an intestinal ulcer indicates death, even if other black secretions are beneficial.

F 26 see **F 25**

F 27 This fragment comes from the section on faeces (*birāz*) in the first book of ar-Rāzī’s *Comprehensive Book*. It is preceded by a quotation from the first book of the *Questions on the Epidemics* (*Masā’il al-Ibīḍmiyā*) by Ḥunain ibn Ishāq; it deals with the consistency of faeces. After the fragment comes a quotation from the third book of the *On Acute Diseases* (*Fī l-‘Amrāq al-ḥādḍa*), discussing sudden change in patients dominated by bile.

Since this fragment is so short, it is hard to guess its original context. It fits well with the general idea that the process of digestion, of breaking down food, is linked to melancholy; see the commentary to **F 32**.

F 28 At the end of book fifteen of his *Comprehensive Book*, ar-Rāzī discusses environmental influences and epidemic diseases. Just before the present passage, he

quoted from Rufus' *On Regimen (Fī t-Tadbīr)*, notably a discussion of 'plague (*mautān*)'. In our passage, Rufus says that since blood is stirred during spring, this leads to melancholy and one therefore needs to remove the blood through venesection (§§ 2–5). Rufus then lists other diseases also caused by the process (§§ 5–8). Often the diseases occur in spring after disease matter and superfluties have accumulated over the winter. Afterwards, ar-Rāzī adds a remark, saying:

لي وقد يعرض مثل هذه الأعراض في الربيع لمن يشد حزنه أو يحد مزاجه لعارض من عوارض النفس لأن دمه
يهتاج ويزداد ثورا ورداءة

I say: Sometimes such symptoms occur during the spring in the case of those who suffer from severe sadness, and whose mixture (*mizāğ, krâsis*) has become heated owing to certain afflictions of the soul, because their blood is stirred and increasingly agitated in a bad way.

Then follow **F 32** and **F 31** (in that order), two short passages on the winter and the summer seasons respectively. Finally ar-Rāzī turns to Ibn Masāwaih's *Questions (Masā'il)*, where he links the proliferation of frogs to that of diseases.

Generally speaking, this fragment picks up an idea developed in **F 21** § 8, namely that even large quantities of black bile in the blood can be harmless, provided that they settle down and are not stirred. During spring, however, the blood is stirred, and melancholy ensues. We have in **F 29** §§ 1–2 a parallel description of blood being stirred and leading to melancholy. Rufus compares the blood being agitated to springs being stirred (§ 2), and we find a similar image in **F 29** § 2. He continues the subject of the seasons being linked to certain disorders in the rest of the fragment, and this topic recurs in **FF 30–32**.

F 29 For the general context, see **F 13**. The fragment develops three main ideas. The first (§§ 1–2) is that of blood being stirred and causing melancholy; see **F 28** §§ 1–5 and commentary. Second, it lists certain symptoms which accompany melancholy (§ 3), and third, it insists on the link between melancholy and wind (§§ 4–6). The link between wind and melancholy is also present elsewhere in the fragments; see **F 60** and commentary. Likewise, the link between sexual activities and wind recurs in **F 60**.

[2] We also find the image of 'boiling springs' in **F 28** § 2

F 30 Fifth quotation in al-Qumrī; see **F 18**. This fragment appears to be a summary of the information contained in **F 28** §§ 1–5.

F 31 For the general context, see **F 28**.

Ar-Rāzī merely repeats information contained in **F 28**: when bad blood – that is, blood corrupted during the winter (see **F 34** § 9) – is heated (and stirred), it causes melancholy. This said, spring in general terms is still a healthy season.

F 32 For the general context, see **F 28**.

The idea of bad digestion or indigestion as a cause of melancholy is fundamental to Rufus' hypochondriac type of the disease; see **F 6** § 4 and **F 11** § 10, and below, pp. 167, 186–7, and 246–8. Winter is linked to good digestion in **F 17** § 10, in contrast to autumn.

F 33 For the general context, see **F 13**.

Rufus states that excellent natures are predisposed to melancholy since they think a lot. In linking εὐφύια (natural excellence) and melancholy, Rufus fol-

lows then Aristotelian tradition; see van der Eijk, below, pp. 121–2. **FF 35** and **36** reiterate, in different words, the explanation why exceptional people are predisposed to melancholy: because intensive thought leads to melancholy. See also Völlnagel, Schuster, below, pp. 212–13.

The Latin version of this fragment was famously cited by Burton (see TOOHEY, below, p. 230):

Et illi qui sunt subtilis ingenii et multae perspicationis de facili incidunt in melancolias, eo quod sunt uelocis motus et multae praemeditationis et imaginationis.

F 34 For the general context, see **F 18**, this being the third quotation in al-Qumrī. This fragment is nearly identical to **F 33**.

F 35 For the general context, see **F 13**

The fragment makes two separate points: that thinking and worrying lead to melancholy; and that melancholics sometimes predict the future in their dreams.

[1] Rosenthal translated this passage as: ‘Melancholia produces much thought and worry (*Die Melancholie erzeugt viel Nachdenken und Besorgnis*)’; but, as ABOU-ALY 1992, 165, rightly noted, this translation is incorrect; it inverts cause and effect.

[2] See the parallel passage in Paul of Aegina, iii. 14 [i. 156, 20–22 Heiberg]:

τινὲς δὲ καὶ δοκοῦσιν ὑπὸ τινῶν μειζόνων ἐφορᾶσθαι δυνάμεων καὶ προλέγειν τὰ ἐσόμενα καθάπερ ἐνθεάζοντες, οὐς καὶ ἐνθεαστικὸς ἰδίως ὀνομάζουσιν.

Some [melancholics] think that they are supervised by superior powers and predict future events as if they were possessed; and they are rightly called ‘possessed (*entheastikós*)’.

F 36 This fragment occurs in Miskawaih’s *On Soul and Intellect* (*Fī n-Nafs wa-l-‘Aql*) where an anonymous doubter poses sceptical questions to Miskawaih; see below, pp. 194–6 for a detailed discussion.

[2] The exact fragment is quoted verbatim again when Miskawaih refutes the doubter’s position; see below, p. 195.

F 37 For the general context, see **F 11**. As already stated, this fragment comes from the chapter on the treatment of melancholy. First, Aëtius quotes ‘from Galen (Γαληνοῦ)’, as most of the manuscripts state. The quotation runs as follows (vi. 10; ii. 146, 17–23 OLIVIERI):

[1] τὴν μὲν οὖν ἐξ ἐγκεφάλου πρωτοπαθοῦντος συνισταμένην μελαγχολίαν διὰ τε λουτρῶν συνεχῶν καὶ διαίτης εὐχύμου τε καὶ ὑγρᾶς καὶ ἀφύσου ἐκθεραπεύειν χωρὶς ἐτέρου δραστηκοῦ βοηθήματος, [2] ὅταν γε μήπω διὰ χρόνου μῆκος δυσκένωτος ἢ ὁ λυπῶν χυμὸς, ἠνίκα ποικιλωτέρας καὶ ἰσχυροτέρας προσάγειν χρὴ τὰς ἰάσεις. [3] ἀρχόμενον δὲ τὸ πάθος θεραπεύειν προσήκει· [4] χρονίσαν γὰρ καὶ αὐξηθὲν δυσμεταχειρίστων γίνεται.

[1] Melancholy caused by a previous affection of the brain should be treated by constant baths, a diet which produces good humours, moisture, and does not produce flatulence, without having recourse to more active cures. [2] Yet

when the sick humour is no longer difficult to dislodge because [the treatment] has lasted for a long time, then one ought to use more complicated and stronger remedies. [3] One ought to treat the disease when it begins, [4] for once it has become chronic and wide-spread, it becomes difficult to tackle.

After this quotation follows the present fragment, which in turn is followed by a quotation ‘from Posidonius (Ποσειδωνίου)’.

This quotation from Galen is not found in any of his extant works. Moreover, we have seen that the author headings such as ‘from Galen (Γαληνοῦ)’ are problematic in Aëtius; see above p. 13 and commentary to **F11**. Finally, all the advice on treatment can be traced to Rufus: § 1 has parallels in **F61** § 3 (baths), **F40** § 4 (good food); § 2 in **F44** § 6 and **F66** § 10 (wait with treatment to let patient recover); §§ 3–4 in **F14** §§ 2–3 (immediate treatment). It is impossible to know whether we have here a quotation from Rufus’ *On Melancholy* falsely attributed to Galen, or whether this is a quotation from Galen in which Galen heavily draws on Rufus, as he did in his chapter on melancholy in the *On the Affected Parts*; see Appendix 1 below. In either case, the ideas expressed here reflect Rufus’ concepts about how to treat melancholy.

The general ideas in the present fragments are echoed in **F38**. For the idea of ‘primary affection (*prōtopátheia*) and Rufus’ typology of melancholy (§ 1), see above, pp. 5–6; and below, p. 174. The notion that good digestion is needed (§ 2), especially for the hypochondriac type of melancholy, recurs in the fragments; see commentary to **F32**. Finally, epithyme and aloe as prime remedies (§§ 2–3) are also mentioned in **F42** § 1; **F66** §§ 10 and 12; **F71** §§ 14 and 20.

- F38** For the general context, see **F13**. That purging in various forms is the first line of defence against melancholy (§ 1) is also echoed in **F37** § 1. Then, ar-Rāzī remarks that Rufus only talked about ‘hypochondriac’ melancholy (§ 2), and wonders why Galen did not notice this (§ 3). Yet ar-Rāzī is mistaken in thinking that Rufus only knew one type of melancholy, as can be seen from **F5** §§ 8–9 (see the commentary). Ar-Rāzī was led into error by Rufus’ focussing on the hypochondriac type of melancholy; see **F4** § 4 and **F5** § 7.
- F39** This is the third fragment from Aëtius’ *Medical Books*; see **F11** for a general discussion. The fragment is the last quotation in the chapter on how to treat melancholy, and is preceded by an extract ‘from Posidonius (ἐκ Ποσειδωνίου)’. The extract contains two recipes, one ‘for expelling wind (ὀξυπόριον)’, and the other ‘for improving digestion (πεπτικόν)’. The general point made in this fragment is that one ought not to treat patients suffering from melancholy with too strong remedies, or in too short intervals. Excessive vomiting may put extra stress on the digestive system, which ought to be given relief (§§ 1–2). Moreover, sometimes the beneficial effect of a treatment is only visible after some time (§§ 3–5). The last point is eloquently illustrated in the second of the case histories (**F67**), where Rufus achieves a cure by a combination of treatment and waiting.
- F40** For the general context, see **F13**. This long fragment constitutes a summary of how to treat melancholics, and many of the points mentioned here recur in other fragments, especially in **F37**; other parallels are listed in square brackets in the following paraphrase. Ar-Rāzī begins by quoting Rufus as insisting on the treatment with epithyme and aloe (§§ 1–3) [**F42** § 9; **F66** §§ 10 and 12; **F71** §§ 14

and 20], and improving the digestion in general (§§ 4–5) [F 32]. Exercise and baths are recommended (§§ 6–7) [F 61 § 3], as well as a good diet (§ 8), moderate amounts of wine [F 61 § 1], and vinegar (§§ 9–10). Blood letting (§ 11), and purging (§§ 12–13), in addition to epithyme and other plants (§ 14) are useful treatments. One should not use emetics when the stomach is weak (§ 15) [F 39], and let patients eat light food (§ 16). Putting on weight is positive (§ 17) [F 62], as is drinking wine (§ 18) [F 61 § 1] and travelling (§ 19). The general principle of treatment should be: treat by opposites (*‘contraria contrariis curantur’*) (§§ 20–21). Pauses in the treatment are useful (§ 22), and avoid applying too much of it (§ 23) [F 39]. Leprosy and mange are good signs (§ 24) [F 21 § 4]. Warming the stomach to improve digestion, and avoiding flatulence are important remedies (§§ 25–33) [F 48 § 2]. One should be careful not to leave any disease matter in the body, especially at the end of the disease (§ 34), lest it turn into another ailment such as epilepsy (§§ 35–6) [F 22]; §§ 34–6 are quoted nearly verbatim in F 41. And finally one ought not to tell the patients that they suffer from melancholy, but rather say that they have indigestion (§§ 37–8). Ar-Rāzī concludes by saying that Rufus only discusses the hypochondriac type of melancholy; see commentary to F 38.

[3] The Latin has ‘thirty’ instead of ‘two thirds’; both are very close from a palaeographical point of view: ثلثين vs ثلثي.

- F 41** Fourth quotation in al-Qumrī; see F 18. It is nearly identical to F 40 §§ 34–6, which seems to suggest that al-Qumrī is quoting from ar-Rāzī. For content and parallels, see the commentary to F 40 §§ 34–6.
- F 42** For the general context of this fragment, see F 6. The broad outlines of Rufus’ treatment of melancholy are sketched here. Not surprisingly, there are many parallels with F 40; details are given in square brackets. One ought to purge and expel the melancholic humour. This can be done through epithyme [F 37 § 2; F 66 §§ 10 and 12; F 71 §§ 14 and 20; F 43], mountain mint (§ 1) [F 40 §§ 14 and 26], absinth juice (§§ 2–3) [F 40 §§ 3 and 14], diuretic drugs (§§ 4–6) [F 21 § 9; F 53], and sweating (§§ 7–9) [F 75 § 3]. Al-Kaskarī concludes by saying that this is the summary of what Rufus had said.

Paragraphs 6–9 have a close parallel in Aëtius’ chapter ‘On Melancholy’ (vi.9), notably in a long extract entitled ‘Ποσειδωνίου (from Posidonius)’ in Olivieri’s edition. The heading ‘from Posidonius’ is only attested by a second hand in one manuscript (P). Could it be that we have here genuine material taken from Rufus? Let us first look at Aëtius’ text [vi. 9 (ii. 148, 19–23 Olivieri)]; the information not contained in al-Kaskarī is put in italics in the translation:

τὴν δὲ χαμαιπίτυν καὶ τὴν χαμαίδρυν προθυμότερον λαμβάνειν, ἕκαστον τούτων ἔψοντα σὺν ὕδατι ἢ ξηρὸν λεῖον ἐπιπάσσοντα τῷ ποτῷ. ἀγαθαὶ δὲ καὶ αἱ διὰ τῶν ἰδρώτων καθάρσεις διὰ τε πόνων καὶ λουτρῶν γινόμεναι καὶ χρίσμασιν ἐν ἡλίῳ, οἷον τό τε διὰ τοῦ χαμαιμήλου ἔλαιον καὶ νίτρον σὺν ἔλαιῳ.

One ought to take ground pine and true germander readily, *either cooked in water or dry and smooth, sprinkled into the potion*. Also beneficial are purification by means of sweating *through exercise, baths, and rubbing in, in the sun*, with oil such as camomile oil and natron with oil.

Compare this with al-Kaskarī quotation; again information not contained in Aëtius appears in italics:

[13] People suffering from this disease ought to drink true germander and ground pine *since both stimulate urination and help digestion*. [14] They ought to use things that induce sweating *since sweating cleanses and purifies the blood from superfluities*. [15] *For, when we want to stop sweating, we stimulate urination, because cleansing through sweating and urinating is more common for the body than any other form of cleansing*. [16] *For this reason people suffering from dropsy profit from induced sweating, and diuretic drugs. This is because people suffering from dropsy are helped by sweating induced, for instance, by anointing them with the oil combined with natron, or that made from camomile.*

The similarity between the two texts quoted above is so striking that one can assume with some certainty that both quotations must go back to a common source, probably either Rufus himself, or Rufus using Posidonius. Let us assume for argument's sake that the information common to both sources is genuinely by Rufus. The additions (in italics in the translations) then seem mostly to contain expansions of, and explanations for, Rufus' therapeutic advice. In Aëtius, the additional information adds specifics, whereas al-Kaskarī provides a long explanation of sweating. The situation is further complicated by the fact that some of the material 'added' in both Aëtius and al-Kaskarī has parallels elsewhere in the fragments of Rufus' *On Melancholy*; for Aëtius, see **F 40** §§ 6–7; **F 61** § 3; for al-Kaskarī, see **F 75** § 3. Another solution for the conundrum would be that both Aëtius and al-Kaskarī are selective in their choice of what to quote, and made slightly different choices. The additional material (in italics) would in this case also go back to Rufus. It is, of course, impossible to decide this issue with any degree of certainty on the basis of the sources presently available.

[17] In the present context, *ʿağmalu* is the relative of *ğumla* (summary) and does not denote the idea of quality here (as PORMANN 2003, 244 had erroneously thought), but that of summary.

- F 43** The fragment occurs in the second part of Ishāq ibn ʿImrān's *On Melancholy*, which deals with therapy. It appears more specifically at the end of a section on compound drugs which purge melancholy. Just before, he has given a recipe with epithyme which 'is useful for those suffering from melancholy and purges their black bile (نفع أصحاب المانخوليا وأسهل منهم المرة السوداء)'. Ishāq then quotes Rufus as giving instructions on how to administer epithyme (§ 1), and confirming that it does purge black bile (§ 2).
- F 44** This fragment appears in a section dealing with general principles of therapy, contained in book twenty three of ar-Rāzī's *Comprehensive Book*. Before the present fragment, ar-Rāzī quotes from Galen's *Commentary on Hippocrates' Epidemics*, and immediately preceding it, from aṭ-Ṭabarī, that is ʿAlī ibn Rabban aṭ-Ṭabarī's *Paradise of Wisdom (Firdaus al-Hikma)*. Aṭ-Ṭabarī says that one should not force the patient to follow a treatment if he is very loathe to do so; for even if it is generally extremely useful, forcing the patient will render it ineffective. Then comes the present fragment, in which Rufus says that one should not continue with the same treatment over a long period of time, but rather interrupt

it (§ 2), for the patient may be weakened or get addicted to the treatment (§ 3). Rufus reiterates his advice to interrupt the treatment and resume it later (§ 4), and then recounts that he has seen cases of melancholy where such a procedure was successful (§§ 5–6). Then ar-Rāzī goes on to quote from Ibn Masāwaih’s *On the Diseases of the Hidden Parts* (*Fī ‘Ilal al-’a’ḍā’ al-bāṭina*), who divides remedies into two types: those which expel, and those which block. For parallels of the idea that interrupting the treatment is beneficial, see **F 39** § 5; **F 67**.

- F 45** In the third of his *Medical Books*, Aëtius provides recipes for many compound drugs. Chapters 113–117 contain those for ‘holy remedies (*hierás*)’ according to a number of physicians: Logadius, only known as the author of the ‘holy remedy’; Galen; Archigenes of Apamea, a contemporary of Rufus with pneumatic interests [see Nutton, below, p. 143]; Rufus; and an unknown Iustus. The first four ‘holy remedies’ became extremely famous, and numerous versions of them exist in a whole host of sources. A ‘holy remedy (*hierá*)’ is a purging drug with many applications. ABOU ALY, 1992, 280–87, has traced and analysed various versions of Rufus’ ‘holy remedy’ in the Arabic literature, although her analysis of the Greek tradition (275–80) is no longer valid in the light of new evidence (see **F 46**). The present version found in Aëtius is specifically linked to Rufus’ *On Melancholy*. **F 46** confirms that Rufus did indeed include a recipe for his ‘holy remedy’ in this work; it further specifies that it appeared in the second book (i.e., that on treatment).

Rufus first lists the ingredients (§ 2), then explains how to make it (§ 3), and lists various applications (§§ 4–7); melancholy is especially singled out as a condition where one should use it (§§ 6, 8–9). It also improves the digestion and helps against flatulence, thereby counteracting two causes associated with hypochondriac melancholy (§ 10). Finally (§ 11) we have a statement in the first person saying the mallow seed purges strongly; it is hard to see whether the ‘I’ is Rufus’ or Aëtius’ voice.

- F 46** Quṣṭā ibn Lūqā (d. c. 912) wrote a treatise *On Black Bile* in twenty four chapters; the chapter headings resemble questions and the chapters themselves provide the answer to them. For instance, the present passage occurs in chapter fourteen, entitled ‘With what does one treat epilepsy caused by black bile? (بماذا يعالج الصرع الذي يحدث عن المرار الأسود؟)’. Quṣṭā explains that the best remedy is epithyme, administered as a drink (*šarāb*), a decoction (*ṭabīḥ*), or alone (‘cleansed of its thyme [*munaqqan min ša’tariḥī*]’). In the second half of the chapter, Quṣṭā discusses a number of other drugs such as myrobalan and peony. Then follows our fragment, in which Rufus insists on epithyme and ‘holy remedies’ as a cure for epilepsy caused by ‘pure black bile (*marār ’aswad maḥḍ*)’. Then Quṣṭā turns to remedies which one can employ if epithyme is not available.

The importance of this short fragment lies in the fact that Quṣṭā tells us explicitly that the recipe for ‘Rufus’ “holy remedy” occurs ‘in the second book’ of Rufus’ *On Melancholy*. ABOU ALY, 1992, 275–80, has traced different versions of the recipe in Rufus’ *On Gout* and the encyclopaedic authors such as Oribasius and Aëtius, but Quṣṭā’s evidence now shows that Rufus did include the recipe in his *On Melancholy*, and probably also did call it a ‘holy remedy (*hierá*)’; see **F 45**.

F 47 This fragment, as well as **F 50**, occurs in the context of a discussion about stomach pains, vomiting, and excessive formation of saliva in book five of ar-Rāzī's *Comprehensive Book*. Just before this fragment, ar-Rāzī discussed some of his own experiences with people who vomit, and provides a recipe of his own composition for those 'who are recovering from fever, whilst still feeling the crisis somewhat'. Then he quotes Rufus as saying that cold stimulates the appetite, whilst warmth takes it way (§1–3); hence also the fact that people who travel in cold countries become extremely hungry (§4), and that cold water has a similar effect (§5). Ar-Rāzī continues with a recipe, taken from Ḥunain's *Formulary (Aqrabādīn)*, for 'a bandage for a weak stomach'.

FF 47–50 and **52** all deal with appetite and how to regulate it. Generally speaking, cold in various forms stimulates the appetite, and warmth diminishes it. Moreover warmth improves the digestion. Warmth can be achieved through fire, and blankets, but also the consumption of wine, a 'warming' drink.

F 48 **F 49** and **F 48** both occur in the context of eating disorders, discussed towards the end of book five in ar-Rāzī's *Comprehensive Book*. **F 48** is preceded directly by a quotation from the *Aphorisms (Fuṣūl)*, presumably by Hippocrates, about 'ravenous hunger (*ṣahwa kalbiya*, κυνώδης ὄρεξις)'. In the fragment itself, Rufus says that being in severe cold leads to ravenous hunger (§1), and that warming the patient counteracts it (§2). Ar-Rāzī continues by quoting from Philagrius' *Cure of Diseases (Šifā' al-'asqām)*, a work largely extant in Arabic fragments. MASULLO's 1999 edition, made from the Latin, is fairly unsatisfactory, for Philagrius' advice how to cure ravenous hunger is omitted in it (it would come just before **F 65** MASULLO). **F 49** is preceded by a long quotation from Ḥunain's *Book on the Stomach (Kitāb fī l-Ma'ida)*, where he explains how to cure ravenous hunger (βούλιμος) and other 'appetites for bad things (*ṣahawāt radi'a*)'. Then comes **F 49** which is very similar in content to **F 48**. We therefore have here another case of doublets (cf. see **FF 9–10, 25–26** and BRYSON 2000, 47–66). Ar-Rāzī continues to discuss the topic of excessive appetite with a quotation for Tiyādūq (Θεοδόκος ?); on Tiyādūq, see ULLMANN 1970, 22–3. See **F 47** also for the general topic.

F 49 See **F 48** for the context, and **F 47** for the general topic.

F 50 For the general context, see **F 47**; this specific fragment is preceded by a recipe for people who vomit, and followed by a recipe, extracted from Ibn Māsawaih's book *On Fevers*, for those suffering from fevers. See also **F 47** for the general topic.

F 51 For the general context, see **F 13**. The fragment seems to say that not only cold and warm, but also tepid water can have its benefits when treating melancholy.

F 52 This fragment occurs in the context of a discussion on 'balanced digestion (*haḍm mu'tadal*)' in book five of the *Comprehensive Book*. Before, ar-Rāzī quoted from Ḥunain's *On the Regimen of Food*, giving some general advice on what to eat. Then he quotes Rufus as saying that warming the stomach by covering it with blankets improves digestion. Ar-Rāzī continues with a citation from Galen's *On the Affected Parts*. The idea of covering people is also developed in **F 40** §31. For the general context, see **F 47**.

F 53 For the general context, see **F 54**. The fragment is directly preceded by recipes for drugs purging black bile and cleansing the stomach, and followed by a citation from ‘*On Prophylactics* attributed to Galen (*min Ḥifẓ aṣ-ṣiḥḥa al-manṣūb ilā Ğ[ā]līnūs*)’ stating that ‘figs, safflower, and epithyme expel dregs (*tuff*)’.

The point made in this fragment is fairly simple: drinking warm water after digestion is good. We know from **F 47** § 3 that warm water make the appetite subside, and that warmth in general helps digestion. Drinking warm water after digestion would thus prevent people from overindulgence through eating again shortly after meals. Perhaps this is also a measure to strengthen the constitution of the patient before purging.

F 54 This fragment (**F 54**) as well as **FF 53, 55** and **56** occur in a long section on purging remedies contained in book six of ar-Rāzī’s *Comprehensive Book*. In the pages before, ar-Rāzī mentions a number of drugs purging black bile, from a variety of sources. Immediately preceding **F 54** are three short quotations about lupine (*turmus*), purging ‘viscous humours (*al-’aḥlāṭ al-ḡālīẓa*)’ and other kinds of humours according to Ibn Māsawaih, Ibn Māsa, and ‘The inhabitants of Ḥūzistān’ (al-Ḥūz), a loose references to physicians active in Gondēšāpūr (see ULLMANN 1970, 101). Then follow **FF 54** and **55** directly one after the other. Ar-Rāzī then continues by saying that according to Ḥunain’s book *On the Theriac* (*Fī t-Tiryāq*), ‘ground pine (*kamāfīṭūs*, χαμαίπιτυς)’ also purges.

The subject of this specific fragment is milk, and one of the products of curdling, whey. Rufus had an acute interest in milk and even wrote a short monograph on the subject entitled *On Milk* (Περὶ γαλακτοποσίας); Manfred ULLMANN, 1994, 1323–36, has reconstructed it from quotations in ar-Rāzī’s *Comprehensive Book* and Aëtius’ *Medical Books*. It seems that in his *On Melancholy* Rufus discussed whey in the context of purging as one of the fundamental remedies against melancholy. Yet the information contained in the present fragment has strong parallels in Rufus’ *On Milk* (I quote the latter from ULLMANN’s collection of fragments). One should avoid sheep milk (§ 1); in *On Milk*, Rufus states (§ 5, Aëtius ii. 87/ i. 180, 22–3 and 181, 2–3; ar-Rāzī, *Comprehensive Book* xxi. 440, 10–11):

τὸ δὲ τοῦ προβάτου παχύτερον τούτου [sc., τοῦ ἰππέιου γάλακτος], [...] ταῦτ’ ἄρα καὶ εἰς διαχώρησιν οὐκ ἀγαθόν, καὶ καυσώδες τῇ κοιλίᾳ.

ولبن الضأن أغظ الألبان وأكثرها جينا، بطنيء الانحدار يلهب البطن

Sheep milk is thicker than this [horse milk]. These [sheep and pig milk] are therefore not good for excretion, and heat the stomach.

The process of making milk curdle by adding oxymel and letting it boil more than once (§§ 2–3) is also described in *On Milk* (§§ 82–3, Aëtius i. 185, lines 19–22; lines 25–7):

σκευάζειν δὲ τὸν ὄρρον χρὴ οὕτως· ἐγγέοντα εἰς χύτραν γάλα πλὴν προβάτου καὶ χοίρου – τούτων γὰρ τὸ γάλα ἀνεπιτήδειον εἰς ὄρρου λήψιν – ἐψεῖν ὀξυτέρῳ πυρὶ χρώμενον, κινουῦντα συνεχῶς καὶ ὁμαλῶς· [...] παυσάμενον δὲ τῆς ζέσεως πάλιν ἔψε καὶ ὅταν ἀναζέσῃ, ἐπίρρανε δις ἢ τρίς ὀξυμέλιτι ἢ μελκράτῳ·

One has to make whey in the following way. Pour milk into an earthen pot – except that of sheep and pigs, for it is most inadequate for making whey – and boil on a fairly sharp fire, moving it gently and continuously. [...] When you have finished boiling it, cook it again and when it boils up, sprinkle it twice or thrice with oxymel or wine mixed with honey.

Moreover, in *On Milk* (§ 42) Rufus makes the general point that

وينفع ... شرب أو تغرغر به ... لمن به علة في ما دون الشراسيف لا يسهل تخلصه منها

drinking or gargling with it [milk] ... is useful ... for those who have a disease in the *hypochondria* which is difficult to dislodge. [ar-Rāzī, *Comprehensive Book* xxi. 443, 7–9]

Yet the fragment also contains specific references to melancholy and purging which do not occur in *On Milk*, as far as it is extant (e.g., §§ 6–7).

F 55 For the context, see **F 54**. Another simple drug which purges, namely the ‘pickling herb’, is mentioned here. There are parallels for aloe being good against melancholy; see **F 37** § 2; **F 40** § 1; **F 42** § 9.

F 56 For the general context, see **F 54**. The fragment is preceded by a quotation from the *Natural Questions* (*al-Masā'il at-tibbīya*), that is, the *Natural Problems* (Προβλήματα φυσικά) attributed to Aristotle; it talks about the purging qualities of scammony. The fragment is followed by a citation from Ibn Māsawaih's *Regimen of Seasons* (*Tadbīr al-'azmina*), specifying the cleansing powers of colocynt grease and aloe.

We have here yet another drug which purges, in this case feverfew; and again, as in **F 55** and **F 54** § 6, a mixture of honey and water is recommended to accompany it.

F 57 This fragment occurs in the *Comprehensive Book on Simple Drugs and Foods* (*al-Kitāb al-Ġāmi' li-mufradāt al-'adwiya wa-l-'agdiyya*) by Ibn Baiṭār, perhaps the most important writer on pharmacology in the medieval Islamic world. He originally hailed from Malaga, travelled widely, spent a significant time of this life as chief botanist (*ra'īs al-'aššābīn*) in Egypt, and died in Damascus in 1248; see ULLMANN 1970, 280–3; and DIETRICH 1991, 19. His *Comprehensive Book on Simple Drugs* constitutes, as Manfred ULLMANN 1970, 281, put it, a ‘gigantic collection of excerpts’, arranged according to the Arabic alphabet.

The fragment is the last of four excerpts taken from the entry *onagra* (ὄναγρα); the first three are taken from Dioscorides, iv. 117, 1–5; Galen, *On the Powers of Simple Drugs* viii. 14.6 (xii. 89, 1–3 K); and again Dioscorides iv. 117, 6–7. Dioscorides gives a somewhat similar explanation of its effect (ii. 267, 11–13 WELLMANN):

δύναμιν δὲ ἔχει τὸ ἀπόβρεγμα τῆς ῥίζης ὑπὸ τῶν ἀγρίων ζώων πινόμενον ἡμεροῦν αὐτά· καταπλασθεῖσα δὲ πραύνει τὰ θηριώδη ἔλκη.

When a decoction of the root is drunk by wild animals, it has the power to soothe them. Applied in a plaster it provides relief for bites inflicted by savage animals.

Moreover, Galen states that ‘it also is most similar to wine in power (ἔστι δὲ καὶ τῆ δυνάμει κατ’ οἶνον μάλιστα).’

[3] In Greek mythology, Orpheus is generally associated with taming wild animals. The form of the name as it appears in the manuscripts (ديونسوس) would rather suggest Dionysus, but the emendation is fairly easy (أورفيس).

F 58 The twentieth chapter of the first book Ibn al-Ġazzār’s *Sustenance of the Traveler* is entitled ‘*On Love-Sickness (Fī l-‘iṣq)*’. Ibn al-Ġazzār defines love-sickness or passionate love as excessive desire accompanied by brooding and longing (see BIESTERFELDT, GUTAS 1984). According to some philosophers, it may be caused by a natural need to expel superfluities from the body. Rufus thought that it can have positive effects, notably in the case of melancholy (**F 58**). Ibn al-Ġazzār continues to reflect on the causes of love-sickness, such as a natural desire for all beautiful things, and then turns to the relationship between body and soul; he quotes Galen’s *That the Faculties of the Soul Follow Mixtures of the Body*. The therapy should consist in entertaining people, lest they suffer from melancholy: they should ‘drink while listening to music, talk to friends, recite poetry, and look at water, gardens, greenery, and radiant faces.’ Rufus said (**F 61** § 1) that wine is a strong remedy for those who are sad and fear, and Galen had similar ideas. Lupines macerated in water can also have this effect. Then Ibn al-Ġazzār quotes Rufus again [**F 61** § 2] as affirming that wine in moderation is good for melancholics. Ibn al-Ġazzār goes on to remark that ‘some philosophers think that hearing is like the spirit [*rūḥ*] and wine like the body; when the two come together, excellent qualities [*faḍā’il*] come together’. He continues by quoting Ya‘qūb ibn Ishāq al-Kindī, the ‘philosopher of the Arabs’, as extolling the virtues of music; for al-Kindī, see ADAMSON 2006.

This general outline about sexual intercourse being useful against melancholy chimes with Rufus’ remarks in his monograph *On Sexual Intercourse (Peri aphrodisiōn)*. (*On Sexual Intercourse* is preserved in Greek and Arabic fragments; see ULLMANN 1994, 1338–9; D-R, fr. 60, p. 318–23; ULLMANN 1970, 75; SEZGIN 1970, 66; and PORMANN 2007a, 116.) In it Rufus disputes the fact that sex is harmful, arguing that ‘sexual intercourse is a natural activity, and nothing natural is harmful’ [D-R p. 318, lines 1–2 = Aëtius iii. 6 (i. 265, 13–14 OLIVIERI)]. Although he lists a number of negative effects caused by excessive sex, he specifically mentions its positive aspects. For instance, sex is beneficial because ‘it empties repletion, makes the whole body light, leads to growth, and makes one more manly (πλησιμονήν τε κενῶσαι καὶ ἐλαφρὸν παρασχεῖν τὸ σῶμα καὶ εἰς αὐξήσιν προτρέψαι καὶ ἀνδρωδέστερον ἀποφῆναι)’ [D-R p. 320, lines 2–4 = Aëtius iii. 8 (i. 266, lines 11–13 ed. Olivieri)]. It also dissolves a tense mind, and dispels obsessions, and appeases great anger. ‘Therefore,’ Rufus continues, ‘it is the greatest cure, as it were, and most beneficial for someone melancholic, downcast, and cantankerous to have sex (διὸ καὶ τῷ μελαγχολικῷ καὶ κατηφεῖ καὶ μισανθρώπῳ ὄντι ὡς τι μέγιστον ἴαμα ἐπιτηδειότατον μίσησθαι)’ [D-R p. 320, line 7–9 = Aëtius i. 266, line 16–18 (ed. Olivieri); see also Rāzī, *Hāwī* x. 313–14].

[1] τοὺς ὑπερνικῶντας αὐτοὺς ἢ μέλαινα χολή] v.l.: τοὺς ἥττωμένους καὶ ὑπερνικῶν τοὺς αὐτοὺς ἢ μέλαινα χολή. Daremberg remarked that they could

not understand the text here ('Ce texte me paraît inintelligible'). Yet, Constantine the Protosecretary just followed the syntax of the Arabic relative clause.

F 59 At the end of his book *On Melancholy* (*De melancholia*), Constantine the African includes a long passage mostly dealing with regimen which he does not translate from Ishāq ibn 'Imrān's work. It can be roughly divided into a section on dietetics (pp. 184–92 ed. GARBERS), and another shorter one on drugs (pp. 192–6 ed. GARBERS). Constantine begins the first section by extolling the virtues of wine, and quotes Orpheus as saying that the heat of wine corresponds particularly well to man's mixture (*temperamentum, krâsis*). Then he cites Rufus (**F 63**) who advocates moderation in the consumption of wine. Excessive consumption would have the opposite, negative effect. One should also take rest, moisten the head, and so on. Then follows Rufus' remark that sexual intercourse helps against melancholy (**F 59**). Light exercise is also good for melancholics.

For a discussion of sexual intercourse as a remedy against melancholy, see **F 58**.

F 60 For the general context, see **F 13**.

For a discussion of sexual intercourse as a remedy against melancholy, see **F 58**. The reference to wind refers to the idea of *pneûma* developed in peripatetic philosophy. In *Problem* 30.1, the author expresses this link in the following terms (953b23–34):

ὁ τε δὴ χυμὸς καὶ ἡ κρᾶσις ἢ τῆς μελαίνης χολῆς πνευματικά ἐστιν· διὸ καὶ τὰ πνευματώδη πάθη καὶ τὰ ὑποχόνδρια μελαγχολικά οἱ ἰατροὶ φασιν εἶναι. καὶ ὁ οἶνος δὲ πνευματώδης τὴν δύναμιν. διὸ δὴ ἐστὶ τὴν φύσιν ὅμοια ὃ τε οἶνος καὶ ἡ κρᾶσις. δηλοῖ δὲ ὅτι πνευματώδης ὁ οἶνός ἐστιν ὁ ἀφρός· τὸ μὲν γὰρ ἔλαιον θερμὸν ὄν οὐ ποιεῖ ἀφρόν, ὁ δὲ οἶνος πολύν, καὶ μᾶλλον ὁ μέλας τοῦ λευκοῦ, ὅτι θερμότερος καὶ σωματωδέστερος. καὶ διὰ τοῦτο ὃ τε οἶνος ἀφροδισιαστικούς ἀπεργάζεται, καὶ ὀρθῶς Διόνυσος καὶ Ἀφροδίτη λέγονται μετ' ἀλλήλων εἶναι, καὶ οἱ μελαγχολικοὶ οἱ πλεῖστοι λάγνοι εἰσίν. ὃ τε γὰρ ἀφροδισιασμὸς πνευματώδης.

The humour and mixture of black bile are wind-like (*pneumatiká*); therefore physicians call windy [*pneumatódē*] and hypochondriac diseases 'melancholic'. Wine, too, has a windy power. Therefore, the [melancholic] mixture and wine have a similar nature. The foam shows that wine is windy; for warm oil does not generate foam, whereas wine, more so the dark than the white, generates a lot [of foam], since it is warmer and more corporeal. For this reason, wine makes one desire sexual intercourse. Dionysus and Aphrodite are rightly said to go together. Therefore most melancholics are lustful, for sex is windy [*pneumatódēs*].

Rufus therefore picks up peripatetic ideas when linking sexual intercourse and consumption of wine to melancholy; see also van der Eijk, below, pp. 164–6; and **FF 29** and **73**.

F 61 For the general context, see **F 58**. Rufus states that wine is an extremely powerful remedy against melancholy, as are 'moderately hot baths'. The latter so much delight the soul that some people feel the urge to sing when having them. This last point is further developed in **F 62**.

[1] On the one hand, Rufus warns against drinking too much wine (F 64 § 1), especially certain types such as ‘thick and dark, or acrid wine’ (F 17 § 13). But in general, as here, he considers wine to be an excellent remedy, provided the patient’s constitution can tolerate it (F 40 § 18). Wine has warming effect (F 63, F 28 § 2, F 49 § 1), and therefore counteracts the cold nature of black bile. Rufus even ends his treatise with the case history of someone going to a wedding and discovering that moderate drinking of wine can cure him of melancholy (F 65).

F 62 This passage also comes from the part of Constantine the African’s *On Melancholy* not based on Iṣḥāq ibn ‘Imrān; see F 59. Constantine insists that one ought to pay close attention to digestion when treating melancholy. Baths, he continues, have a double benefit here, because their moisture moderates excessive heat in the body of the patient, whereas their heat can warm cold bodies. According to Constantine, this is also the opinion of Galen and Plato. Then follows the present fragment (F 62) in which Rufus enumerates the positive effects of taking a bath. Constantine goes on to advise that it is good to dip into cold water after a hot bath; afterwards, one should rub the patient with oils, dress him and let him sleep.

F 63 For the context, see F 59.

This fragment also displays strong affinities with peripatetic thought. The warming quality of wine, when consumed in moderation, counteracts the cold disposition of melancholy; see also the commentary to F 61.

F 64 The fragment occurs in the context of a discussion of various foodstuffs and their impact on the health of the body; it is taken from the last, twenty-third, book of ar-Rāzī’s *Comprehensive Book*. Just before this fragment, ar-Rāzī adduces two quotations from other works by Rufus. The first states that if someone fasts, his body becomes visibly weak, his complexion deteriorates and so on. The second says that meat is appropriate for the [human] body. Then follows the present fragment from Rufus’ *On Melancholy*. It also deals with the general topic of diet: one should not drink a lot of wine with one’s food (§ 1), but only a little (§ 2); in general, one should avoid overindulgence (§ 3). Ar-Rāzī continues to add a remark of his own, warning against raw humour and its putrefaction [reading ‘*taḥḍṭrun mina l-ḥilṭi n-nayyi wa-‘afniḥī*’].

The idea of wine helping digestion when consumed moderately can be found in Constantine the African; see F 59. The point made here is a negative one: too much wine together with food is harmful; or, differently put, overindulgence results in melancholy.

[3] *ladḍa* is a complex term denoting many different aspects of mental and physical enjoyment, notably of food and drink [see WKAS i. 488a20–32]; negative connotations are clearly present here, hence my translation ‘overindulgence’.

F 65 Like FF 59, 62, and 63, this fragment comes from the passage in Constantine’s *On Melancholy* where he does not rely on Iṣḥāq ibn ‘Imrān; see F 59. But whereas the other fragments occur at the beginning of the section on dietetics, the present fragment appears towards its end. Constantine has just made the point that drunkenness is nearly always bad; in the rare cases when it has beneficial effects, this is due to the sleep which drunkenness induces, and not the drunken-

ness itself. Then Constantine quotes a case history from Rufus: a melancholic man was cured of his affliction by accident (§ 1): because he attended a wedding and drank moderately (§ 2), his mood improved (§ 3). After this chance experience, he continued to drink the same kind of wine, and ‘was completely cured’ (§ 4). Constantine continues to discuss how to induce sleep, and provides a number of remedies. At the end of the section he states:

Sufficit de dieta & ordinatione melancholica secundum auctoritatem antiquorum, Galeni, Rufi & ceterorum.

This suffices with regard to diet and regimen in the case of melancholy according to the authority of the ancients, of Galen, Rufus, and others.

From the present fragment we thus know that Rufus concluded his book *On Melancholy* with a short case history: a patient is cured by wine. Other fragments indicate that Rufus viewed wine as a powerful remedy against melancholy; see **F 61** § 1.

F 66 **FF 66–71** all come from Rufus’ *Case Notes* quoted in Ibn Ibrāhīm’s *Medicine of the Masters*; for the general context and the question of authenticity, see the introduction above, pp. 18–20. Case one to five (**F 66–70**) are continuous and all deal with melancholy. ULLMANN 1978b has already both discussed the general content of the *Case Notes*, and analysed in great detail the linguistic features of their Arabic translation. It therefore is sufficient here to reiterate some of his general conclusions, and link the content of the *Case Notes* to the fragments of *On Melancholy*.

The causes for melancholy in the *Case Notes* vary: it can be a previous disease, located for instance in the spleen (**F 66** § 1), or quartan fever (**F 70**) or epilepsy (**F 71**). Sometimes, a traumatic event such as a narrow escape from drowning is at the root of the problem (**F 69**). In one chronic case (**F 67**), the reason for the patient’s melancholy is not specified, although we may assume that he is by nature predisposed to this condition. In case three (**F 68**), intellectual and social exertions trigger melancholy, and in case five (**F 70**), asceticism is to blame. Moreover, burnt blood is cited as causing melancholy in two instances (**F 68** § 1; **F 71** § 7). In two cases, the ‘age of decline (*zamān al-inḥitāṭ*, *sinn al-inḥitāṭ*)’ is explicitly mentioned as the period when patients suffer from melancholy, but the three patients whose age is given are in their twenties (**F 69**), thirties (**F 66**), and forties (**F 71**) respectively. The symptoms which manifest comprise the well-established range of fear, despondency and delusions.

Rufus’ general treatment is twofold: to purge the disease matter, that is, the black bile, and to restore the natural ‘mixture (*krāsis*, *mizāj*)’. Too much purging has negative effects (e.g., **F 66** § 9). In one case (**F 69**), the cure is affected by accident: the first physician purged, the second restored the mixture through a moistening diet. Unbeknownst to each other they jointly cured their patient. In case two (**F 67**), it is only after having moistened the body that purging becomes possible. According to Rufus, other physicians did not understand that both purging and moistening are necessary; and that once the disease matter is purged, it might still have some after effects. Be that as it may, Rufus applies the two together.

The present, first, case is a real classic in that the spleen is primarily affected, and that digestion plays a major role. Moreover, drug overuse and abuse contributed to the patient's succumbing to melancholy. The therapy corresponds to Rufus' general advice: epithyme and venesection are used; for parallels, see e.g., **F37** § 2; **F42**; **F40** § 14. In **F40** § 14, whey (mentioned here in §19) is also advocated; see also **F54**.

F67 Here we have a case of chronic melancholy. Apparently the patient has a lot of black bile in his blood. Normally, as we know from other fragments (see **F28**), presence of large quantities of black bile in the blood is not, in and of itself, a cause for melancholy, provided that the bile has settled down in it. During the spring time, however, this black bile is stirred and causes the affliction, as in the present case. Over the years, the patient has learnt to live with his ailment, and recurred to venesection when the bile is stirred in the blood. When he neglected to do so one year, melancholy ensued and threatened the patient's life. Rufus combines purging and venesection with a moistening diet to cure him. Yet he also applies a cautery; for a parallel see **F24**. 'Granting nature respite' (cf. **F39** § 4) is a key element in the treatment, as are 'psychological therapies' such as amusement and music.

ULLMANN 1978b, 119, linked the present case history to Hippocrates' *Aphorism* vi.47 (iv.574 L), which runs as follows:

Ὅκόςοισι φλεβοτομή ἢ φαρμακείη ξυμφέρει τουτέους προσῆκον τοῦ ἡρος φλεβοτομεῖν ἢ φαρμακεύειν.

Those who benefit from venesection or medication ought to have their blood let or take medicines during the spring time.

In his commentary to this aphorism, Galen mentions the case of a patient succumbing to melancholy when he was not purged each year (xviii a. 79, 11–16 K):

οἷον αὐτίκα τις μελαγχολία ἀλίσκεται καθ' ἕκαστον ἔτος, εἰ μὴ καθαρθεῖ, καὶ θαυμά ἐστιν ἰδεῖν ὅπως ἤδη καὶ αὐτὸς ἀρχομένου τοῦ πάθους διαγινώσκει τε τὴν πρώτην γένεσιν εὐθὺς καὶ καλέσας με κενοῦται τε τὰ μέλαινα καὶ παραχρῆμα παύεται τῆς μελαγχολίας.

For instance, someone succumbed to melancholy each year, if he was not purged. It is strange to see how at the onset of the illness he recognised already himself straight away what first generated it, but still called me. The black things were emptied, and the melancholy ceased immediately.

It is of course possible that Galen relates here a case similar to this found in Rufus' *Case Notes*. It cannot, however, be ruled out that Galen borrowed the history from Rufus, and passed it on as his own.

[16] The combination of *lahw* and *tarab* is often used to express the general idea of 'amusement and entertainment' (see *WKAS* ii. 1584a9–b36), and ULLMANN 1978b rendered it in this way ('Spiel und Kurzweil'). *Tarab* can, however, denote 'musical entertainment' more specifically (see *DOZY*, s.v.), and since musical therapy was one of the treatments advocated by many Greek physicians, this more restrictive translation appears to be justified here; see also HORDEN 2000.

F 68 This case is interesting since it combines physiological and psychological or social causes: both burnt blood, and intellectual and societal efforts are at the origin of the disease. In addition to this, age also plays a significant role. It is the confluence of these four factors which brings about melancholy. An incompetent physician overmedicates and thus eventually causes the patient's death. Swain, below, 123–6, explores the social pressures to which patients such as the present one are exposed.

[3] For a detailed discussion of the idea of pursuing the 'geometrical sciences' causing melancholy, see Toohey, below, 224–6.

[3] See Swain, below, p. 124, n. 40, for a discussion of the expression 'kings'.

[4] STROHMAIER 1980, 319, proposes to read 'hot (*hārr*)' instead of 'pungent (*hādd*)'.

F 69 A short case history of a man who suffers from melancholy because he narrowly escaped death. The cure is affected by accident (see above, p. 105).

F 70 Although only a fairly short history, this case possesses a number of arresting features. First, there is the asceticism of the patient leading to melancholy. Then it is the only case where the melancholic humour is secreted through urine and stool; according to **F 21**, this is a good sign; see also **F 53**.

For the social context of 'rich kids dropping out' in Antonine times, see Swain, below, 128.

[1] STROHMAIER 1980 suggested that this ascetic who fasts during long periods of time was either a Christian or someone close to a Gnostic sect. This would cast doubts about Rufus' being the author of this case history. This assumption, however, is certainly incorrect. Philosophical schools like the Cynics and Pythagoreans, to provide just two examples, advocated fasting long before the rise of Christianity; see ARBESMANN 1969.

In addition to the traditions of pagan asceticism, one might also observe against STROHMAIER that in Christian literature holy men who seek God by mortifying the flesh welcome disease as an additional burden (since it is caused by demons) and do not seek out physicians to make them better (which would have been humiliating in the extreme). See e.g. *Acts of Peter*, Coptic fragment on the palsy of Peter's daughter's (ELLIOTT 1993, 397, cf. PERKINS 1995, 129–30), Gregory of Nazianzus, *Letters* 31. 3 ed. GALLAY (xxxvii. 68b MIGNE) 'consider your illness a training for the better', Basil, *Homilies on the Psalms* 45 (xix. 417a MIGNE) 'often disease is beneficial when one will train the sinner, whereas health is harmful...'. Theodoret, *Religious History* 21 on the fortitude of the sick anchorite Jacob, and so on. Cf. TEMKIN 1991, 153–60, 171–7. The *Acts of Peter* may be late second century in origin; otherwise these traditions of asceticism and illness belong to a period long after Rufus. In second-century Christian texts there is in fact no comment on fortitude in the face of disease as a sign of holiness; but indifference to the suffering of the body and its health is graphically attested in the accounts of the martyrs who represent Christian virtue before the rise of monastic asceticism in the fourth century. [SIMON SWAIN]

[1] 'was content with little'] The Arabic word *mutaqaššif* is derived from 'qašaf (squalor of the skin)', but already by the ninth century came to mean 'he who is content with [simple] food and torn [clothes] (*al-ladī yataballaġu bi-l-*

qūti wa-l-muraqqā'i)' and is thus a synonym for the 'ascetic (*zāhid*)'; see POR-MANN 2007, 120, and *Lisān al-'Arab*, under *q-š-f*. The ascetic melancholic is also present in the pseudo-Hippocratic *Letters*; see Rütten, below, p. 260.

- F71** This is a case of epilepsy turning into melancholy; see **F22**. But there is also a social dimension: eating late triggers bouts of this disease; see Swain, below, 126–7, who explores the social pressures of late dinners in Rufus' time. Many of the therapeutic measures employed here are also recommended in the fragments: semolina bread (§ 10 and **F40** § 16); *the* 'holy remedy', perhaps Rufus' 'holy remedy'? (§ 14 and **F45**); epithyme, mint, absinth (§§14, 20 and e.g., **F40** § 14); and wine (§ 17 and **F61** § 1).
- F72** Rufus' *Medical Questions* (Ἱατρικὰ ἐρωτήματα) is a short treatise explaining how a physician should take the patient's history. The present quotation occurs after an introductory paragraph, in which Rufus insists on the importance of taking the patient's history, and highlights some of the problems. For instance, if the patient gives incoherent answers, he is probably delirious (πάντα ταῦτα παρακρουστικά); another reason might be that the patient is deaf. Then follows the present passage. Rufus first links the strength and weakness of the body to that of the voice (§ 1). Then follows a clause, or perhaps even a number of clauses, which can no longer be restored with certainty, since there is a substantial lacuna. Gärtner proposed the following tentative emendation: 'the form of the disease [and the affected part of the body can be recognised when the patient, for instance, talks in a hoarse or high voice, or in an abrupt and sad way, as many melancholics do. If, however, there is] no melancholy, [one can assume that there are] hoarseness, ...'. In §§ 3–5, we are on firmer ground again: Rufus clearly links melancholy to rashness (*thrasútēs*) and grieving (*lúpē*), and these two suffice to diagnose it.

The picture of Rufus enjoining physicians to take their patients' histories chimes well with that contained in the *Case Notes*. In both works, asking the patient questions in order to understand his 'mixture (*krâsis*)' and disposition, but also the cause of the ailment occupies a prominent place.

- F73** We know for certain that Rufus wrote commentaries on Hippocratic texts, and more specifically that he composed one on the *Epidemics* (cf. ULLMANN 1994, 1304; SIDERAS 1994, 1098–9). This fragment appears to come from this commentary by Rufus on the *Epidemics*. It occurs in Galen's commentary on the same text. Galen's commentary is lemmatic, that is to say that he first quotes a (short) passage from the *Epidemics*, and then explains it. The lemma in question is the following [*Epidemics* vi. 3.12 (v. 294–5 L)]:

Οἶσιν, ὅταν ἀφροδισιάζωσι, φυσᾶται ἢ γαστήρ ὡς Δαμναγόρα, οἶσι δ' ἐν τοῦτοισι ψόφος <ὡς> Ἀρκεσιλάφ.

The stomach of certain people, such as Damnagoras, becomes flatulent [*phūsâtai*] when they have sex, whereas in the case of others such as Arcesilaus a noise [*psóphos*] occurs at this time.

Galen then considers how wind (*pneûma*) is formed in the stomach, and reviews various previous explanations of this passage. He notably discusses and rejects the opinion held in Sabinus' school that Hippocrates is talking about young

people here. Then follows our fragment, in which Galen examines the Peripatetic position, in which melancholy is linked to breath: melancholics have an excess of breath in the hypochondriac region, and in order to expel it, they desire intercourse, since semen contains a lot of wind (cf. **F 60**). This link between an excess of wind and melancholy led Rufus to adopt a different reading in this passage. Galen follows the reading *psóphos* (noise): noise is present during intercourse in some people, whereas Rufus reads *phóbos*: fear is present. For fear is linked to melancholy.

[1] See ELLK 2000a–1a, F 110 for a detailed discussion.

[3–5] Quotation taken from *Problems* 4. 30/ 880a30–3

[6–9] Rufus held that melancholics have a strong sexual desire (**F 60**), and that intercourse can be beneficial (**FF 58–9**) for them.

F 74 These extracts occur in a chapter of Oribasius' *Medical Selections* dealing with diseases which cure other diseases. According to the title, the whole chapter is taken from Rufus (Ἐκ τῶν Ρούφου). Quartan fever is mentioned in **F 70** as a disease preceding melancholy. The present passage (§ 1) characterises quartan fever by the presence of a black bile, and therefore links it to melancholy. But despite this link, quartan fever appears here as a remedy against melancholy as well. Expelling faeces and blood (§§ 2–3), varicose veins (§ 4), and certain skin conditions (§ 5) are all said to help against melancholy in **F 21**; see the commentary. Moreover, madness is often quoted alongside melancholy as being improved by the conditions mentioned above (§§ 2–4). This does not surprise as the two mental diseases are cognate; see above, p. 7.

F 75 At the beginning of book nineteen of his *Comprehensive Book*, ar-Rāzī discusses urine and uroscopy at great length. He cites various authorities, among which Rufus's work *On Urines* (Περὶ οὔρων) probably also figures (e.g. xix. 150, 6–7, reading 'Rūfus' with MS *dāl*; see also PORMANN 1999, 4–6). The present fragment is not attributed to any treatise by Rufus, and one cannot exclude categorically that it comes from *On Melancholy*. It seems, however, more likely that we have a quotation from Rufus' book *On Urines* here. Immediately preceding this passage, ar-Rāzī quoted from an anonymous source (*maǧhūl*), saying that 'those who possess wisdom pass thick and viscous urine [*baulan ḥātīran ġalīzan*]'. After the fragment, ar-Rāzī cites profusely from Magnus of Emesa's book *On Urines*; see below **F 77**.

[3–4] In some manuscripts, instead of 'he said (*qāla*)', we find 'I say (*lī*)', so that this may be a remark by ar-Rāzī as well. There is a loose parallel with **F 11** § 21, where Rufus states that excessive heat dries moistures and darkens humours.

F 76 This fragment occurs in the section on kidney disorders in book ten of ar-Rāzī's *Comprehensive Book*. It is probably not taken from Rufus' *On Melancholy*, and does not deal with the topic of melancholy as such (see below). Preceding this fragment we find a quotation from 'a book on *Natural Questions* attributed to Aristotle (*min kitābin yunsabu ilā Aristāṭālīsa fī l-Masā'ili t-tabī'iyati*)'. It deals with excessive urination as causing the kidneys to weaken. Immediately before the fragment we have an erasure which, perhaps, contained the title of the book. After the fragment follows a citation from Galen's *On the Affected Parts* (*Fī l-'aḏā' al-'ālīma*), also dealing with kidney pains. Rufus discusses kidneys and

bladders at length in his *About the Diseases Occurring in the Kidneys and the Bladder* (Περὶ τῶν ἐν νεφροῖς καὶ κύστει παθῶν; D-R, pp. 1–63).

[1] In the Arabic, we read ‘*fī l-kulā* (about kidneys)’, whereas the Latin translation has ‘*de melancholia* (about melancholy)’. The latter seems to be a mistake, since the whole context talks about kidneys. There is, however, a small chance that the erasure before ‘by Rufus’ did contain the title *On Melancholy*, in which case this would be a genuine fragment.

[1] ‘old age, senility’] ‘*šaiḥūḥa* (old age)’ and ‘*haram* (senility)’ are synonyms; one is probably a gloss.

- F77** This fragment appears in a long passage of quotations from Magnus of Emesa’s book *On Urines* (Περὶ οὔρων), beginning after **F75**. It is literally torn out of a paragraph on rinds [*qušār*] in children’s urine. The phrase ‘Because of their having eaten too much (*li-kaṭrati ’aklihim*)’ actually refers to the children (*aṣ-ṣibyān*), mentioned earlier, and shows that the fragment as it appears in D-R has been taken out of its context. The ‘Dixit (he said)’ in D-R 330 thus refers to Magnus, not Rufus. We know very little about this Magnus of Emesa; he might be identical with Magnus of Nisibis, a physician and philologist who lived in late fourth-century Alexandria; see *DNP*, under ‘Magnus’.
- F78** This fragment could not be located in the Arabic printing of ar-Rāzī’s *Comprehensive Book*. The ‘Dixit (He said)’ at the beginning of the fragment may well refer to someone else than Rufus. Although the fragment follows on from **F8** in D-R, the Arabic source as we have it in the Hyderabad edition does not have this text.

Essays

Social Stress and Political Pressure *On Melancholy* in Context

SIMON SWAIN

Introduction

Rufus of Ephesus regards melancholy as an illness caused for the most part by improper diet and environmental factors. But he is distinctive, and indeed famous, for pointing also to a link between mental and intellectual activity and the onset of the disease. In suggesting this link, he was of course influenced by the classic discussion of the ‘manic-depressive’ melancholic in the late fourth-century *Problems* attributed to Aristotle (30. 1 = 953a–955a), a work which was widely read in his time.¹ The question under investigation there is why men who are outstanding in philosophy, politics, poetry, and ‘the arts’ (or ‘sciences’ *téchnai*) are ‘melancholic’ and liable to suffer the problems of depression and madness, or exuberance and joy, which are associated with pathological changes in their melancholic constitution. The Aristotelian author never specifies thinking *per se* as a cause of melancholy and, as Peter Toohey observes in this volume, he is particularly interested in active or creative personalities, whereas Rufus, so far as we can see, focusses on scholarly and intellectual types. There is certainly a difference here. Yet the distance between Rufus and his predecessor may seem less important if we approach Rufus from a historical perspective and try to place him against the intellectual currents of his lifetime in the first or second century AD. In this way we may account for his particular angle on melancholy and also enquire into the question of why he wrote *On Melancholy* and for whom.

As a preliminary to the discussion, we must ask if it is possible to be more definite about Rufus’ dates. The problem is not in fact too serious, since the cultural practices of elite Greek society during the first and second (and indeed the third) century AD were fairly stable. Nevertheless, a more exact dating would allow a better reading of our author’s intentions in writing his book. There is evidence to suggest that Rufus was a close contemporary of Plutarch of Chaeroneia, the prolific author and observer of Greek and Roman society whose most important works, including the celebrated *Parallel Lives*, were written around the turn of the

¹ LOUIS 1991, xiv–xviii, xxxi–xxxiv.

second century.² The evidence comes from the tenth-century Greek biographical dictionary called the Suda. In its entry for Rufus (ρ 241) the Suda makes him an associate of the emperor Trajan's court physician, Statilius Crito.³ The passage is well known, of course, and because the Suda is by no means reliable and 'Rufus' is a common enough name, other medical figures bearing it in the years around the middle of the first century AD have been brought into consideration.⁴ Yet it has not been noted in defence of the Suda here that it several times quotes or alludes to Crito's history of Trajan's Dacian Wars, in which he recorded his experiences on campaign with the emperor.⁵ Hence its statement that Rufus was 'with Crito' deserves serious consideration if we may take it as representing information contained in Crito's book. We do not know where or when exactly Rufus was in Crito's company; but the association should be accepted. Furthermore, it gives Rufus entry to the emperor's court, which is something we might anyway assume. In this chapter, then, Rufus will be considered, as the Johannes Ilberg put it, as a doctor 'of the Trajanic age'.⁶

Rufus' three case histories dealing with melancholy will be the central focus of what follows. They come from a remarkable collection of twenty-one case notes preserved in Arabic and published by Manfred Ullmann thirty years ago.⁷ In order to understand Rufus and the background to the three cases under scrutiny here (those of the mathematician, the ascetic, and the late diner), we need to know something about intellectual life in Rufus' time and the social and political pressures to which the educated elite was exposed. It is a fact that education and intellectual activity and the ability to display possession of these in personal and social behaviour were important hallmarks of the Greek elites of the later first and second century to an extent that is untrue of the classical or Hellenistic periods. The phenomenon is a complex one. The term elite it-

² For Plutarch (ca. 45–120) see JONES 1971, SWAIN 1996, ch. 5, PELLING 2002.

³ 'He was alive in the time of Trajan [i.e. the reign of Trajan, Jan. 98 to Aug. 117] with Crito' (γεγονὼς ἐπὶ Τραϊανοῦ σὺν Κρίτωνι). On Crito see NUTTON 2004, 256.

⁴ See NUTTON in this volume and 2004, 209 (with reference to KUDLIEN 1975 but avoiding his assertiveness).

⁵ His *Getica* (from the Greek name for the Dacians) is almost completely lost; see MÜLLER, *Frag. Hist. Graec.* vol. 4, F3a. The quotations and allusions in the Suda occur at α 4035, β 388 (= ε 1235), γ 208, δ 368, κ 114, κ 2452.

⁶ ILBERG 1930. SIDERAS 1994, 2085–6 dates Rufus to ca. 80–150 on the basis of vague remarks in Galen (*Black Bile* v. 105 Κ τῶν νεωτέρων ἰατρῶν, cf. *Mixtures and Powers of Simple Drugs* xi. 796 K; here F3); but if the Suda is right, he was already an established figure in the first decade of the second century and so a birthdate of 80 will be 15 or so years too late.

⁷ ULLMANN 1978b.

self needs comment. As in any period, there was mobility as wealth was gained or lost. But for Rufus' time we should think in overall terms of a fairly stable landowning class who exercised political control over the cities where they lived and who perpetuated themselves through arranged marriages designed to retain and circulate money within the group.⁸ Plutarch's *Political Advice* explores the pressures these powerful local aristocrats faced from the Romans above them and from the *dēmoi* (the 'peoples') who were ruled by them. His more outspoken contemporary, Dio, paints a similar picture of the social and political problems of the upper classes in his lively and candid speeches to various cities including his home town Prusa and its neighbours Nicaea and Nicomedia.⁹

Even in big cities like Ephesus, the ruling families would have known each other extremely well, and generations of marriage links had led to a well established pattern of landholding and political rights extending across the Greek world. But such ties were a source of enmity as much as of strength and encouraged intense civic rivalries.¹⁰ Both the literary and the epigraphical record attest to the competitiveness and contentiousness of aristocratic life inside and outside the city. The attitude is well expressed by Plutarch. No-one, he says, wanted to be like the philosopher Epicurus living quietly in his little garden with a shared mistress.¹¹ Political life should take its cue from Homer's Achilles who was taught to be 'A speaker of words and a doer of deeds' (*Iliad* ix. 443).¹² Such ambitions were channelled partly into civic duties. The tax gathering ability of ancient cities was rudimentary and as a result it was expected that the rich should give for the benefit of the community. The very large number of inscriptions and references in literature to benefactors and their works shows that this was often viewed as a source of personal prestige; and that in turn fuelled competition. Benefaction was part of a complex social rule book regulating conduct, and at the heart of the system was education. The priorities of the upper classes were simple: 'we all know the families we come from, and the sort of education (*paideía*), property, at-

⁸ Cf. Dio of Prusa, *Speeches*, 7. 80 on the tensions of 'the marriages of the rich, with their arrangers, their investigations into wealth and lineage, the dowries, wedding gifts, promises and deceits, agreements and contracts, and ultimately the quarrelling and feuds that often occurred at the very wedding'. TREGGIARI 1991, chs. 3–4 offers valuable discussion but mainly from a Roman or Latin perspective.

⁹ On Dio see the collection of essays in SWAIN 2000, especially that of G. SALMERI. DESIDERI 1978 remains the fullest account.

¹⁰ See the exemplary study of ROBERT 1977 on the battles of Nicaea and Nicomedia over status and titles awarded by Rome.

¹¹ *Not Even a Pleasant Life is Possible Following Epicurus* 1099b.

¹² Quoted at *Political Advice* 798b, cf. *Old Men in Politics* 795e.

titudes, and way of life we have'.¹³ The word for education here, *paideía*, does not only refer to schooling. Rather, it means education in the broadest sense and may be translated as 'culture'. The actual educational system was based on close study and imitation of key texts and events that instantiated Greek culture, beginning with Homer. Since classical Athens was so important to the Greek experience, its particular culture and especially its 'Attic' language occupied pole position. For cultural, social, and political reasons, the ability to speak well and express oneself convincingly ('A speaker of words') was deemed crucial, and this meant mastering the art of speech-making according to the Classics. With so much riding on intellectual prowess, intellectual rivalries were widespread among those capable of them. Some of these were institutionalised and academic, such as the traditional disputes of the various schools of philosophy. But political realities and individual bids for power could combine to make such quarrels very serious, as in the notorious case of the super-rich cryptorchid Favorinus and the aristocratic Antonius Polemon which 'began in Ionia, but grew serious at Rome'.¹⁴

To 'be educated' (*pepaideuménos*) meant (in theory) to act in harmony with the elaborate codes and regulations that underpinned correct social practices. But while classicizing values and *paideía* could limit bad behaviour, they also legitimated and empowered the aristocracies of the Greek world by giving them a feeling of huge social worth, and this is where problems and tensions came in. Above all stood the power of Rome. The educated class represented their cities in the province or before the emperor. Those who felt responsible (like Plutarch or Dio) or afraid devoted their energies to establishing what was called 'like-mindedness' (*homónoia*) in cities and between them in order to attempt to limit Roman involvement. Any whose ambitions outgrew the local scene had the option of service in the Roman government or army, aiming as high as the office of consul itself.¹⁵ But at the turn of the second

¹³ Galen, *On Precognition* xiv. 624, 8–11 K (about AD 178).

¹⁴ Philostratus, *Lives of the Sophists* 490–1. The background was favours from Rome, with Favorinus representing the interests of Ephesus and Polemon those of Smyrna; this combined with personal hatred, which Polemon records in loving detail in his *Physiognomy* (ch. 1 A19 in the Leiden version edited by Hoyland in SWAIN 2007). On Polemon see below p. 121.

¹⁵ Plutarch, *Peace of Mind* 470c unkindly noting the dreams of Chians, Bithynians, and Galatians; cf. Philostratus, *Lives* 591–2 on Diogenes of Amastris who 'had such an opinion of himself that he imagined satrapies, imagined courts, imagined being the right hand man of kings' (where 'satrapy' refers to the institutions of the old Persian empire, which Greek authors readily applied to Rome, not necessarily as a compliment).

century, Roman citizenship beyond Italy was a very prized possession and the entry of easterners to the Senate had hardly begun.¹⁶

In the three case histories of Rufus I shall be looking at, the development of the patients' problems is set against patterns of intellectual and social-political behaviour which reflect the way of life we have just been considering. In Case 3 (F68) the over-scholarly mathematician who succumbs to melancholy has spent too long studying and too long at the imperial court for the good of his health. In Case 5 (F70) Rufus treats an 'ascetic', who was almost certainly a philosopher (cf. *Problems*), a figure with an intellectual and social role of great importance in this period. In this case the man's problems are caused by taking his principles too far. In Case 16 (F71) the situation of the man who becomes ill because he is obliged to eat out late shows the 'face to face' pressures of the local political classes of the Greek world where public dining was of the utmost importance. These case histories are without doubt precious testimony to the elite way of life. No other author records that the stress of the court led to illness or that a philosopher might need medical attention because of the way he treated his body. Moreover, by revealing the expectations and habits that accompany intellectual activity in Rufus' age, the case histories give us a context for the fragments of *On Melancholy* which make intellectual activity a cause of the disease. Thus, if we consider the difference between Rufus and the Aristotelian author, Rufus' association of thinking and melancholy may appear as a more explicable and historically situated conjunction, and one which offers very interesting and unexpected evidence for the side effects of life at the top.

I shall proceed by looking first, and briefly, at the usage of the terms *melancholía* and *melancholikós* in contemporary non-medical writers including Plutarch, and then compare aspects of Rufus' usage which touch on moral and ethical concerns voiced in the non-medical texts. I shall then pass to the three case histories. In the final section, Rufus' advice will be illuminated by examining some of the suggestions made in Plutarch's *Advice on Health*, an understudied work from around AD 100 which focusses precisely on the health of philosophers, intellectuals, and politicians.

Melancholy and Moral Conduct

'Melancholy' or 'melancholic' are common terms in the medical writers of the first and second centuries (Rufus, Aretaeus, and especially Galen). Among non-medical authors, however, they are not widely used. They are found most in Plutarch and, to a lesser extent, Lucian (c. 120–85).

¹⁶ HALFMANN 1979.

But I start with the dictionary. As I have remarked above, correct usage of language was extremely important to the Greek (and Roman) elites in Rufus' age and Julius Pollux (Polydeuces), who was one of the great sophists or highly paid teachers and practitioners of rhetoric from the later second century, has left us an important thesaurus of correct usage called the *Onomasticon*.¹⁷ In this work the root *melanchol-* occurs twice, first (2.214) in a section on words derived from or built on *cholḗ* (χολή) 'bile', and second (6.124) in a list of words beginning with the header *orgilos* (ὀργίλος) 'irascible'. In the latter passage *meláncholos* (μελάγχολος) is the last of four words based on *cholḗ* and meaning choleric or ill-tempered. It is followed by 'hot-tempered'. Although *meláncholos* is a rare by-form of the adjective from the tragedian Sophocles (which is Pollux's way of proving his command of the classical language), this sense pattern is typical of the way the root *melanchol-* is used in non-medical writers, who concentrate on the 'depressive' side of melancholy. Thus Plutarch (to move on from Pollux) takes his cue from the Aristotelian *Problems* in his biography of the famous Spartan general Lysander. He ignores the medical detail that Lysander was covered in ulcers before his death (*Problems* 953a)¹⁸, but uses the information that he was melancholic to observe his difficult and angry temper in old age, noting that Aristotle had applied the word 'melancholic' in general to 'great natures'.¹⁹ Elsewhere in Plutarch the term often recalls the medical meaning alongside the ethical one. In his essay on flattery, when the flatterer's victim announces he is 'grumpy' (δύσκολος), the flatterer will announce that he is 'depressive' (μελαγχολικός) (*How to Tell a Flatterer from a Friend* 54c). In *Progress in Virtue* those with serious faults angrily drive away people who have come to help them just as those do who suffer from 'very serious diseases' like 'melancholy, brain fever, or derangement' (81f). The analogy between the treatment of bad moral traits and the medical treatment of melancholy is taken up in the polished essay *On God's Slowness to Punish*. Children of 'epileptics, melancholics, and arthritics' are put on a strict diet of exercise and medication 'to prevent them getting the disease' – 'we take no notice of those

¹⁷ On Pollux see the biography in Philostratus, *Lives of the Sophists* 592–3 with the commentary of CIVILETTI 2002a, 591–6 or better ROTHE 1989, 142–54. The opening remark, 'I am not sure whether he should be called uneducated (*apaideutos*) or educated (*pepaideuménos*)', shows the contempt for the lexicographer which was shared by Lucian who took Pollux for his model in the *Teacher of Rhetoric*. The *Onomasticon* is cited from the standard text of E. BETHE.

¹⁸ Cf. Rufus e.g. **FF 21, 24**; Ptolemy, *Tetrabiblos* 4.9.7.

¹⁹ *Parallel Lives*, Lysander 2.28 (old age), and 2.3 'great natures (*megálai phúseis*); this phrase, effectively meaning 'achievers', is Plutarchan: cf. *Parallel Lives*, Demetrius 1.8 (with Plato, *Republic* 491e); *Agis & Cleomenes* 23.6, and so on.

who call this “a punishment” because of their cowardice and softness’ and we say that hereditary moral failings must be dealt with in the same manner (561e–f). As we shall see, Plutarch was highly interested in medical matters and the medical aspect of melancholy is uppermost in his mind when he attributes the predictive abilities of melancholics to their particular ‘temperament (*krâsis*)’ (*Oracles in Decline* 437f, cf. *Problems* 954a36). But for the moralist in him the attraction of melancholy was primarily its psychological aspect.

Plutarch’s contemporary Dio does not use the word at all. Another contemporary, the famous Stoic philosopher Epictetus, uses it only a little.²⁰ The great orator from the mid- to later second century, Aelius Aristides, quotes it once from Plato.²¹ Perhaps it was felt too technical by these authors or they were put off by the rarity of the word in their classical models. Be that as it may, Aristides’ contemporary Lucian, who almost equalled Aristides in his mastery of classical Greek, found it a useful term in his satirical attacks on the foibles of contemporaries.²² He applies it to the depressive misanthrope Timon (*Timon* 8, 34), to the eccentric madness of the philosopher Heraclitus (*Lives for Sale* 14), to the philosopher Empedocles (*Runaways* 2, *Dialogues of the Dead* 6.4), to the misunderstood Cyclops (*Dialogues of the Sea Gods* 2.4), and the indignant Heracles (*Dialogues of the Gods* 15.1).²³ In *Consonants in Court*, which is one of his several skits on the excessive language purism of the second century, the letter sigma complains that rho had struck him on the face (κόρρη, using the ‘correct’ Attic form with two rho’s) ‘owing to melancholy’, but then explains that he forgave him because of this ‘illness’. In *Lexiphanes* 16 the hyperatticist Lexiphanes (‘Word Flaunter’) is purged of his bilious vocabulary by the physician Sopolis (‘City Saver’) and promptly vomits up an array of archaic phraseology. Though melancholy is not named, the connection with *Consonants* makes the nature of the problem clear.²⁴ There is no sign in these passages of any interest in the medical aspects of melancholy, though of course it remains a ‘medical’ term at some level. But, as with the moralist Plutarch, the psychological aspects of the illness are what interests the writer of satire.

Other later second and early third century authors are sparing with the word. Philostratus, whose writings in the first three decades of the third

²⁰ The general and historian Arrian, who wrote up Epictetus’ lectures, does not use the term in his own writings.

²¹ *To Plato, For the Four* 306.

²² On Lucian see most recently the essays in LIGOTA, PANIZZA 2007. HALL 1981 and BOMPAIRE 1958 are the best studies of his literary output.

²³ Empedocles and Heracles are taken over from *Problems*.

²⁴ Cf. PEARCY 1984, 454.

century constitute one of the fullest and most varied corpora of the Greek authors of the High Roman Empire, never uses the term at all, perhaps for literary reasons. It is also absent from the major Christian writers Clement and Hippolytus.²⁵ The astrologers were highly interested in character and their works offer rich sets of evaluative terminology. Ptolemy uses ‘melancholic’ just twice in lists of medical conditions (*Tetrabiblos* 3.13. 6bis, 4.9.7) but his contemporary Vettius Valens is more interesting. He asserts that (astrologically determined) melancholics will be ‘self-haters, poisoners, and misogynists’ who are ‘detested by gods and men alike’ (1.3.40 ed. PINGREE), and alludes to the moral-cum-medical aspect of the term in stating that Leo produces ‘melancholics, ulcers, and sexual deviancies’ (2.36.12).²⁶ I return to this below.

The moral-psychological aspects of melancholy are certainly known to Rufus. In our fragments of *On Melancholy* the melancholic is prone to irrational fears (**FF 13, 73**), sad and morbid thoughts (**FF 13–14, F 40** § 19), and to outbursts of anger (**F 11** § 24, **F 14** § 4, **F 59**). Melancholic patients ‘brawl and commit the most outrageous acts’ (**F 11** § 24). It is safe to assume that Rufus was aware of the attention given to anger in the moralists of his age. In this connection it is not surprising that he associates the disease with the old (**F 17** § 7, **FF 18, 68, 71**), who are of course archetypes of irascibility. At the outset of the disease only skilled doctors, says Rufus, can determine whether the sufferer is simply revealing his ‘malign state of his soul’ or ‘despair and worry [...] caused by something else’ (**F 15** § 2, cf. **F 16**). Interestingly, the illness is constructed as a particularly male problem.²⁷ Men are more susceptible than women owing to their colder nature (**F 17** §§ 4–5, **F 18**). Comfort comes from ejaculation (**FF 29, 59–60, F 73** §§ 3–5). I return to this ‘gendered’ aspect of the disease below.

The appearance – the physiognomy – of Rufus’ patient also intrudes into the ethical sphere. Dark skin, blinking and bulging eyes, thickened lips, and hirsuteness are the physical signs of melancholy (**F 11** §§ 14–15).²⁸ His list of undesirable psychological traits – general fears, specific

²⁵ It occurs a few times in the greatest Christian author of the third century, Clement’s pupil Origen.

²⁶ ποιεί...ἔτι καὶ μελαγχολικούς, φαγεδαίνας, κιναιδίας. The word φαγέδαινα normally refers to a ‘consuming ulcer’ (Galen, *Glosses to Hippocrates* xix.150 K; a sign of melancholia, cf. above); but in some glossaries (e.g. Ps.-Galen, *Medical Definitions* xix.419 K) it is said to mean morbid hunger (another sign: Rufus **F 11** § 6 ‘crave more food’).

²⁷ For a female patient with signs of melancholy, see ULLMANN 1978b, Case 13.

²⁸ From Aetius. Cf. **F 14** § 7 from ar-Rāzī: this report has ‘little hair [zu’r] on their body’. Galen, *On the Affected Parts*, viii.182–3 K and *On Humours*, xvi.93 K seems to confirm Aetius’ version.

fears ('that he does not have a head'), drunkenness, suicide, depressiveness, violence – are juxtaposed to the physical description. The physiognomical approach goes back to the Hippocratic *Epidemics* (ii. 5.1, 6.1 [v. 128–32 L]), but should attract our attention in a period which produced the most complete and most interesting manual of physiognomy in antiquity, the *Physiognomy* of the hugely rich sophist Antonius Polemon.²⁹ Polemon studied physical appearance to reveal the underlying character of his friends and enemies and saturated his book with evaluative terms associated with particular bodily features. It is reasonable to hold that Rufus had at least some interest in physiognomical science. It is a guess, but a likely one, that his lost work 'On Buying Slaves' contained physiognomical indicators of what makes a good slave, and that these were linked to the slave's racial origin. For physiognomy is regarded an important tool in the extensive Muslim medical and ethical literature on this subject which owes much to Rufus' treatise.³⁰ Galen at least was interested in the physiognomical relation of body and soul, and wrote a speculative treatise on the topic *That the Powers of the Soul Follow the Temperaments of the Body*. In his commentary on the Hippocratic *On Humours* he alludes to this work when commenting on the general characteristics produced by dominant humours such as 'the melancholic'.³¹ Physiognomy in the proper sense of the term was a science of innate character, not of supervening states. In his warning that the doctor must distinguish melancholy from a 'malign state of the soul' (F15), Rufus perhaps alludes to this. Although his physiognomical observations have little in common with Polemon's, it is clear that there were various physiognomical systems, and the close association of appearance and behaviour in Rufus surely does assume the sort of ethical typologies that are the basis of Polemon's handbook.

For Rufus the way melancholy affects the mind is not simply that it leads to odd, morbid, anxious thoughts or dreams.³² As we have seen, intellectual activity itself was closely related to melancholic disease. 'Persons with excellent natures are predisposed to melancholy, since excellent natures move quickly and think a lot' (F33, cf. F34). 'No-one who devotes too much effort to thinking about a certain science (*fikr fī 'ilm*

²⁹ The work was written about AD 140 and survives in a Greek redaction by Adamantius and an Arabic translation (the 'Leiden' version): see texts, translations, and studies in SWAIN (2007).

³⁰ Fragments of Rufus' work survive in ar-Rāzī: see ULLMANN 1970, 74, and especially PORMANN 2003, 208, 212, 232. Islamic medical treatises on buying slaves: GHERSETTI 2007, 291, 294–6, 302.

³¹ *Commentary on Hippocrates' On Humours* xvi. 91–2, 317–18 K.

³² Dreams: FF 29, 35.

mā) can avoid ending up with melancholy' (F 36 § 2). Case history 3 is itself about a man who studied too much (as well as spending too long at the imperial court). One aspect of intellectual activity and melancholy that touches on moral and social life and specifically on expected male behaviour is language. As has been noted, enormous emphasis was placed in Rufus' day on intellectual attainment and the acquisition of *paideía*. Language was crucial, not just to show familiarity with the iconic texts of Greek literature, but to control the people and to persuade one's peers and superiors. Melancholy posed a direct threat to this ability. Rufus reports that the agitation caused by too much *pneûma* made melancholics 'generally speak fast, lisp, and have a weak voice since they cannot control their tongue' (F 11 §§ 15–16, cf. F 14). The existence of different levels or registers of Greek was put to good use to enforce social distinction, for if one possessed the education or culture or, one might say, the 'breeding' to command a level of language closely imitating that of the great Athenian authors of the past, it was assured that one belonged to the upper class. Members of the elite spent so much time polishing their language skills that the very word 'practice' (*meletê*) came to mean a formal speech or declamation displaying the styles and features of classical literature.³³ As so often in cases of language purism, the idea and the claim were as important as the actual ability and knowledge. But in a world which so prized expression of culture through formal speeches, failure in language was a real and serious problem for men in the public eye.³⁴ It is in this context that we must understand how unfortunate was the 'lisp' (*traulós*) and 'weak voice' (*ischnóphōnos*) of Rufus' melancholic (F 11 § 15; F 14 § 8).³⁵ As Plutarch observes, clarity of speech has no more in common with lisping than a beautiful voice has with a weak one (*Oracles at Delphi* 405b). A man's daily practising to achieve 'beautiful voice' (*euphōnía*) was closely connected with a concern to regulate the health of the male body through physical activity. Hence to be in doubt on this score was to labour under a major social

³³ CIVILETTI 2002b.

³⁴ Lucian's *Slip of the Tongue During a Greeting* is one of the most interesting testimonies of this 'logocentrism'. In a moment of tension Lucian had used the wrong greeting to the Roman governor at his formal levee: 'some of the bystanders thought I was mad, as was likely, others thought I was senile, while others thought I was still suffering a hangover from yesterday's drinking' (1). *The False Critic* is another good example, where Lucian's Greek has been mocked by a rival intellectual and Lucian replies with a display of abuse and learning.

³⁵ For ἰσχνόφωνος (?ἰσχνόφωνος) and τραυλός, see WOLLOCK 1997, 157–206 (discussing *inter alia* manuscript confusion of ἰσχνόφωνος and ἰσχύφωπος ?'stuttering', and Galen's careful distinction between the terms); see above, pp. 86–7.

handicap.³⁶ This was a very personal matter, for speech demonstrated what *sort* of man one was, ‘manly’ or ‘effeminate’. Possession of what Polemon also calls the ‘weak(er) voice’ (*phōnē ischnotéra*) is a sign of the effeminate type of male in the highly gendered categories of his *Physiognomy*, where we learn that the male showing female physical traits is (e.g.) ‘ignoble, bitter, deceitful, light-minded, unjust, contentious, and impudently cowardly’, ‘daring and shameless and rejoicing in villainy, treachery, and faithlessness’, and so on.³⁷

In the context of melancholy and gender we may recall Vettius Valens on Leo producing ‘melancholics, ulcers, and sexual deviancies (*kinaidíai*)’ (2.36.12; see n.26). The word *kínaidos*, ‘sexual deviant’, refers to a man who enjoys same-sex practices and perhaps stigmatises the way of life he is held to lead rather or more than the sex act itself.³⁸ This stigmatisation is based on the norms expected of elite males. In Rufus melancholy increases desire for sex and is relieved through ejaculation. There is no mention of deviation. But Vettius suggests that to some people the melancholic could be impugned on this ground. This is not surprising given the illness’s unwanted effects in the highly charged sphere of male speech.

Rufus’ Case Histories

Of the several patients in the *Case Histories* who suffer from melancholy (FF 66–71 in this collection), Cases 3 (F 68), 5 (F 70), and 16 (F 71) succumb to the illness partly as a result of social pressures. In this section I explore aspects of these accounts, and in the next I shall draw parallels between the situations described by Rufus and Plutarch’s remarks to philosophers, intellectuals, and politicians in his *Advice on Health*.

In Case 3 (F 68) Rufus describes a man who was ‘gentle’ in character and had moderate worries and fears. Rufus appears to have known him, or known of him, over a long period (‘the age of decline...when he had been young...when age was added to this’), but he was not his doctor (on this occasion at least), since when the man fell ill, an ‘uneducated’ physi-

³⁶ The list of estimable qualities associated with *euphōnía* in Pollux’s *Onomasticon* (4.20, 22; 9.160) includes taste, wealth, intelligence, power, and even simply being a Hellene.

³⁷ Respectively Adamantius B2 and A4; cf. B42 on the ‘high and soft and flexible voice’, B52 the ‘thin, shrill-sounding’ voice, of the effeminate man. See SWAIN 2007, 188. On virility and speech, and on speech training for men who wanted to be men, in the High Roman Empire, see the fine study of GLEASON 1995.

³⁸ Cf. the semantic field in Pollux, *Onomasticon* 6. 126–7.

cian treated him ‘who neglected to balance his mixture’. At this point Rufus turns aside to draw a lesson about proper treatment before the inevitable denouement. The doctor exacerbated the patient’s problem by reinforcing the adverse mixture of the humours. The result was that ‘he became mad...[and] died’. Several of the case histories describe unsuccessful treatment by a rival.³⁹ The rival’s failure on the one hand, and the proper treatment Rufus could have given on the other, are good enough reasons for writing the case up. But the particular causes of this man’s melancholy made it a tale of interest to all of Rufus’ readers. ‘The reason for his illness was constant contemplation of the geometrical sciences; he also kept the company of the kings (*wa-kāna yuğālisu l-mulūka*). Because of these things melancholic matter accumulated in him at a time of life when this usually happens, that is, at the age of decline.’ Arabic *mulūk* (kings) will represent Greek *basileîs*. Although Romans refused to call their emperors *reges*, Greeks had no such inhibition: to them, the Romans were ruled by kings, and this is the normal word for the emperor. The plural in this passage may refer to successive reigns; but it may perhaps be non-specific and mean that the patient had contact with one emperor, his family and entourage.⁴⁰

What sort of contact? Educated Greeks were present at the emperor’s court wherever the court was. In his anti-Roman outburst *On Hirelings* Lucian denounces the treatment of grammarians, rhetors, musicians, and philosophers who were paid house guests of leading Romans. These are the *pepaideuménoi*, ‘men of *paideía*’ (4). There is no direct mention of the emperor, even if the hireling is said (with great irony) to have entered the ‘first household of the Roman empire’ (20). Nevertheless pressure on intellectuals at court is a feature, for instance, of several vignettes in Philostratus’ *Lives of the Sophists*.⁴¹ Cornelius Fronto’s permanent state of anxiety at the court of the ‘good’ emperor Antoninus Pius is well expressed in his letters and serves to question many modern historians’

³⁹ Though this and Case 4 (F 69) are the only ones where Rufus does not then intervene himself.

⁴⁰ ULLMANN 1978b, 120 suggests ‘Könige (kings)’ is less suitable than ‘Fürsten (princes)’, ‘Adlige (nobles)’, or ‘Herren (lords)’, citing Arabic poetry and Galen’s *Examination of Physicians* 9.2 (pp. 100, line 15–p. 102, line 2 ISKANDAR); but in the latter passage at any rate *al-mulūk* refers to the emperors. Galen says he did not bother with the early morning rituals of saluting the nobility of Rome (cf. n. 34 and below p. 134) and waiting for them at the emperors’ gateway; although he must have in mind Rome during the joint reign of Marcus Aurelius and Lucius Verus (AD 161–9) or under Marcus alone (the work was written a few years after Lucius’ death), the reference is general.

⁴¹ 490 Favorinus climbs down before Hadrian, 614 Heracleides ‘feared the court and the bodyguard’, 622–3 Philiscus before Caracalla (‘he adopted a hostile stance and shut him up’).

view of the Antonine emperors (96–192) as almost ideal princes.⁴² Even Galen found himself obliged to write on beauty treatments by the Severan ‘royal women or kings’ (*Composition of Drugs by Places* xii.435 K).⁴³ In his *Physiognomy* Polemon, who memorably speaks of his negative experiences at Hadrian’s travelling court in Greece and Ionia, observes the stress on those who were determined to get close to the ‘ruler’.⁴⁴ Presumably Rufus’ patient was at court partly because of his mathematical expertise.⁴⁵ But all manner of reasons, such as acting as an ambassador (cf. below) or just being very rich, might be advanced. For Rufus, as we have seen, intellectual activity alone (‘thinking about a certain science’) could be enough to bring on melancholy; for this patient the stress of performing in front of the emperor or emperors was too much and he began to suffer insomnia and wakeful nightmares which led to his death after incorrect treatment.

The more we know from the epigraphic record of the involvement of the Greek elites with Rome in terms of careers, friendships, military and economic life, the world of religion and the festival, and so on, the more puzzling are the doubts or silences about Rome in texts of Rufus’ period. Even Plutarch, who was on good terms with many Romans and had a profound admiration for Roman achievements, is ultimately wary in many passages including his careful *Political Advice*.⁴⁶ In his *On Exile* one of the good things about being an exile (which was a penalty inflicted by Rome) was not having to ‘go on an embassy to Rome’ or ‘entertain the governor’ (602c). The exile can say to himself, ‘We do not hang about the governor’s doors; it doesn’t matter now who will be in charge of the province, and whether he’s quick to anger or nasty’ (604b). Polemon’s very frank statement in the *Physiognomy* about the Roman acquisition of land in Greece and the dilution of the ‘pure Greek’ type caused by

⁴² SWAIN 2007, 169–76.

⁴³ ‘They ordered me – and I was in no position to refuse.’ Cf. *How to Avoid Worry* 43 (ed. BOUDON-MILLOT 2008) ‘it was no great thing for me to think little of various losses of possessions like my occupation at the imperial court, which I not only did not want to have then, but tried to turn down not once, not twice, but regularly though fate kept dragging me there by force’; the word for ‘imperial’ (*monarchikós*) has connotations of too much power and clearly refers to the regime of Commodus (who is strongly condemned shortly after, cf. 54 ‘I trained my thoughts to contemplate losing everything’).

⁴⁴ Leiden version ch. 1 A12 and ch. 49.

⁴⁵ Cf. Philostratus, *Lives of the Sophists* 622: Philiscus ‘attached himself to the geometers and philosophers around [the dowager empress] Julia’.

⁴⁶ The reminder at *Political Advice* 813e–f that the ‘boots’ of the proconsul on his tribunal are ‘above your head’ and that you should listen to him as actors do to a ‘prompter’ is a striking and undeniably negative view of the realities of Roman power.

resulting immigration is only one of the most unexpected negative views of Rome's involvement in the Greek world.⁴⁷ With regard to Rufus, his matter-of-fact observation that the pressure of attendance at court was a factor in the illness of someone he knew is an interesting, indeed original, perspective on the problems Rome could cause. As we shall see shortly, Plutarch observes that being obliged to dine with the emperor could be bad for your health; but he does not go as far as actually stating that it had contributed to anyone's death.

In Case 16 (F71) Rufus treats a forty year old who became ill as a result of dining late. The reason was that he 'used to attend *maġlises* ('meetings'), sitting there for a long while, so that he would eat later than the [appropriate] time⁴⁸...First of all, vertigo affected him, when he was late in eating...[then] dyspnoea befell him...[finally] his situation deteriorated into epilepsy.' Rufus cured him by regulating his diet and persevered in the treatment until the disease disappeared. 'I ordered that he should not eat late after this, but rather take at lunchtime bread soaked in warm water, and in the evening he should eat what he was used to. For the rest of his life, no attack occurred.' The medical cause of the problem was that a viscous humour had accumulated in the patient's stomach because he ate later than he should have. The humour produced melancholy. It is clear that Rufus is speaking of a problem following evening meals and of something that happened regularly (§12 'each time that he ate late'). The implication seems to be that the late meals were part of the *maġlises* he attended. If that is right, *maġlises* may represent Greek symposia, though we would expect a qualifier like 'wine',⁴⁹ or a more general term like *sunhédria*. If the latter, we may suppose the meetings had some cultic or political function, such as attendance at the city council's executive board in the *prutaneïon* (town hall) where a dinner (*deîpnon*) would be served after the meeting.⁵⁰

Control over what goes into the body, and when, is as much a moral as a medical concern. Thus Rufus' command 'I ordered he should not eat

⁴⁷ Leiden version ch. 35. Unexpected: Polemon came from a family which had done very well by supporting Rome. Discussion in SWAIN 2007, 197–200.

⁴⁸ Cf. ULLMANN 1978b, 102 'Ein Mann pflegte an Sitzungen teilzunehmen, während dieser lange zu sitzen und daher seine Nahrung später als zur rechten Zeit einzunehmen.'

⁴⁹ Cf. Bryson 132 ed. PLESSNER 1928 'the boy must not attend *maġlises* of wine' (*maġālisa l-nabīdi*; cf. WGAÜ s.v. συμπόσιον).

⁵⁰ Cf. the common phrases ἐν πρυτανείῳ δειπνεῖν, ἐπὶ δεῖπνον εἰς τὸ πρυτανεῖον καλεῖν, etc.: LSJ s.v. πρυτανεῖον. Remains of *prutaneía* show they were equipped with kitchens.

late' is designed to reform his patient's social habits.⁵¹ As we shall see, Plutarch's *Advice on Health* has specific recommendations about the right time for talking and eating and notes problems resulting from failure to allow proper digestion of one's food before bed. Plutarch also mentions the problem of occasions 'necessitating a rather late dinner'. Although he is speaking of the symposium format of discussion and entertainment, about which his own *Table Talks* (Συμποσιακά) gives us so much information, the late dining of Rufus' man is comparable. We may assume that the patient was a local notable with a busy diary. Rufus offers a sensible solution to his trouble: diet at lunchtime and continue eating as normal in the evening but at a regular hour. We cannot tell if that meant staying at home.

Before turning in detail to Plutarch's advice about such situations and the illustrations it provides for understanding Rufus, we must consider the third of Rufus' histories, Case 5 (F70), for here too social choices about eating are the issue. In this example, though, the patient's problem is not late food but the self-imposed lack of it. In the Arabic he is called an 'ascetic (zāhid)',⁵² who is 'squalid (in appearance, *mutaqāṣṣif*)'⁵³, and 'fasted'⁵⁴ for long periods of time.' As a result of this, 'damage to his thoughts ensued, and he formed [unfavourable] opinions about himself'. Fasting was a common feature of pagan religious and philosophical life,⁵⁵ and the medical effects of fasting are occasionally discussed.⁵⁶ Rufus (or his translator) gives no context here. All we are told about the patient is that he was cured. His abnegation and dirtiness recall stock images of the

⁵¹ The word for 'diet', *tadbīr* (§§7, 19), like Greek *dīaita*, covers more than just food.

⁵² *zāhid*, implying self-abnegation, denial of appetite, etc.: Greek ἀσκητικός, ἐγκρατής, ἀστηρός, *vel sim*.

⁵³ *mutaqāṣṣif*: ? ἀύχμηρός, 'squalid', ὄυπαρός, 'filthy' (or their cognates), which are both used of ascetics. ULLMANN 1978b, 74 'tötete seine Begierden' interprets rather than translates. For squalidness as the basic sense, cf. e.g. Zabīdī, *Tāğ al-'arūs*, vol. 16 (Kuwait edn. 1987), under *q-ṣ-f*.

⁵⁴ *ṣaum*: νηστεία ('fast') or ἀσιτία ('foodlessness') (cf. *WGAÜ* Suppl. under νηστεύω and ἄσιτος). Greek medical writers on the whole use these terms invariably; for non-medical writers the latter clearly had a technical feel and was therefore preferred in medical contexts (so Aristides, the second-century AD author, uses ἀσιτία only in the famous account of his psychosomatic illness, the *Sacred Tales*).

⁵⁵ Cf. above p. 107 on STROHMAIER's suggestion that a Christian or a member of a Gnostic group may be indicated here (and therefore Rufus' authorship could be in doubt).

⁵⁶ 'Whenever we fast...' (ὅταν οὖν νηστεύσωμεν): Plutarch, *Table Talks* 6.1 'Why those fasting are more thirsty than hungry', at 687a. This discussion continues in medical mode at 6.2–3, but fasting for non-medical reasons is the point of departure (cf. 690a–b on the endurance of those who 'starve themselves to death').

Cynic philosopher;⁵⁷ but any man of virtue could be expected to adopt such a persona.⁵⁸

It is tempting to illustrate the sort of patient Rufus was dealing with from Philostratus' account of the sophist Aristocles of Pergamum. Aristocles came from a 'family of consuls' and was himself suffect consul in the later second century.⁵⁹ But as a young man he had 'dropped out' and devoted himself to Peripatetic philosophy: 'as long as he was practising philosophy, his appearance was squalid, his image shabby, and his clothes dirty. But he then began to take very good care of himself, discarded his squalid ways and introduced into his lifestyle (*diáita*) all the pleasures one can have from lyres, flutes, and the beauties of the voice (*euphōníai*)'. Tacitus' remarks about his father in law Julius Agricola as a young man offer a parallel.⁶⁰ For obvious reasons, philosophers tended to be drawn from the educated classes, and this explains why the figure of the philosopher was so important in the imagination of the elite and why the critical stance philosophers adopted was allowable and welcomed. It would be nice to imagine that Rufus' patient was not dissimilar to Aristocles and Agricola and that he too reentered polite society after recovering. Whatever actually happened, this case history is a unique testimony to the problems of the philosophical life, for in our sources the pagan ascetic remains happy and free in his mind despite his bodily privations.⁶¹ Here in contrast we have a philosopher who embarrassingly had to resort to a doctor when philosophy proved seriously bad for his mental and physical wellbeing.

Rufus and Plutarch

The health of philosophers, the social pressures of eating out, and the appropriate intellectual activity for evening time and evening dining are

⁵⁷ Epictetus, *Enchiridion*, 3.22.45 'having nothing, naked, homeless, without a hearth, squalid, etc.'; Julian, the Apostate, *Against the Uneducated Cynics* 198a 'his hair squalid, hollow-chested, his cloak utterly unsuitable in such terrible weather'.

⁵⁸ Cf. Philo, *The Worse Attacks the Better* 34 'lovers of virtue...destitute of life's necessities...filthy, pale, skeletal, staring at hunger because of a lack of food (ὕπ' ἀσπείρας), totally ill (νοσηρώτατοι), practising to die'.

⁵⁹ CIVILETTI 2002a, 538.

⁶⁰ *Life of Agricola* 4.4 he would have indulged in 'philosophy...more than was allowed for a Roman and a senator, if his mother's good sense had not disciplined his infatuated mind'.

⁶¹ It is not until the rise of Christian hermits in the fourth century that we begin to hear of the severe mental agonies of being alone and destitute before God; Evagrius' *Praktikos* and *Antirrhetikos* are the classic texts; see also below, pp. 181–3.

topics addressed in Plutarch's *Advice on Health* (Υγιεινὰ παραγγέλματα), to which I now turn.⁶² No other non-medical author of Rufus' period is as interested in medicine as Plutarch. Not a few of his friends and acquaintances were physicians and allusions to medical knowledge and practice occur frequently throughout his works.⁶³ This, however, is the only treatise dedicated to health matters.⁶⁴ It is well known that Galen thought a doctor must also be a philosopher. Plutarch's *Advice on Health* argues that a philosopher must 'be interested in medicine' (122d).⁶⁵ Formally *Advice* is a dialogue between his friends Moschion, a physician, and Zeuxippus, a Lacedaemonian with philosophical and ethical interests, and recalls a conversation of 'yesterday'.⁶⁶ Plutarch has in his sights a physician called Glaucus who had ridiculed his views, and there is no reason to doubt Glaucus' existence any more than that of Moschion and Zeuxippus. Glaucus' opinion is that medicine and philosophy have nothing in common. Moschion, as befits a friend of Plutarch, takes the opposite position, and Zeuxippus then recounts what 'our friend' (i.e. Plutarch) had said to arouse Glaucus' scorn, and how the discussion proceeded after Glaucus stormed off.

Plutarch is reported as having put forward the view that when we are healthy we should accustom ourselves to the plain diet physicians recommend to the sick. We shall learn thereby to control our appetite 'quietly' and refrain from boasting about our 'abstinences'.⁶⁷ Plutarch normally follows Aristotle's idea that habituation is a crucial part of character formation and brings out qualities which otherwise lie dormant. So in this case, learning to eat plainly will allow us to avoid excess 'when we have on hand an impending festival or a visit from friends, or when we are

⁶² See CORVISIER 2001, with some errors (e.g. 'Glaucou' for Glaucus); of older work the short dissertation of BÖHM 1935 is still of some use. Date: *Advice* was certainly written after the death of the emperor Titus (123d, cf. 124c), but it may be possible to go further. At 136e Plutarch disagrees with Tiberius' dictum that (as he reports it here) sexagenarians should not use doctors. The remark is also quoted in *Old Men in Politics* (794b), which is certainly after AD 100. The original comment (Tacitus, *Annals* 6. 46) had it that men 'after the age of *thirty*' should not need a doctor to tell them how to be healthy. Plutarch's alteration suits the context of *Old Men in Politics* very well, and if one takes account of the professional, older audience he is addressing in *Advice*, a late date for this essay is also likely.

⁶³ BOULOGNE 1996.

⁶⁴ But cf. n. 73.

⁶⁵ The word used here, *philiatreîn*, is rare and mostly restricted to medical writers. Cf. especially Galen, *Healthy Living* vi. 269 K (= *CMG* v. 4.2, p. 118) where the intended audience is educated men who are 'interested in medicine' (*philiatroî*),

⁶⁶ Both men are known from other works. On Zeuxippus see PUECH 1992, 4891–2 for epigraphical evidence of the family.

⁶⁷ A charge thrown e.g. against Cynics.

anticipating a king's or a governor's banquet and a social engagement⁶⁸ which we cannot refuse'. These are the 'obligations of governors inviting us or guests turning up'. We must stand our ground, and not be put upon and then run the risk of 'pleurisy or brain fever' because we are afraid of getting 'a reputation for boorishness' if we don't go (123b–124b). In several of his essays Plutarch addresses the problem of what he calls being 'discouraged' or being forced to say 'yes' when one wants to refuse and should refuse. This is what he calls here and elsewhere *dusōpía*.⁶⁹ The word is old but this sense of it does not feature in the Hellenistic moral vocabulary and it seems that Plutarch adopted it to name a problem of his own day; a special work was devoted to the topic (Mor. 528c–536d). Plutarch's peers were caught in a web of social responsibilities and pressures from above (including the emperor and the court⁷⁰) and from below, and standing up to that pressure is an urgent theme in many of his works. Here in *Advice on Health* the focus is on the medical consequences of psychological and moral weakness in public and private life.

Food is a particular concern. Too much will be indigestible. External causes of disease, says Plutarch, are easily dealt with 'if the blood is light and the *pneûma* is pure'; but 'if there is superfluity, a sort of sediment is stirred up and turns everything foul'. We must be on the lookout for 'feelings of indigestion and problems with movement' (127c–d).⁷¹ The language here is very medical.⁷² Plutarch advances the idea throughout that a man 'must examine himself' to check whether 'sex, food, baths, and wine' may not bring on 'phlegm' and 'bile' and 'disturb (the body) and cause complete disorder' (128e).⁷³ We must observe changed responses by our body to food and exercise, detect a strange pattern of sleep, abnormal dreams, 'illicit and unusual imaginings', 'abundance or viscosity of humours, or disturbance of the *pneûma* within'. Disturbances of the soul may reveal disease. In such cases the sick will be suffering 'irrational attacks of despondency, and fears...suddenly extinguish hopes. In addition, during angry moods they are full of bile (*epícholoí*),

⁶⁸ συμπεριφορά: see Epictetus 3. 16, 4. 2 for discussion of the term.

⁶⁹ There is no good modern equivalent and various translations in modern languages have been proposed along the lines of 'bashfulness', 'false shame', 'compliance', 'embarrassment'.

⁷⁰ *On Dusōpía* 531b, 533e.

⁷¹ Plutarch explains what he means by glossing his phrases with Hippocrates, *Aphorisms* ii. 5 βαρότητες καὶ κόποι, κτλ. (where, however, only κόποι is read in the transmitted text).

⁷² Cf. Rufus **F11** § 10 'why do they constantly suffer from indigestion? Because their body is turbid and full of superfluities, etc.'

⁷³ Self-examination: note the lost *On My Own Body*, Lamprías Catalogue no. 109.

sharp, and petty'. 'One must examine' the cause of these changes. If they are not psychological,⁷⁴ they are physical and the body is in need of 'a reducing diet (*hypostolḗ*) and of "re-tempering" (*katákrasis*)⁷⁵' (129b–c).

These symptoms (changed sleep, bad dreams, delusional fantasies, hope followed by depression, excessive anger), their causes (indigestible food leading to concretion of the humours and excess phlegm and bile), and the cure (the 'thinning diet', and the need to rebalance the humours) recall much of what Rufus says about the diagnosis and treatment of melancholy. Rufus lays great stress on problems of sleep (**F 67** § 20; **F 68** § 6), dreams (**FF 29, 35**) and delusions (**F 6**; **F 11** §§ 1–9, 24; **F 13**; **F 67** §§ 9–12, **F 68** § 6), despondency and fear (**F 13** § 2; **F 14** § 4; **F 15**; **F 17** § 5; **F 35**; **F 73** § 7), and angry behaviour (**F 11** § 24; **F 14** § 4). Likewise, his 'intelligent physician usually knows how to distinguish a malign state of the soul, despair and worry occurring at the onset of melancholy from affections caused by something else' (**F 15**). Diet and rebalancing of the humours and restoring the *pneûma* are central parts of his therapy. Oddly, Plutarch does *not* name melancholy in *Advice on Health*. But earlier in the work he characterises the problem as 'pleurisy or brain fever' (124b), and melancholy was widely associated with 'brain fever' because of its symptoms,⁷⁶ and with pain in the ribs.⁷⁷ And when Plutarch speaks of 'irrational attacks of despondency, and fears..., [and] angry moods' as indicative of the *nósos*, 'disease', what else can he be thinking of?

The social environment responsible for this type of illness is what really interests Plutarch. When you visit a sick friend, 'do not display your acquaintance with medical terminology and literature', but find out what sort of lifestyle caused him to become ill: 'quantity (of food), sunning himself, fatigue (*kópos*),⁷⁸ not sleeping, particularly his *diáita*' (129d). The friend is a member of polite society, of course, and it is to

⁷⁴ Adopting the reading ψυχικόν with the great Plutarchan editor Wyttenbach (the MSS offer πνευματικόν 'to do with *pneûma*').

⁷⁵ Retaining the reading of O. The editors of the Teubner text, PATON and WEGEHAUPT, preferred the old suggestion of κάθαρσις, comparing Mor. 286e; but this passage is not relevant.

⁷⁶ Plutarch, *Progress in Virtue* 81f; Galen, *Powers of the Soul* iv.788, 13 K; *Affected Parts* viii. 156, 14 K '[memory loss in] melancholy, brain fever, mania, lethargy, torpor, seizure, catalepsy'; Rufus **F 37** § 1 'brain or hypochondriac region', **F 8** § 3 'brain fever is caused only by a great quantity of bile in the stomach, because of which the brain is damaged'.

⁷⁷ Rufus, **F 28** § 6 'coughing is provoked'; **F 67** § 1 'pain between his ribs'; **F 6** § 1 'region beneath the rib-cartilage'.

⁷⁸ The term often implies preceding activity or exercise (cf. esp. Galen, *Healthy Living* Bks 3 and 4).

such people – the public speakers (rhetors and sophists) and politicians – and what they should eat that Plutarch now turns. He begins with exercise and the bathing that follows it, focussing on the benefits which voice training, walking, and heated water offer to the digestion. He exemplifies what happens when intellectual activity pushes the body beyond its limits by citing the sorry tale of the over-ambitious sophist ‘our Niger’ who insisted on declaiming with a fishbone still stuck in his throat.

Plutarch then comes to the topic of indigestion caused by eating too much meat,⁷⁹ and makes recommendations about drinking wine with water.⁸⁰ Like Rufus, he is well aware of the benefits and limits of intellectual activity. When an intellectual (*philólogos*) and cultured man (*philómousos*) finds himself ‘at an occasion necessitating a rather late dinner’,⁸¹ concentrating on ‘a mathematical problem which has been set, a little book, or a lyre’ will prevent him being ravaged by his belly (133a).⁸² So as not to eat too much, *philólogoi* will pursue a suitable topic of philosophy. Avoiding ‘headache- or fatigue-inducing’ subjects, they will talk history, or tell stories for as long as it takes for digestion (*pépsis*) to occur before sleep (133a–f).⁸³ The emphasis on self-control is reinforced with a strong condemnation of purging and vomiting unless absolutely necessary (as doctors often felt they were), and of set periods of fasting (along medical lines) (134b–135d).⁸⁴ The theme continues in the final section on men in politics. The strains of pursuing glory one minute, then relaxation the next, are serious, for suddenly the body ‘is thrust into the political arena, (the governor’s or emperor’s) court (*aulḗ*), or some business matter’ straight after sex or wine (136b). A man must know his own body and not have to ask a physician how to be healthy (136e–137a). People don’t often make a mistake, says Plutarch, in seasoning their broth, but they do when they ‘season themselves’ and therefore provide ‘plenty of business for the doctors’.⁸⁵ They mix ‘bitter and pungent’ flavourings into broth (137b). Taking this up, we *philólogoi* and *politikoí*, he says, do not have the excuse peasants do of being focussed on the details of their labours: our details are ‘the rather pungent ones of literature and mathem-

⁷⁹ Rufus, **F 17** § 13 avoid ‘tough meats’. A vegetarian diet was closely associated with control over the passions (cf. Porphyry’s *On Abstinence*), and this is undoubtedly in Plutarch’s mind (cf. his own early work *On Eating Flesh*).

⁸⁰ Rufus, **F 63** § 2; **F 71** § 17.

⁸¹ ἐν καιρῷ δεομένῳ βραδυτέρου δείπνου. For βραδύς as ‘tardy’, ‘late’, see *LSJ* s.v.

⁸² On the lyre cf. above p. 128.

⁸³ Similar advice on topics of conversation at dinners is found at *Table Talks* 1. 1.

⁸⁴ Cf. 128e–129a against the ‘strict diet’.

⁸⁵ Cf. Lucian, *Nigrinus* 22 flatterers’ unhealthy lifestyles ‘provide good reasons for the doctors’ rounds’.

atics'. If we overdo our 'books, discussions, and lectures', the body will succumb to 'fever or vertigo' (137c–d).⁸⁶

In this final section Plutarch touches on matters very close to the problems of Rufus' patients. The terms *philólogoi* and *philómousoi* signify active participants in the cultural life of the upper class, and for them the problem of late dining is a real one, perhaps even routine. Plutarch's diner knows what to do: he will focus on an intellectual matter to distract his appetite, and after eating he will ensure he does not go to bed before his digestive system has had time to work. Rufus' patient who has been made ill by late eating is simply told to stop late eating. Both Rufus and Plutarch agree on the need to avoid over-working and to let the mind relax. Of particular interest is Plutarch's observation about the perils of dealing with court life. These remarks pick up the earlier comments about the risks of eating too much with the emperor or the governor. For Plutarch the issue is both overeating and the consequent risk of contracting 'pleurisy or brain fever' (124b), and the requirement to deal with a political problem or a summons to the court (136b). In Rufus' Case 16 (F71) the patient's illness is caused by long attendance at court and too much study. Eating is not specified, but is obviously part of the problem. *Advice on Health* also contains advice about fasting which touches on the case of Rufus' ascetic: for Plutarch there is no need to fast too frequently (134f–135a).

Several passages in Galen which offer interesting parallels to Plutarch and Rufus may be considered briefly. Galen wrote a lengthy work on sustaining a healthy lifestyle called *Healthy Living* ('Υγιεινῶ),⁸⁷ which is aimed at an upper class 'Greek' readership wanting advice on diet and exercise.⁸⁸ The carefully calibrated daily regimen is devised for the typical young nobleman (though other ages are discussed) who has slaves, trainers, and masseurs on hand to keep him in good health. But Galen is certainly aware of the restrictions of time and circumstance which prevent his actual readers from following his advice and occasionally expresses this. Ambition and aspiration drive men on so that they 'are slaves to evil mistresses' and fail to care for their bodies, and this, he notes, makes it difficult to advise them (vi.82 K = *CMG* v.4.2, p. 38). Later he comments sympathetically on the real slavery of those who are servants of 'grandees and very powerful people' and must work from dawn till dusk. Of all the emperors he had known, it was only Marcus Aurelius who was 'really sympathetic to the care of the body' and al-

⁸⁶ Cf. Rufus, F 29 § 3; F 45 § 5; F 71 §§ 3, 12, 18.

⁸⁷ See WÖHRLE 1990, ch. 7. The text used here is that of *CMG* v.4.2.

⁸⁸ Cf. n. 65. Audience: Greeks 'and those who were born barbarians in race but strive after the Greek way of life' (vi.51 K = *CMG* v.4.2, p. 21).

lowed ‘those who waited on him (*hoi paraménontes*) for his daytime needs’ to depart in good time to look after themselves (vi.405–6 K = *CMG* v.4.2, p. 178). Although the comment concerns the emperor’s retainers rather than the courtiers, there are parallels with Plutarch’s and Rufus’ observations about the implications of court life for health. In a related work on diet, *Good and Bad Humours*, Galen observes how career soldiers and politicians ‘are slaves the whole day long’ to work and never stop to care for their health (vi.810 K = *CMG* v.4.2, p. 426). Other men do not have time to exercise before meals or digest their food properly because they have to spend all day with the ‘very powerful’, turning up to levees before daybreak,⁸⁹ accompanying them when they go to the baths, escorting them on the way home, and dealing with their stressful business concerns. Unless there is continual medical intervention through evacuations, purging, and prescribed drugs, ‘it is impossible for such men to remain free of disease’ (vi.758 K = *CMG* v.4.2, p. 393). ‘Those who run provinces or cities, and even more their servants, not to mention men at war or on long journeys’, receive special advice to fit their busy lives (vi.813 K = *CMG* v.4.2, p. 428). But Galen knew that work could override any advice. In *On Venesection, Against the Erasistrateans at Rome* he recalls the case of the epileptic grammarian Diodorus who suffered from fits if he became too engrossed in his texts and went ‘without food’ (*ásitos*). Galen cured him by advising on a regular snack and making him take care to digest his food thoroughly. Even so, he was once detained ‘in the market place without food until midday on account of a political matter (*chreía politiké*) and fell into an epileptic fit’ (xi.242 K). Like Rufus and Plutarch, he remarks several times on the dangers of too much intellectual work.⁹⁰ The case of Diodorus reminds us that the educated were quite likely to be involved in civic business which could take priority over health. Unlike Rufus and Plutarch, Galen’s conceitedness makes him remark that he had spent years ‘at the service of friends, relatives, and fellow-citizens’, as well as working all night for the sick and for ‘the glories of *paideía*’, and yet he remained well because he understood ‘the theory of health’ (*Healthy Living* vi.308 K = *CMG* v.4.2, p. 136). But he was sensitive to the pressure on others, like the man who was ‘a great worrier’ and feigned intestinal pain rather than attend the meeting to which he had been summoned by his fellow-citizens. Galen

⁸⁹ Cf. n. 40.

⁹⁰ E.g. the unusual case of the orator Aelius Aristides, see Galen, *On Plato’s Timaeus* (*CMG* Suppl. 1 ed. SCHRÖDER, pp. 33 tr. / 99 txt); or *Affected Parts*, iii.7 (viii.165 K) on the man who almost lost his memory and his mind ‘through his addiction to hard work and going without sleep in order to study’.

saw through him, but was kind enough not to let on.⁹¹ As for the ‘madness of those thronging the emperor’s court’, he could tell a friend that he was well out of it (*How to Avoid Worry* 50 ed. BOUDON-MILLOT 2008).

Concluding Thoughts: Melancholy and Society

Although Rufus’ emphasis on thinking as a cause or symptom of melancholy (**FF 33–4, 36**) is distinctive, it accords very well with an age which placed such great stress on male self-presentation as intelligent and possessing education or culture (*paideía*). Melancholy interfered with these social requirements and, specifically, it caused mental disturbances. ‘The most important symptoms of the whole syndrome’, said Galen, had been identified by Hippocrates as ‘prolonged fear or depression’.⁹² Galen agreed: the most characteristic thing about the illness was ‘damage to the mind’ (*Affected Parts* viii. 188 K; below, p. 281).⁹³ As we see from Rufus and others, melancholy’s psychological symptoms altered social behaviour, and this involved ‘friends, relatives, and fellow-citizens’ (to use Galen’s words quoted above). This aspect of the disease inserted it into social life with greater force than many other illnesses. And this fact is what made melancholy of interest and of use to a moralist like Plutarch or a satirist like Lucian. It was surely also a factor in Rufus’ own interest, for we know from Rufus’ *Medical Questions* (Ἐρωτήματα ἰατρικά) that he laid particular emphasis on knowing his patient’s ‘way of life’ or ‘habits’ (ἔθισμοί).⁹⁴

In interpreting the relationship between Rufus’ medical interests and the society around him, we are extremely fortunate to have the case histories. They are an excellent expression of his belief in knowing the whole patient. In *Medical Questions* Rufus insists that we should ask the patient and those around him about his life before and during the illness. As a good Hippocratic, Rufus stresses the need to ask questions appropriate to specific localities.⁹⁵ Only a few examples are quoted in this work

⁹¹ *Second Commentary on Epidemics* ii, *CMG* v. 10.1, pp. 206–7 (Pfaff’s translation from the Arabic; the anecdote is partially preserved in Greek as the fragment called ‘How to test those who pretend to be ill’, edited in *CMG* v. 10.2.4, pp. 113–16).

⁹² Citing *Aphorisms* vi. 23 ἦν φόβος ἢ δυσθυμία πούλων χρόνον διατελέη, μελαγχολικὸν τὸ τοιοῦτον. See VAN DER EIJK 2000a–1a, ii. 221 on Galen’s criticism of Diocles of Carystus at this point.

⁹³ τὸ βλάπτεσθαι τὴν διάνοιαν. For the phrase as a social insult, see Polemon (Adamantius) ch. B21 ad fin.

⁹⁴ *CMG* Suppl. 4 (ed. Gärtner), text and German translation; there is no English version. See **F 72** and commentary.

⁹⁵ p. 44 (§ 63) ‘by nations’, perhaps ‘by provinces’ (κατὰ ἔθνη).

but the pattern recalls *Case Histories*, since in *Medical Questions* we also find cases where Rufus observed a failure to treat properly and cases where he was called in and made the correct diagnosis. ‘You could tell thousands of histories like these’, he remarks at the end of the work.⁹⁶ In *Case Histories* itself most of the histories do not offer interesting social information, but in a few instances we are able to see how social practices and settings affected people – the imperial court, the dinner party, asceticism – and to learn where norms of social engagement did not suit everyone.

To be somebody in Rufus’ day meant having good physical and mental health. Melancholy attacked a man’s ability to perform as a man in control of other men and not least in the crucial area of language. The cure, as we see it in Rufus, was careful control over lifestyle. Medical regimen (*díaita*), for sick patients or for healthy ones, is first discussed by the Hippocratics, and this legacy is most important to Rufus. But we should not ignore the contemporary dimension. Medical diet should certainly be seen as part of his period’s obsession with observing and regulating conduct. Here the doctor comes very close to the moralist. Plutarch’s essay on keeping healthy warns principally against self-indulgence and against indulging others at one’s own expense. His agenda is to see that medicine is used understandingly (*philiatreîn*) by the educated. Rufus’ physiognomical description of the melancholic is closely associated with his description of his patient’s moral behaviour, and contemporaries would have read it from a moral perspective. His reform of patients’ *díaita* (Eat this for lunch, Don’t eat late) is both medical and moral.

If we return to the differences between Rufus and the Aristotelian *Problems*, it is clear, as I have already remarked, that the focus in Rufus on intellectual activity *per se* has a contemporary resonance. In general he follows *Problems* closely by arguing that the melancholic temperament often leads to physical or mental disorder. He goes beyond Aristotle in making concentrated thought a cause of the disease also. But this is not so very different from *Problems*. That ‘Maracus of Syracuse was an even better poet when he was mad’ (954a39) was due to the fact that his bile was hot and ‘close to the thinking part (ἐγγύς [...] τοῦ νοεροῦ τόπου)’. It is surely not far from here to the belief that overuse of the brain *brings on* melancholy. What of the people who suffer from the disease in Rufus? Are they so different from those imagined by Aristotle? Could they be qualified as ‘outstanding’ in philosophy, politics, poetry, and the *téchnai*? The evidence is slim, but in the three case histories that have been reviewed here, there is almost certainly a philosopher (the ascetic), though

⁹⁶ p. 46 (§ 70).

we can say nothing of his standing. The mathematician present at court must count as a major intellectual with high political as well as high intellectual credibility. As to the man who dined late, there is no telling what kind of status or qualifications he enjoyed; but he was plainly a someone in his own society and ‘different from the rest of the world’, as the Aristotelian writer puts it (954b2). With regard to Ps.-Aristotle’s class of ‘poets’, what remains of Rufus offers no clues. But is worth remarking that poetry was an integral part of *paideía* and the ability to compose quality verse was an expected attribute of an educated man or woman.⁹⁷

Aristotle had performed the vital service of giving intellectuals a disease they could call their own.⁹⁸ Melancholy did not affect fishermen and cowherds, for the labours of peasants, as Plutarch observed, are healthier than those of their betters. Rufus did not demur here. It is true that the general widening of the definition of ‘educated’ within the elite (because of the social pressure of being seen to be educated), and the near equivalence of the crucial performative term *paideía* with desired and allowed social-political behaviour, strike a different tone from the age and the focusses of Ps.-Aristotle. But the differences are not categorical. Plutarch states that *Problems* is about ‘great natures’; there is no reason to suppose he thought his own time was devoid of these.⁹⁹ We should remember in general that Plutarch’s and Rufus’ age did not consider itself less creative than previous eras but rather a continuation of the glories of the past. Cultural confidence was very much in evidence, and the expectations it engendered were considerable (and dangerous). As ever, achievers were rewarded handsomely. But ambition and the pursuit of glory took their toll. Political and social life for the elite, as we see it in Polemon’s *Physiognomy* in the mid-second century, could be brutal. Plutarch’s and Dio’s attempts at the start of the century to confront ambition and to tackle the social and individual unhappiness it caused tell the same story, albeit from the more optimistic perspective of philosophers bent on improving the world. Rufus would have known all this well enough. We may assume he was brought up in circles with similar expectations and similar solutions. If, as I have suggested, the *Suda* was drawing on Statilius Crito when it recorded that Rufus was ‘with Crito’, he will have experienced life at court. Even if it is wrong, it would hardly be a radical assumption: the mathematician who suffered from his experience with the emperor was someone Rufus had known or known of for a long time. Rufus observed the pressure on the educated classes of his day. His geni-

⁹⁷ See BOWIE 1989, 1990, 2004 for discussion and bibliography.

⁹⁸ Cf. also Theophrastus’ lost volume *On Melancholy* (Diogenes Laertius, *Life of the Philosophers* 5. 44). We may assume similarities with *Problems*.

⁹⁹ Cf. *God’s Slowness to Punish* 552c.

us was to recognise their interest in melancholy by giving the disease a makeover and providing it with an up-to-date and full length account which subsequent generations would take as the starting point for their own discussions.

Rufus of Ephesus in the Medical Context of his Time

VIVIAN NUTTON*

Rufus – His Work and His Life

As we have seen in the previous chapter, literary, epigraphic and archaeological sources combine to give us a broad general account of the social and intellectual world of Rufus. We are less well informed about his medical context, for two main reasons. The extant medical writers of the period immediately before Rufus, Cornelius Celsus, Scribonius Largus, and Pliny the Elder, have a Western focus, writing mainly in Latin for a Roman audience. Celsus and Pliny are ostensibly summarising past authors for the benefit of their Latin readers. They are less interested in what is taking place in the contemporary world of Asia Minor. Pedanius Dioscorides, the Greek author of *Materia medica*, is more informative about medicine in the Eastern Mediterranean, but his concentration on medical substances, and his deliberately concise style, still leave out much of the background that would have been familiar to his readers. Secondly, as we shall see, the overwhelming survival of the writings of Galen of Pergamum, a generation or more after Rufus, imposes a Galenic perspective on all that preceded him.

But there are also reasons peculiar to Rufus that render it difficult to put him in context. Rufus rarely mentions himself or locatable cases in his surviving writings, even when they are extant in full. Moreover, many tracts have been lost in part or in whole in the complex process of transmission, and we are thus robbed of even that level of personal detail. The standard edition of his writings, edited by Charles Daremberg and Émile Ruelle in 1879, prints works in Greek, *On the Diseases of Bladder and Kidneys; On Satyriasis and Gonorrhoea; On the Names of the Parts of the Body; Medical Questions*; as well as short texts *On the Pulse and Bones* of doubtful authenticity.¹ The same volume also includes a medieval Latin version of his treatise *On Gout*, of which a better translation has been recovered from Arabic, along with one *On Jaundice* and some

* I am grateful for comments and criticisms to David Leith, Peter E Pormann and Manuela Tecusan. I have deliberately kept annotation to a minimum, particularly in citing secondary sources. Fuller references can be found in ANRW ii. 37.2, and in the notes to NUTTON 2004.

¹ D-R.

case histories. But most of what Rufus wrote survives only in the form of extracts in Greek, Syriac or Arabic from 102 separate works, and covering almost everything in medicine from the cradle to the grave.² But it is hard, if not impossible, to tell whether ‘Rufus, on laxatives’, a typical heading in a later compilation, indicates a separate work or, more likely, an extract on this theme taken from a much larger work. But even if this explanation holds for the great majority of the works listed by Daremberg-Ruelle, there can be no doubt of Rufus’ productivity or the great range of his interests.

Rufus has fallen prey also to the suffocating friendship of Galen (129–216/17). Whereas many opinions of Galen’s opponents can be recovered from among his abundant polemics, he rarely bothers to acknowledge his debt to those who espoused the same tradition of Hippocratic medicine. It is thus difficult to be sure precisely what he took from Rufus, whom he cites approvingly. In his turn, the eirenic Rufus rarely mentions his predecessors, either for praise or blame. Rufus’ place as a distinguished medical man of Antiquity is assured, but what precisely that place was remains obscure.

Even his date of birth is controversial, for there are at least two possibilities, a generation or more apart. A Byzantine dictionary says that he was a contemporary of Titus Statilius Crito, a writer on pharmacology and history, and doctor to the emperor Trajan (98–117). But Servilius Damocrates, who composed a pharmacological poem and who is known to have been active around AD 50, refers to another pharmacologist called Rufus as if he was already well known.³ Identification with Rufus of Ephesus is tempting, not least because Rufus of Ephesus also wrote a poem on pharmacology of which Galen preserves a few lines.⁴ But the name Rufus is not uncommon, and is borne by another pharmacologist, Maenius or Mennius Rufus, who is cited by a writer active around AD 90, and who may or may not be our Rufus.⁵ Dating Rufus of Ephesus to the age of Claudius and Nero would make him a contemporary of such distinguished writers on pharmacology as Damocrates, Andromachus the Elder, doctor to Nero, and, most famous of all, Pedanius Dioscorides,

² D-R, pp. xxxiii–xxxix. The problems of identification are discussed by ILBERG 1930, and by ULLMANN 1974, 1975, 1994.

³ *Suda*, p 241; Damocrates, cited by Galen, *On Antidotes*, xiv. 119 K, calling him ‘an excellent man, skilled in his art’. Damocrates’ dates are assured by Pliny the Elder, *Natural History*, xxiv. 28.43; identification is strongly urged by KUDLIEN 1975.

⁴ Galen, *Mixtures and Powers of Simple Drugs*, xi. 796 K.

⁵ Me(n)nius or M(a)enius Rufus is cited in a recipe given by Asclepiades’ *Pharmacion*, in Galen, *Composition of Drugs by Kind*, xiii. 1010 K. Neither *nomen* is yet found among Ephesian names. The mention of Rufus as ‘a recent doctor’ by Galen, *On Black Bile*, v. 105 K (F 3), is too vague to bear any weight.

whose *Materia medica* became the bible of medical botany for a millennium and a half. The later date would put him closer to the Alexandrian teachers, anatomists and Hippocratic commentators who influenced Galen, as well as make him a coeval and compatriot of the great Methodist writer and gynaecologist, Soranus of Ephesus.

Ephesus and Its Medical Milieu

The city of Ephesus, where Rufus was born or lived for much of his life, provides one context for understanding his medicine. After the disastrous conflicts and civil wars of the first century BC, Ephesus had risen again to become the leading city of the Roman province of Asia. It had achieved this eminence in the face of stiff competition from its neighbours, Smyrna and Pergamum. Its mainly Greek inhabitants celebrated their success, and their loyalty to Rome, with a lavish building programme and honours for emperors and governors. Indeed, throughout Rufus' lifetime, the city must have resembled a large building site, with temples, monuments, even a library going up in the centre, as well as sumptuous houses for the wealthy and the redevelopment of its harbour and markets. All this was a visible sign of the prosperity that Roman rule might bring to its loyal subjects, and a source of pride to its citizens. Rufus came from a wealthy family, and if he is identified with Mennius Rufus, his family had either immigrated there from Italy years before or were Greeks who had obtained the relatively rare privilege of Roman citizenship. He had a standard education in the Greek language and the literary classics, witness the elegant way in which he could put a recipe into verse, and perhaps knew some Latin. But, unlike Galen and two Ephesian near-contemporaries, Lucius Fonteius and Claudius Zosimus, he does not seem to have come to Rome.⁶ If he had, his reaction might have been similar to that of Soranus, whose sole mention of Rome is critical of Roman methods of bringing up children.⁷ But Ephesus, a booming city and a centre of Greek culture, could well have provided Rufus with all he needed both intellectually and financially. The lure of Rome may not have seemed so attractive to a wealthy Greek as it does to historians writing centuries later.

A variety of references on Greek inscriptions illuminate the medical life of Ephesus in the second century.⁸ Many of its leading doctors and

⁶ SAMAMA 2003, nos. 474, 468.

⁷ Soranus, *Gynaecia*, ii. 44.

⁸ The inscriptions of doctors from Ephesus are conveniently collected by SAMAMA 2003, nos. 201–19, with no. 77, p. 337.

civic physicians met together within the walls of the Museum (Μουσεῖον), a ‘Hall of the Muses’, which they shared with teachers. There they held feasts and met on the occasion of appropriate religious festivals, such as that in honour of the god of healing Asclepius, when they held what might qualify as a medical Olympics. This was an annual competition divided into four classes, *syntágmata*, *problémata*, *cheirourgía* and *órgana* – a precise definition is impossible, but the first pair may relate to pharmacology, the latter pair more clearly to surgery and instruments. The names of the winners in each category, and the presiding officials of each year, were engraved around the walls of the Museum. The walls were also adorned with official decrees, one recording tax privileges given by the Roman triumvirs in 42–39 BC to doctors, teachers and grammarians, and another a decision concerning fees.

The assembled doctors also had other duties. They looked after the tombs of deceased members and honoured distinguished doctors with Ephesian connections. Lucius Atilius Varus served as president when a statue was erected around AD 110 to Statilius Criton, whom we have encountered earlier. Many of the doctors recorded at Ephesus were wealthy, members of the town council or holders, along with members of their families, of offices in temples and in religious and social groups. Some of them belonged to families whose medical roots went back generations, like those of Attalus Priscus, heir to a long line of civic doctors. Several had links with the emperor or his servants, including M. Aurelius Septimius Marinus, who served the emperors Marcus Aurelius and Lucius Verus in the early 160s as a medical masseur.⁹ Others were buried in large tombs, sometimes adorned with a florid inscription in verse. That of Julius, a civic doctor, was looked after by the Jewish community of Ephesus, a hint that he was himself a Jewish immigrant.

Other Ephesians made their names as medical writers besides Rufus and Soranus. Caelius Aurelianus, almost certainly depending on Soranus, mentions a Magnus of Ephesus who wrote at least two books of letters and one on rabies.¹⁰ If he is the same as the Magnus mentioned several pages earlier, he was a Methodist doctor in the late 1st century AD who was the first to discuss catalepsy, and who, in a work entitled *Discoveries Made after Themison* (the founder of Methodism), investigated pulsation.¹¹ But these identifications are by no means certain, particularly if

⁹ WANKEL et al. 1979–, no. 629 (not in SAMAMA 2003 since he is not a doctor): he also held civic office, *ibid.* no. 1135.

¹⁰ Caelius Aurelianus, *Acute Affections*, iii.360.

¹¹ Caelius Aurelianus, *Acute Affections*, ii.57. Magnus of Ephesus should not be confused with the much later (fourth-century ?) author of a treatise *On Urines*, called Magnus of Emesa or Magnus of Nisibis; see the commentary on **FF 75** and **77**.

Galen was speaking precisely when he said that the writer on pulses claimed to be a believer in *pneûma* like Archigenes.¹² At the very least, Magnus' views on pulsation would appear to be very different from those of other Methodists. Moreover, when Caelius called Magnus 'the first among us (*ex nostris primus*)', it is by no means certain that he was referring to the latter's Methodism and not to an origin at Ephesus shared with Soranus, Caelius' main source.¹³ A slightly later Ephesian writer was Heraclides, who invented an instrument for reducing dislocations and possibly a plaster to help cicatrisation.¹⁴

Ephesus in the time of Rufus was thus an extremely lively city whose doctors might not only amass considerable wealth but also participated in intellectual activities of the highest calibre. It was home to writers, sophists, professional stars at public speaking, as well as doctors, with links to the imperial court, the provincial governor, and the powerful aristocrats of Asia Minor. As a Greek cultural centre, it could easily hold its own with Rome, but not, in one significant respect, with Alexandria.

Alexandria

From the early third century BC onwards, Alexandria had held the predominant place in Greek medicine. It was, as one later geographer put it, the foundation of health for all men.¹⁵ Famous physicians, such as Herophilus, Erasistratus, and Andreas, had practised there, and, even though the tradition of anatomical research had died away, if it ever existed as such, Alexandrian teachers and Alexandrian surgeons remained famous. The Roman gentleman-author, Cornelius Celsus, based much of his book on medicine on the discoveries, debates and surgical practices of Alexandria.¹⁶ Its influence stretched all over the Greek world. Heraclides of Tarantum, writing in the early first century BC in Southern Italy, looks Eastwards to Alexandria, not Northwards to Rome, in his discussions on surgery and therapeutics.¹⁷ A century or so after Rufus, Galen was not the only young medical student to make his way to Alexandria, nor was he the last.

¹² Galen, *On Different Pulses*, viii. 646, cf. *ibid.*, viii. 638, 640, and *On Causes of the Pulse*, ix. 8.

¹³ Caelius' phrasing is in favour of a reference to Methodism, and his 'our (*noster*)' almost always refers to adherence to Methodism. But the alliance of pneumatic theory and Methodism is surprising unless Methodism is envisaged as a very broad church.

¹⁴ Oribasius, *Medical Collections* il. 4, 48–50 = *Abridgment* 98, 22.

¹⁵ Anonymus, *Exposition of the Whole World*, 37.

¹⁶ SABBAB, MUDRY 1994.

¹⁷ GUARDASOLE 2000.

The evidence that Rufus stayed at Alexandria is suggestive rather than conclusive.¹⁸ Rufus mentions Egypt and the Egyptians more often than any other region. He notes that their marshes are the healthiest of all the marshes, and the Nile water particularly good. He refers twice to Egyptian clysters as being well suited to the country, with its fiery heat, and calls a condition that occurs in children by the name of ‘Egyptian ulcer’.¹⁹ Clear proof of a visit to Egypt is provided by his reminiscence of seeing an Arab in Egypt who suffered from infestation by the guinea worm, along with his female servant and others, for this, Rufus learned, was a common problem in Arabia.²⁰ Less conclusive is his complaint that ‘recently’ some doctors in Egypt have given new and, in terms of Greek, poor names to the sutures of the skull. This could, however, refer to anatomical teaching in Alexandria, the only place in Galen’s time where anatomy was taught with the aid of a human skeleton.²¹ One ancient testimony appears at first sight to confirm that Rufus had worked at Alexandria. A late Latin author, Vindicianus, who lived around AD 400, declared, in one version of a work oddly entitled *Gynaecia*, that Rufus was among the great writers on anatomy who had practised medicine at Alexandria.²² But his assertion that Hippocrates had also worked there and that he and Rufus had been allowed to dissect human corpses, albeit to see ‘how or why men died’, is clearly wrong, and must cast doubt on the rest of his information. At best, Vindicianus, who may well have taken some of his anatomical information from Rufus himself, only confirms what is already clear from Rufus, that he had visited Egypt and Alexandria.

Anatomy at Alexandria

Galen, a keen student of anatomy, attributed a revival of anatomy ‘in the time of our grandfathers’, that is, around AD 120, to Marinus, a leading teacher at Alexandria. Rufus’ evidence, however, imparts a note of caution as to what this revival entailed, because, some time before Marinus, Rufus was recommending to future doctors that they should combine the

¹⁸ For a discussion of this aspect of Rufus’ life, see ABOU ALY 1998.

¹⁹ Rufus, pp. 298, 342, 300 D.-R.; *Medical Questions*, p. 46 (§ 70); Oribasius, *Medical Collections*, lib. inc. 43, but there ascribed to Galen, cf. PORMANN 1999, 61.

²⁰ Rufus, *Medical Questions*, pp. 44–46 (§§ 65–9).

²¹ Rufus, *On the Names of the Parts*, 133; cf. Galen, *Anatomical Procedures*, ii. 220 K.

²² Vindicianus, *Gynaecia*, pref.: see CILLERS 2005, 166–7, with the discussion on pp. 196–9.

demonstration of surface anatomy on a slave with dissection of animals closest to humans, and reports what he saw in a dissection of a ewe.²³ But Galen may still be correct in his praise of Marinus, for Rufus' little tract on anatomy shows no sign of the substantial anatomical experimentation that Marinus carried out, to judge from the headings in Marinus' major anatomical treatise.²⁴ Rufus' approach is pragmatic: a doctor ought to be able to recognise and name parts of the body, just as a bronze-smith or carpenter can name the different tools of the trade.²⁵ But, rather like his compatriot Soranus, who supported anatomy more for its intellectual cachet than for its usefulness, Rufus' medical practice minimises anatomy.²⁶ Unlike Galen, for whom anatomical knowledge was one of the bases of his medical practice and an essential element in the education of the physician, Rufus' therapeutics, and what little he reveals about his own theories, have little place for anatomy. In this he resembles the author of the pseudo-Galenic *Introduction*, perhaps written in the first half of the second century AD, who talks of Erasistrateans teaching anatomy by naming the parts of the body, just as Rufus did in his own tract.²⁷ The identity of the two names that are mentioned, Apollonius of Memphis and Xenophon, is far from certain, but it is probable that they were active around 250–220, and are included among the 'Egyptians' whose division of the body into four for didactic purposes the anonymous author finds restrictive.²⁸

A partial explanation for the downgrading of anatomy can be found in Rufus' vision of a lost age, 'the old days', when anatomy was better taught through using human bodies.²⁹ How long this golden age lasted is unclear. Herophilus, Erasistratus, and the far less familiar Eudemus had all investigated the interior of a human corpse – and Herophilus and Erasistratus perhaps even a living human body – in the early years of the third century BC. The writer of the pseudonymous Hippocratic tract *On the Heart* seems also to have gained some understanding of the interior organisation of the heart, probably from dissecting animals as well as his

²³ Rufus, *On the Names of the Parts*, 9, 186; cf. Galen, *Anatomical Procedures*, ii. 225 K and *Method of Healing*, x. 980 K, for Galen's teacher demonstrating the internal anatomy of the arm on patients. For this treatise in general, LLOYD 1983, 149–67.

²⁴ NUTTON 2004, 213–4; Galen, *On His Own Books*, iv. 9–33 ed. BOUDON-MILLOT.

²⁵ Rufus, *On the Names of the Parts*, 3.

²⁶ Soranus, *Gynaecia*, i. 5.

²⁷ Pseudo-Galen, *Introduction*, xiv. 699–700 K. A Jena papyrus preserves a fragment of a similar treatise on parts of the body; cf. KALBFLEISCH 1912, no. v. 82.

²⁸ For Apollonius, cf. Pseudo-Galen, *Medical Definitions*, xix. 347. KALBFLEISCH 1912, 193, suggests that Xenophon lived in the fourth century BC before Erasistratus, but this seems unlikely.

²⁹ Rufus, *On the Names of the Parts*, 10.

knowledge of Erasistratus' work. But whether human dissection continued for decades or only a few years or even months cannot be easily determined.³⁰ Certainly there is no secure record of any anatomical discoveries made after 250 BC until the time of Marinus, and Galen cites no anatomical tract from the intervening period. When Rufus notes that his observation on a ewe showed that Herophilus had been wrong to deny the existence of the Fallopian tubes, the implication is that others before Herophilus had believed in them, and perhaps even seen them in animals.³¹ Revulsion at cutting up a human body, the reiteration of older Greek taboos on touching a corpse, increasing difficulties in obtaining new knowledge, the withdrawal of royal protection, and theoretical objections to using evidence from the dead to explain the workings of the living body, all will have hampered the continuation of investigative dissection on the earlier model. But some training in dissection must have continued, for Alexandrian surgery became more sophisticated and more adventurous. The Roman writer Celsus, perhaps writing around AD 30, describes complex operations devised by Alexandrian surgeons, including some that required internal surgery, and fragments of surgical treatises on papyrus from the first and second centuries AD show a considerable advance over what is known of Greek surgery in the fourth century BC.³² A rare survival of Hellenistic medicine, the meditation on the Hippocratic treatise *On Joints* by Apollonius of Citium, datable to the early first century BC, reveals a debate about the possibility of reducing a dislocated thigh that invokes a long tradition of surgical experience.³³ To perform these operations successfully must have required considerable training in methods of cutting and in understanding the organisation of the body, far beyond the limits implied by Rufus.

Hippocratism and Humoral Pathology

A second feature of Alexandrian medicine that is equally evident in Rufus is his Hippocratism, his adherence to theories associated with the 5th-century BC physician Hippocrates of Cos. Rufus was convinced that the

³⁰ For the history of ancient anatomy, see EDELSTEIN 1967, 247–302; NUTTON 2004, 129–39.

³¹ Rufus, *On the Names of the Parts*, 186 = VON STADEN 1989, T 105; see also T 61 and VON STADEN's discussion, pp. 231–3.

³² MAZZINI 1999 provides a detailed commentary on the surgery of Celsus; see also MARGANNE 1998.

³³ Apollonius of Citium, *Commentary on Hippocrates' On Joints*, CMG xi. 1.1, 78–90.

body's health or illness depended on the balance or imbalance of four important constituents, the so-called four humours (or fluids), phlegm (*phlégma*), blood (*haîma*), yellow bile (*xanthè cholê*) and black bile (*mélaina cholê*). Health was the result of an balance of these fluids, although what this balance was differed from individual to individual, from season to season and from age to age. The balance to be expected in an old man in a snowy upland region was vastly different from that in a young girl in a North African summer. This theory, expressed most clearly in *On the Nature of Man*, even if not that of the historical Hippocrates but of his son-in-law Polybus, had come by the first century BC to be firmly associated with the great doctor from Cos.³⁴ It was belief in this theory that distinguished Hippocratics from their competitors and that, as further defined by Galen, was to dominate learned medicine for centuries to come.

It required a combination of skills from the doctor himself, all well exemplified in Rufus. Since diseases had an individualist component, it was essential for the doctor to discover the normal balance of the patient by all the means at his disposal, observation, taking the pulse, and asking relevant questions. Only when the norm had been determined could one decide on what was abnormal. The Hippocratic doctor firmly believed in causes, arguing that one of the aims of the doctor was to eliminate the cause of an ailment in addition to treating its symptoms. Prevention was equally significant, and might be achieved more easily than a cure through the application of drugs or hazardous surgery. Above all, Hippocratic therapy demanded skills in observation and argument, an awareness of the wide range of factors that might induce illness, and a sensitivity to the needs of the patient. All these can be found in the genuine writings of Rufus, and contribute to his subsequent reputation.

What is more difficult to ascertain is the extent to which Rufus' achievements were unique. Writings associated with Hippocrates had long been studied at Greek Alexandria, and a tradition of exegesis in the form of commentary or glosses can be traced at Alexandria from the time of Herophilus through Apollonius of Memphis and two Alexandrians, Antigonus and Didymus, down to Marinus and Galen's teachers.³⁵ Galen believed that many of the writings that constituted the *Hippocratic Corpus* had been brought to the great Alexandrian library by fair means or foul, and many modern scholars have suspected that an Alexandrian compilation lies behind today's *Hippocratic Corpus*. Galen's own teachers, and their teachers in turn, were all Hippocratics, and in his writings and commentaries he promoted with immense learning and vigour Hip-

³⁴ NUTTON 2004, 82–5; NUTTON 2005.

³⁵ Primary source material is neatly collected by ANASTASSIOU, IRMER 2006, 510–15.

pocrates as the true father of medicine and Hippocratic medicine as the only effective system.³⁶ In the face of such evidence, it is only too easy to conclude that followers of Hippocratic medicine predominated in the Graeco-Roman world and that Rufus' Hippocratism was the only sensible choice open to a man of intelligence and learning.

But there are several major caveats. The followers of Hippocrates themselves, while accepting the theory of the four humours, were far from united in their interpretations or in their preference for other texts from within the so-called Hippocratic writings. *Diseases I*, a text dismissed by Galen and scarcely compatible with the ideas in *On the Nature of Man*, is cited by several writers, including Rufus, as a major work by Hippocrates.³⁷ Not every treatise associated with Hippocrates found its way into the first printed edition of Hippocrates in 1526. Nor can all the still unidentified quotations by ancient writers from Hippocrates be explained away as slips of the pen or editorial rewritings. Other doctors, while accepting Hippocrates as the father of medicine, chose to emphasise other aspects of Hippocratic medicine, for instance empiricism. Archigenes and Aretaeus of Cappadocia, two near contemporaries of Rufus, have a somewhat different theoretical emphasis in their medicine from Galen. Pre-Galenic Hippocratism, it is clear, was far from monolithic.

Nor was a belief in Hippocratic medicine as dominant in Rufus' lifetime as its later career might suggest. The survival of many writers in the Hippocratic tradition, Apollonius of Citium, the Hippocratic lexicographer Erotian, and even Rufus, owes more to the subsequent triumph of Galenism than it does to their own merits. They were copied and recopied because they were acceptable to the dominant strain in Byzantine medicine, not because they were better writers or physicians than many others whose work is now lost.

The situation in the time of Rufus was very different. Galen frequently accuses other doctors of neglecting, through malice or ignorance, what he judges to be central features of Hippocratic medicine, prognosis chief among them. Indeed, in one passage, he goes so far as to claim that only a minority of doctors in his time were Hippocratics.³⁸ Even allowing for Galen's tendency to rhetorical exaggeration, these claims constitute a warning against assuming that the followers of Hippocrates were in the majority. One might even query the extent to which Hippocratic medi-

³⁶ SMITH 1979.

³⁷ A glance at the indexes to ANASTASSIOU, IRMER 2006 shows the variety of emphases by different Hippocratics. See also NUTTON 2005.

³⁸ Galen, *Examination of Physicians*, 5.1 (p. 68 ISKANDAR); cf. also 2.1 (p. 47 ISKANDAR).

cine was viewed as important in itself rather than a subset of what many ancient authors called ‘logical’ or ‘dogmatic’ medicine.

The Three Sects

Our most important ancient literary witnesses to the development of medicine in the period between Hippocrates and Galen, the Roman Cornelius Celsus and the pseudonymous author of the *Introduction*, divide medicine into three competing groups or sects of doctors, the Empiricists, the Methodists, and the Dogmatics. But the validity of this distinction as a guide to contemporary medical theories is questionable, and its relevance to medical practice even more so.

Empiricist

The Empiricists developed as a group in the third century BC. Although they claimed to go back to Acron of Acragas, a Sicilian doctor in the fifth century BC, and to Hippocrates, the great observer, their founder was a dissident pupil of Herophilus, Philinus of Cos, around 260 BC. Some, however, believed that the real creator of the sect was Serapion, who lived a generation or so later. The standard lists of leading Empiricists include names of doctors who were contemporaries of Galen, including Sextus, a doctor who wrote important works advocating Sceptical philosophy, but there is no evidence for their survival into Late Antiquity.³⁹

They took their name from their major theory. They rejected any investigation into the causes of disease in favour of effective treatment based on the data of experience. An interest in causation was, in their view, likely to be unhelpful, since doctors frequently disagreed on what caused a particular condition, and irrelevant, since the same treatment and the same result could be achieved swifter and more effectively by other means. They were prepared to concede that one might be able to devise a cure for a disease on the basis of an understanding of its cause, but other treatments seemed to them to be entirely the result of chance or an inspired guess. More reliable, even if it lacked the certainty demanded by logicians, would be to use therapies that had worked in similar cases before. Swift action, taken cautiously, might be of far greater benefit than lengthy reasoning. How effective such action would be depended on three things, the so-called ‘tripod’: accurate observation, a well-stocked memory of successful cases (preserved either in books or a collective oral memory), and a good understanding of the virtues and limitations of

³⁹ In general, DEICHGRÄBER 1965; FREDE 1987, 243–60; NUTTON 2004, 147–9.

similarity. The less the similarity, the fewer the chances of a successful transition from one case to another. So, for example, the Empiricists strongly asserted the irrelevance (and cruelty) of dissection (although they did not deny the findings of Herophilus and Erasistratus) on the grounds that a living human body was something very different from a corpse.

Although their opponents, particularly Galen, often asserted that reliance solely on past experience was of little help when it came to dealing with an apparently new case or new circumstances, they acknowledged the strengths of the Empiricists' therapeutics. Their careful recording of signs and symptoms, their detailed observations of both patients and drug therapies, their insistence on seeing for oneself, as well as their openness to new ideas and techniques, gained them considerable respect. Heraclides of Tarentum, for instance, was a major authority, acknowledged even by Galen for his learning and ability as a healer. Galen's own writings on Empiricism, with which he had become familiar as a student, are very different from his strident denunciations of the Methodists.⁴⁰

The Methodists

The Methodist sect originated in the first century BC in Rome with an immigrant from Asia Minor, Themison of Laodicea.⁴¹ It took its name from the 'Method' which Themison believed should govern medical practice, although exactly in what the Method consisted is obscured by later polemic and perhaps by developments within Methodism. Galen, for example, praises Soranus for his unusual respect for anatomy, but vigorously attacks the Methodism advocated by Thessalus of Tralles, 'the champion doctor', who was active in Rome in the time of the Emperor Nero, around AD 60. Methodists attributed disease to one of three common states, constricted, relaxed, or mixed, depending on the relationship between the corpuscles and pores that made up the body. This theory may derive from ideas on corpuscles put forward by another Greek immigrant to Rome, Asclepiades of Bithynia, who had established a wondrous reputation for himself in the early 90s BC.⁴² Methodists saw a simple relationship between the observation of disease and the three common causes, which, so Thessalus declared, allowed their medicine to be learned in six months, for it was a matter of method, not memory. Treatment, he argued, was relatively simple, based on commonalties. He

⁴⁰ Easiest accessible in English translation, in FREDE, WALZER 1985.

⁴¹ EDELSTEIN 1967, 173–93; MUDRY, PIGEAUD 1991; TECUSAN 2004, who, however, omits Magnus of Ephesus. NUTTON 2004, 187–201, tries to get behind the biases of Galen.

⁴² VALLANCE 1990.

divided up disease into three universal stages, increase, stability, and diminution, which could be clearly observed and treated through careful observation of changes over successive three-day periods. Convalescence thus had an important place in Methodist therapy, for what happened then could easily cause a relapse, and careful monitoring could modify therapy as soon as it was required. Methodists also wrote extensively on chronic conditions, stressing long-term therapies and perhaps appealing to the example of Asclepiades, whose advocacy of wine and gentle exercise in treatment – his famous slogan was ‘Quickly, safely, pleasantly’ – would have eased the lot of the disabled.

Galen attacked the Methodists with no little glee for what he considered medical, philosophical, and social deficiencies. But his attacks only show that his concerns were not those of the Methodists, and recent scholarship has tended to rehabilitate the Methodists in the face of his onslaughts. Their Method, and particularly its close correlation of visible ‘symptoms’ (a word that the Methodists may have eschewed) with common causes, did allow them to begin treatment without a detailed analysis of individual causes. It also permitted a certain degree of flexibility that went some way to answering the common objection that Methodists, in their therapeutics, were trying to fit the same shoe to all feet. A Roman creation, their ‘Method’ offered a way of dealing with the sick in a large metropolis, where numbers and poverty will have militated against Hippocratic individualism. It is no coincidence that Celsus, the Roman landowner, thought of it as a medicine more suitable for slaves treated together in an estate hospital than for an individual in his or her own home.⁴³

Others, and particularly patients, clearly had other opinions of the Methodists. Crowds of admirers accompanied Thessalus around Rome, the rich and famous adopted Methodist physicians, and adherents can be found throughout the Roman world. The elegant bust of M. Modius Asiaticus of Smyrna, a near contemporary and compatriot of Rufus, proclaims his wealth and social standing as well as the fact that he was ‘champion of the Method’. One of Galen’s colleagues in the imperial household, the Methodist Statilius Attalus, was a scion of the same family from Heraclea in Caria as Statilius Criton, doctor to Trajan. Soranus, a highly intelligent and learned physician, had no qualms about being a Methodist, and arguably Methodism was the dominant medical system in Roman Antiquity and beyond in the Latin West. The large books on acute and chronic diseases by Caelius Aurelianus, a Latin writer from North Africa around AD 400, were a major source of medical information

⁴³ Celsus, *On Medicine*, Proem 65 (since there were no public hospitals in his day, his reference to ‘large hospitals’ must refer to private estates or in the imperial palace).

for the Latin Middle Ages.⁴⁴ The argument among modern scholars of the extent to which Caelius was merely translating a lost work by Soranus should not obscure the important fact that there was a rich audience prepared to read and even acquire what Caelius had written.

The Dogmatist and Rationalists

The list of adherents of the third medical sect, the ‘Dogmatics’, as provided by the author of the pseudo-Galenic *Introduction*, begins with Hippocrates and concludes with Asclepiades of Bithynia. It is a very unusual grouping, containing both Erasistratus and Herophilus, as well as the fourth-century BC doctors Diocles, Mnesitheus and Praxagoras. Later lists add several doctors contemporary with Rufus and Galen, Archigenes, Antyllus, Agathinus, and Philumenus among them.⁴⁵ While all of them share a belief in the importance of discovering the cause of disease and of eliminating that cause, that is almost all that they have in common. It is hard to connect the mechanistic ideas of Erasistratus with the qualitative preferences of Diocles, and Mnesitheus’ understanding of humours differs considerably from those of Praxagoras and from the allegedly Hippocratic *On the Nature of Man*. Hence, many scholars see in this list not a historical sect or intellectual grouping but rather a heuristic device that brings together great names that could not be labelled Empiricist or Methodist. It is a catch-all title that leaves out other famous physicians, such as Pleistonius and Phylumenus, both active around 340 BC, and never specifies what logic or dogma links them all.

One might go further and question the extent of the coherence of the two other sects. While both have certain theories that distinguish their adherents from outsiders and that one might choose – Greek word for sect, *haíresis*, originally meant ‘choice’ – to follow, there are also indications of individual preferences and nuances. This is hardly surprising, for although one can point to doctrinal teaching centres, like that of the Empiricist Hicesius of Smyrna at Men Karou in Asia Minor, and although the normal pupil-teacher relationship would tend towards a stability of doctrine, there were no internal or external means of securing lasting adherence to any specific theory. Short textbooks might give basic information, but even this had its limitations. Galen expected even patients to be familiar with the main outlines of the ideas of several famous doctors

⁴⁴ For late Latin Methodism, see URSO 1997; LANGSLOW 2000. But despite excellent work on Late Latin texts and medical theories, we still lack a good overall survey that would integrate medicine into a wider cultural and historical context.

⁴⁵ Pseudo-Galen, *Introduction* 1–4: xiv.674–84 K. The commentary in the forthcoming Budé edition of this text by Caroline PETIT discusses the relevant parallels. In general, see VAN DER EIJK 1999.

from the past. Yet, even if some surviving handbooks preserve such doxographies, his expectations hardly corresponded to reality. His plea for a universal basic acquaintance with past theories was made precisely because this no longer existed, if it ever had done.

The Medical Marketplace

But the greatest objection to viewing the history of medicine in the first and second centuries solely, or even largely, in terms of sects and schools is that it minimises the enormous variety of medical ideas and medical practitioners at the time. The concept of the medical marketplace has long been current among historians of later British medicine, but it applies almost literally to the Roman period. Galen came across a healer in the marketplace offering to cure toothache with a remedy he claimed to have learned from Galen himself.⁴⁶ The so-called house of the Surgeon at Pompeii opens straight onto the street, and passers-by could hear, and possibly even see, operations being carried out. Doctors gave public lectures in a gymnasium, and Galen was not the only one to carry out dissections in public, although he eschewed anatomical challenge-matches. Patients might be treated ‘in a theatre’: whether the word refers to a building or simply to a circle of spectators is unclear, but both require public attendance. Medicine was an open art, as it had been for centuries, in both senses of the phrase.⁴⁷ It was carried out at times in full view, with the patient surrounded by friends and family. Hence Galen’s recommendation that, when poking around in the patient’s buttocks, it might be best if they were turned away from the spectators to avoid shaming the unfortunate patient.⁴⁸ It was an open art also because anyone could practise it, whether full time or, often, in conjunction with other occupations. Egyptian papyri regularly show the doctor as a small-holder, and the local barmaid might act as the local midwife.⁴⁹ The sneers of competitors at teachers or wool-workers turned doctor, and the jokes of epigrammatists, both Greek and Latin, at the gladiator or undertaker who overnight became a doctor, had a basis in the fact that there were no barriers to entry, and a variety of ways of obtaining medical information and expertise.

⁴⁶ PORMANN 2005, 196.

⁴⁷ Guy Attewell informs me that in modern India the surgeries of healers are frequently filled with onlookers, who may even comment on the procedures recommended or carried out in front of them. Ancient Greece will have been no different.

⁴⁸ Galen, *Commentary on Hippocrates’ The Doctor’s Surgery*, xviii b. 685–7 K.

⁴⁹ HIRT RAJ 2006.

At one end stand Galen, Rufus, and others like them who made a pilgrimage to a distant town famous for its healing traditions – Alexandria, Smyrna, or Tarsus, where Dioscorides studied and where we have evidence for a series of writers on pharmacology, including Lucius the Teacher, that lasted for a century. Other towns had a more local reputation: a young boy from the island of Cythera went first to the mainland village of Boiae and later to Sparta, where he died before he could fulfil the hopes of his mourning parents. Others were trained within their family by their father or even husband. Particularly in Asia Minor we can trace dynasties of doctors, holding a variety of positions in their local communities. Many others would have been trained as apprentices, rising, like Onasander of Cos, to have their own practice. Still others would have taught themselves, either by gaining a knowledge of local herbs or, as far as theory was concerned, listening to speeches, watching doctors dealing with patients, and reading manuals of medicine.⁵⁰

But to talk of medical publications is to risk anachronistic expectations. Books were usually copied at the request of an individual either by professional scribes or, as with Galen, by slaves specifically trained. Manuscripts were lent for copying, and some circulated more widely than others, but Galen, for instance, had difficulty finding copies of some of his writings that he lost in a great fire in Rome. Surviving tracts range from the most abstruse and impenetrable (like the Hippocratic *Dentition*) to short catechisms, like *Medical Definitions*, lists of the opinions of major medical figures, like the *Introduction*, encyclopedias and handbooks of medicine for the interested layman. Rufus himself composed what seems to have been a very large volume entitled *The Layman*, which was also known to the Arabs under a variety of titles including *For Those Who Lack a Doctor* (*Tadbīr man lā yahḍuruhū ṭabīb*). To judge from the fragments, it ranged widely over many aspects of medicine, theoretical as well as practical. It would have been a Greek equivalent of the *On Medicine* by the Latin author Cornelius Celsus. This originally formed part of a larger encyclopedia of Arts and sciences, including rhetoric, agriculture and military matters, intended for landowners like the author himself. But it did not lack sophistication, incorporating the best and most up-to-date information particularly from Alexandrian sources. The boundary was very fluid between the average healer and laymen such as Celsus, Seneca the Younger or even Plutarch, who arguably had a superior knowledge of medicine, simply because they were able to read and acquire learned volumes. Aulus Gellius, reporting dinner-table conversations at Athens in the 160s AD, thought it a social as well as an intellectual faux pas for a

⁵⁰ NUTTON 2004, 254–7.

gentleman to confuse veins and arteries, and medical topics figure prominently in the literary banquets of Plutarch and Athenaeus.⁵¹ Galen, to judge from *On Examining the Doctor*, thought that patients, as well as doctors, should have a knowledge of the major tenets of the great physicians, and be able to judge the quality of the doctor's response to the patient's medical questions.

The range of social statuses was equally wide. In Rome and Italy, in Rufus' lifetime, many doctors were slaves or ex-slaves eking out a living among the multitudinous poor of Rome. Others were Greek immigrants, keen to obtain the benefits of citizenship offered to them in exchange for residence in Rome. Some stayed permanently in a given town, others travelled around the countryside on circuits (one title of a doctor was 'he who travels around'). Ephesus and its neighbouring regions had less experience of slave physicians, and there were more medical families than in Rome, and fewer signs of a disdain for healers. But the gulf that separated Rufus from a village healer, treating animals as well as humans, was large.⁵²

Given the variety of educational and social backgrounds of those who offered healing, it is hard to posit anything resembling a unity of doctrine or practice. Some practitioners like Heraclitus of Rhodiapolis, 'the Homer of medical poetry', were enormously learned. Heraclitus made a triumphant tour of the great cities of the Greek world, receiving honours from Athens, Rhodes and Alexandria in return for copies of his writings on medicine and philosophy. His contemporary, Hermogenes of Smyrna, was even more prolific, writing a two volume history of Smyrna, his home town, several books on early city foundations in Europe and Asia, a tract on Homer's birthplace, as well as seventy-seven volumes on medicine. An imperial doctor, Tiberius Claudius Menecrates, claims on his tombstone to have written 156 books – and this number was surpassed by Galen. It is hard to believe that any of these worthies merely copied out the medical ideas of others. Indeed, Menecrates claimed to have founded his own 'clear and logical' sect.⁵³

The Elder Pliny, no admirer of Greek physicians, will thus have been closer to the truth than many modern scholars when he emphasised changing fads and fashions in his polemical history of medicine in his *Natural History*. Writing around AD 70, Pliny uses Greek doctors as an index of Rome's decline into depravity, along with marble tables. Within twenty years, the medical doctrines of Vettius Valens, notorious for his elo-

⁵¹ Gellius, *Attic Nights*, xviii. 10.1; for the wider cultural context, NUTTON 2000; see Swain, above, pp. 113–38.

⁵² NUTTON 2004, 248–71.

⁵³ SAMAMA 2003, nos. 289–90; 194; 461.

quence, wealth and an alleged liaison with the wife of the emperor Claudius, had been succeeded in fashion by the rabid frenzy of Thessalus the Methodist. He in turn was ousted by Crinas of Marseilles, a proponent of an astrological dietetic medicine, and all three were then forced to take second place to another Massiliot immigrant to Rome, Charmis. He denounced all previous theories and the use of hot baths, persuading even the elderly to bathe in freezing cold water in the depths of winter. Pliny's catalogue of medical malpractice is a masterpiece of rhetoric, and is suspect for that reason, but his comments on the enormous wealth available to the doctors who treated the Roman elite are very plausible.⁵⁴

But even if one no longer needs to subscribe to Pliny's opinion that all the medical doctrines of Greek doctors in Rome were the result of their propounders' greed and lust for power, his emphasis on the perpetual search for novelty among medical men warns against a neat division into schools and sects even among what might be termed elite practitioners. The less celebrated, to judge from epitaphs on tombstones and the fragmentary survivals among Egyptian papyri, will have offered a no less varied range of therapies to their customers.

The 'Pneumatists' – a Fourth Sect?

Besides, even when substantial material survives from individual authors, they cannot easily be put into neat pigeon holes. Sometimes this is because of the nature of the treatise. It is easy to say that Scribonius Largus, who wrote his *Drug Book* in AD 47/48, was a Hippocratic, for his preface attempts to fit the Hippocratic Oath into a Roman and Latin context.⁵⁵ But the rigidity of the recipe formula does not allow us to go further in aligning him with Rufus or Galen. Sometimes the overall category lacks the necessary specificity. Around the same time as Rufus can be found a group of doctors in Rome associated with Athenaeus of Attaleia, another Greek immigrant, who paid particular attention to *pneûma*, a refined airy element that held together a cosmos of matter acted upon by the four qualities, hot, cold, wet and dry. This idea, which derives ultimately from the cosmological ideas of Stoic philosophers, allowed Athenaeus and his followers to explore parallels between the macrocosm of the universe and the microcosm of the human body. Changes in the body's *pneûma* not only brought about wider changes in the body but in turn revealed imbalances in the body's mixtures that were the cause of illness. But although

⁵⁴ Pliny, the Elder, *Natural History*, xxix. 1.1–8, 28.

⁵⁵ MUDRY 1997.

some modern scholars, following Max Wellmann, talk of ‘Pneumatists (*Pneumatiker*)’ and a ‘Pneumatic school (*Pneumatische Schule*)’, their coherence either as a group or as holders of a shared doctrine is unclear. There are obvious parallels with Hippocratic ideas, and it is tempting to see Athenaeus as a Hippocratic in the same line as Rufus and Galen. But there are also considerable differences, not least in the role of *pneûma*. Furthermore, the two most celebrated of his followers, Agathinus and Archigenes, were happy to adopt material from Empiricists and Methodists, and might better be called ‘synthetics’, like their near-contemporary Leonides of Alexandria. Conversely, Galen sees nothing extraordinary in the interest in *pneûma* by Magnus of Ephesus, who elsewhere, as we have seen, could be classed with the Methodists.⁵⁶

A different problem arises with another major author of this period, Aretaeus of Cappadocia, whose dates are subject to the same uncertainty as those of Rufus but who is likely to have lived around AD 120. He has often been classed as a ‘Pneumatist’, but he shows less interest in *pneûma* than Archigenes. His longest discussion of *pneûma* comes, not suprisingly, in a very detailed account of asthma, which, like his other descriptions of disease, combines acute observation and sound sense. He distinguishes between childhood asthma, which often disappears at adolescence, with bouts brought about by harmful fumes, as in a foundry or the stoke hole of the baths. His devotion to Hippocrates is evinced not only by his many quotations and allusions but also by his language. His treatises on acute and chronic diseases (a theme shared with many contemporary writers) are written in the Ionic dialect, the language of the *Hippocratic Corpus* that came to symbolise medical Greek. The only ancient descriptions of disease to rival those of Aretaeus are to be found in Caelius Aurelianus and derive to a greater or lesser extent from Soranus of Ephesus. But Aretaeus has a greater precision, as well as a greater sympathy for the sufferer, and his work deservedly survived as the best nosographical treatise of Greek Antiquity.⁵⁷

Conclusion

This survey of medical writers, medical theories, and medical practices of the century and a half before Galen offers a partial context in which to set Rufus of Ephesus and his works. But the numerous gaps in our docu-

⁵⁶ For Pneumatism and the possible (in)coherence of the Pneumatists, see WELLMANN 1895; KUDLIEN 1968; NUTTON 2004, 202–4.

⁵⁷ OBERHELMAN 1994 and NUTTON 2004, 205–6, give essential bibliography on this much neglected author.

mentation mean that it is often impossible to decide upon Rufus' debts to others or the extent to which he was striking out on his own. One can point to parallels and similarities, but rarely to direct influence. His own reluctance to indulge in polemic or to reveal many details of his own life and career also means that it is difficult to go beyond generalities in trying to assess his importance. But some things are clear. In a medical world of an abundance of competing theories and a bewildering variety of healers offering cures, Rufus was among the most learned, eloquent, and wealthy, especially if, as I have argued, he spent some time in Egypt and Alexandria. Like others at the time, he favoured 'Hippocratic' medicine, a term that could disguise a variety of interpretations. Its adherents stressed patient individuality and complex causation against the general guidelines of the Methodists and the erudite empiricism of the Empiricists, but there is no reason to think that Rufus and his fellow Hippocraticists dominated medical thinking to anything like the extent of later Galenism. Like Rufus, many of the authors mentioned above came from Asia Minor, arguably the most prosperous of the regions of the Greek East, both economically and culturally. Ephesus, his home town, with its Museum, its association of doctors, and its sheer size, offered a man like Rufus sufficient incentive, and potentially profitable patients, to withstand the lure of Rome, the imperial capital. It is this local context that provides a way of understanding Rufus, for his writings not only inform us of medical ideas and practices but also are an important testimony to the cultural confidence of the Greek world of Asia Minor in the Roman Empire.

Rufus' *On Melancholy* and Its Philosophical Background

PHILIP J VAN DER EIJK*

Introduction

Rufus of Ephesus is generally regarded as a thoroughly practical physician and not known for any explicitly philosophical or theoretical interests. Although the scantiness of information on his life and career should inspire caution when making general statements,¹ it is at any rate clear that no affiliation to any philosophical or medical school nor intellectual affinity to any particular medical 'sect' is attested for him in the sources; nor is there, in what survives of his work, any mention of other medical sects.² Although Rufus clearly was a learned physician with considerable knowledge of the medical literature of his predecessors and contemporaries (as witnessed by explicit references to other medical writers in his works), there is little in the way of polemical engagement with other thinkers on fundamental issues of theory and methodology.³ One gets the impression that Rufus concentrated on his work as a physician, that he regarded his written output as a reflection and communication of that work, and that, rather than asserting his intellectual independ-

* I am deeply grateful to Peter E Pormann for his invitation to contribute to this volume, for his many valuable suggestions and for his help with the interpretation of the Arabic fragments.

¹ See the discussion by NUTTON, pp. 139–41 and SWAIN, pp. 113–14 above; see also NUTTON 2004, 208–11 and SIDERAS 1994.

² With the possible exception of the reference to 'those who are excessively empirical' (*tois ágan empeirikoís*) in the *Synopsis on Pulses* vi. 6.2; but this need not be restricted to the Empiricists but could refer to any group of people adopting an excessively empirical approach to the subject in question.

³ Thus Rufus refers frequently to Hippocrates, and occasionally also to other writers such as Herophilus, Erasistratus, Asclepiades, Praxagoras, Diocles, Pleistonius and Dieuches (for a cluster of references see the extract preserved in Oribasius, *Medical Collections* vii. 26.194–6), and he seems to have criticised the Empiricists Zeuxis and Glaucias for their interpretations of some Hippocratic works (Galen, *Commentary on Hippocrates' Prorrhethicon* I 2.23 and 3.10 (CMG v. 9.2, p. 73, 8–20 [xvi. 636–7 K.] and p. 121, 4–11 HEEG [xvi. 735 K.]). Unfortunately, the fragmentary evidence only gives us a few glimpses of Rufus' – possibly quite considerable – activities as a commentator on Hippocratic writings (especially on the *Epidemics*) and as a doxographer or compiler reporting doctrines and preserving fragments from earlier writers; see also F73.

ence explicitly, any appropriation or rejection of other people's views in his work took place largely implicitly.

The fragments⁴ testifying to his ideas on 'melancholy' – i.e. *melancholia* as (variably) understood in Greek and Roman medical thought⁵ – collected in this volume seem to confirm this picture: they clearly show us Rufus as a clinician and a healer, presenting case histories of individual patients, listing symptoms and providing detailed therapeutic advice, but refraining from doxographical or polemical discussion of other people's views and from *explicit* theoretical statements on the condition in terms of 'mental' versus 'physical' aspects.

Nevertheless, it would be erroneous to ignore the philosophical background to what may be called Rufus' contribution to the history of responses to mental illness. For one of the things that make Rufus' views on melancholy relatively unique compared to other discussions of the topic in later antiquity is that he seems to combine elements from the earlier 'philosophical' and 'medical' traditions. Thus, as we shall see, he takes on board the Aristotelian theory of melancholy as represented by *Problem* 30.1 – but ultimately building on the authentic works of Aristotle himself⁶ – a theory that, for all its popularity in medieval and early modern times, seems to have had relatively little impact on medical accounts of melancholy in antiquity.⁷ More generally, melancholy presents a good example of a topic where 'medicine' and 'philosophy' present considerable overlap.⁸ It attracted the interests of philosophical writers as

⁴ Used here in the wider sense including both *testimonia* and *verbatim* fragments; see above, pp. 10–11.

⁵ Throughout this discussion, when using the term 'melancholy' we are dealing with an ancient concept, which should be distinguished from what is nowadays understood by the English word 'melancholy'. Furthermore, ancient understandings of *melancholia* differed from one author to another; and the diagnostic entity which the term may have referred to will likewise have differed. Hence when using phrases such as 'the disease', I am not suggesting that we can reconstruct what specific reality in the world out there Rufus and other authors were trying to describe.

⁶ See VAN DER EIJK 2005, ch. 5, esp. 160–67.

⁷ See JOUANNA 2006b, who notes that authors such as Aretaeus and Galen seem to have made very little use of this Aristotelian concept.

⁸ On the close relationship between 'medicine' and 'philosophy' in antiquity see VAN DER EIJK 2005, Introduction. Many Greek medical writers had strong 'philosophical' or at any rate 'theoretical' interests informing their approach to disease, while conversely many philosophers took an interest in 'medical' topics such as the principles of health and disease, youth and old age, life and death, and questions about reproduction. It is therefore doubtful that any differences between Rufus and the Aristotelian *Problem* 30.1 can be related to a *categorical* distinction between 'the medical' and 'the philosophical' approach to melancholy, as suggested by DANDREY 2005, p 120, n. 1 and KLIBANSKY et al. 1990, 101–6.

well as doctors, mainly because of its relevance to mind-body issues as well as ethical questions about moral responsibility. These issues, in so far as they are relevant to Rufus, will be the topic of this contribution. In addition, I will consider some methodological aspects of Rufus' way of handling the phenomenon of melancholy, i.e. his understanding and conceptualisation of the disease, his use of diagnostic inference from signs, his causal explanations of the disease and its symptoms, and his classification of the disease into different types – elements which show the influence of 'philosophy' on medicine in a different way.

Melancholy, Mind and Body

Philosophers such as Plato, Aristotle, Theophrastus and the Stoics were interested in melancholy because of its relevance to the question of the relationship between the mind and the body – or as we would say the physiology of mental and emotional states and the mechanics of 'psychosomatic interaction'.⁹ Melancholy, like other illnesses affecting mental functioning such as *phrenítis*, *manía* and *epilēpsía*, was regarded as one of those conditions in which this relationship between the mind and the body was disturbed and in which cognitive and emotional malfunctioning, and the resulting moral and social misbehaviour, was attributed to particular states of the body. But contrary to other conditions, melancholy was not just seen as an incidental or periodic disturbance of the mind by the humours or mixtures or qualities of the body – although it was believed also to manifest itself in outbreaks of so-called 'melancholic diseases' (*melancholikà nosēmata*)¹⁰ – but as a more or less permanent, stable condition, a 'natural constitution' (*phúsis*) existing either from birth or acquired and consolidated by a particular life-style, and predisposing the person to a number of mental and physical problems.¹¹ And 'the melancholic' (*ho melancholikós*) was seen as a type, indeed a prototype of people in whom, as a result of their peculiar bodily 'mixture' (*krâsis*),¹² there was a permanent tension between reason and emotion, a continuing struggle – often resulting in failure – to control the erratic

⁹ For Plato see *Republic* IX, 573c9; *Timaeus* 83c5 and 85a5; for Aristotle and the Stoics see below; for Theophrastus see F328 FORTENBAUGH et al. 1992 with the comments by SHARPLES 1995, 5.

¹⁰ For instance in the Aristotelian *Problem* 30.1, 953a13, 15, 16, 29–31.

¹¹ Cf. Rufus **F 11** § 22, where the word *krâsis* indicates that Rufus is talking here of a constitution, not just of an incidental disease.

¹² It is tempting to translate *krâsis* as 'temperament', but the Greek word (as its Latin translation *temperamentum*) always kept its physical meaning of a mixture, arrangement or proportion of material components.

movements of the imagination (*phantasia*) and the emotional impulses (*hormai*) and desires (*oréxeis, epithumiai*) arising from the lower, non-rational parts of the soul or even directly from the bodily substrate.

A good example of this characterisation is provided in a passage from Aristotle's *Nicomachean Ethics* 1154b2–25, where he mentions melancholics as an example of people who have a corporeal, pathological urge (we would say 'addiction') to the pursuit of bodily pleasures:

ἔτι διώκονται διὰ τὸ σφοδραὶ εἶναι ὑπὸ τῶν ἄλλαις μὴ δυναμένων χαίρειν· αὐτοὶ γοῦν αὐτοῖς δίψας τινὰς παρασκευάζουσιν. ὅταν μὲν οὖν ἀβλαβεῖς, ἀνεπιτίμητον, ὅταν δὲ βλαβεράς, φαῦλον. οὔτε γὰρ ἔχουσιν ἕτερα ἐφ' οἷς χαίρουσιν, τό τε μηδέτερον πολλοῖς λυπηρὸν διὰ τὴν φύσιν. ἀεὶ γὰρ πονεῖ τὸ ζῶον, ὡσπερ καὶ οἱ φυσιολόγοι μαρτυροῦσι, τὸ ὄραν, τὸ ἀκούειν φάσκοντες εἶναι λυπηρὸν· ἀλλ' ἤδη συνήθεις ἐσμέν, ὡς φασίν. ὁμοίως δ' ἐν μὲν τῇ νεότητι διὰ τὴν αὔξησιν ὡσπερ οἱ οἰνωμένοι διάκεινται, καὶ ἡδὺ ἡ νεότης. οἱ δὲ μελαγχολικοὶ τὴν φύσιν δέονται ἀεὶ ἰατρείας· καὶ γὰρ τὸ σῶμα δακνόμενον διατελεῖ διὰ τὴν κρᾶσιν, καὶ ἀεὶ ἐν ὀρέξει σφοδρᾷ εἰσίν· ἐξελάνει δὲ ἡδονὴ λύπην ἢ τ' ἐναντία καὶ ἡ τυχοῦσα, ἐὰν ἦ ἰσχυρά· καὶ διὰ ταῦτα ἀκόλαστοι καὶ φαῦλοι γίνονται.

Furthermore, bodily pleasures are pursued on account of their intensity by people who cannot get satisfaction from other kinds of pleasure; thus some people cause themselves to become thirsty. When these are harmless, there is no need to censure them, but if they are harmful, it is a bad thing. For they have nothing else to gain pleasure from, and even what is neutral to many is painful to these people on account of their nature. For a living being is always in a state of suffering, as the physiologists testify when they say that seeing and hearing are painful; it's just that we have got used to it, they say. Likewise people in their youth, on account of their growth, are in a state similar to the drunk; and indeed youth is pleasant. *The melancholics are by nature in constant need of cure; for their bodies are permanently irritated by the mixture, and they are in a constant state of intense desire. The pain is expelled by pleasure, both pleasure that is opposed to their mixture or just any pleasure, as long as it is strong. That is why they become unrestrained and morally bad.*

In Aristotle, 'the melancholics' are mentioned for their strong imagination, resulting in failure to keep their recollection under control or to have the necessary rational powers to resist the tempting scenarios that imagination presents to their minds. This causes them to take, as it were, the wrong junction at key moments of decision-making (as Aristotle would put it: to activate the wrong premiss in a choice between two possible practical syllogisms), to be mentally and emotionally instable and to display structural moral weakness and lack of ethical responsibility.¹³

¹³ On the Aristotelian concept of the melancholic see VAN DER EIJK 2005, ch. 5, where a more elaborate discussion of all relevant passages can be found. As pointed out there, the Aristotelian notion of 'the melancholic' (*ho melancholikós*) and its underlying physiological theory differs significantly from the picture that emerges from passages in

Melancholics are also singled out for their capricious dream life, resulting sometimes in monstrose and bizarre images, but sometimes also in clairvoyance.

This ambivalence of mostly getting it wrong but sometimes – turning vice into virtue – getting it accidentally but spectacularly right is continued in the Peripatetic tradition, most notably in the famous (Pseudo-?)Aristotelian *Problem* 30.1, with which Rufus' account displays several similarities (which will be noted below). As is well-known, *Problem* 30.1 deals with the question why it is that all men who have achieved something exceptional (*perittón*) in areas such as philosophy, poetry, politics and the arts turn out to have been 'melancholics' (*melancholikoí*). This is a remarkable claim, for it seems to make the melancholic constitution (*melancholikê krâsis*) – which is distinguished here from 'melancholic diseases' – into a physiological condition for becoming a successful philosopher, poet, artist or statesman¹⁴ (a corollary that led to the cultivation of melancholy as a condition for 'genius' in the early modern period and later in Romanticism). The reason is, as the author points out (953a33–b23), that the melancholic constitution 'has an effect on the mind' (*êthopoión*) just like wine does, except that the influence of wine is temporary, that of the melancholic constitution permanent (953b17–21).

However, from the further explanation for this correlation offered by the Peripatetic author of *Problem* 30.1 in the rest of the chapter, two important qualifications emerge: (i) melancholics are highly unstable and inconsistent (*anómalos*) in their moods and performance – an instability caused by fluctuations in the heat-cold balance in the black bile – and only get to their exceptional achievements when a highly delicate balance is produced between hot and cold (954b1–4); but this balance is rarely achieved and, if it is reached, easily disturbed, for melancholics quickly slip into either ecstatic or despondent states; and (ii) the 'exceptional'

the Hippocratic writings. Although Aristotle and the author of *Problem* 30.1 do connect the melancholic constitution to the presence of black bile in the body (e.g. *On Sleep* 457a31–3; *Problem* 953b23), they do not connect the type of the natural melancholic to binary theories of bile and phlegm or to the four-humour theory of the Hippocratic work *On the Nature of Man*: whereas in that work black bile is one of the four natural humours that constitute 'the nature of man', in Aristotle, black bile is a 'residue' (*perítōma*) of nutriment that serves no biological purpose and can even, when accumulated in excessive quantity or collected in particular places of the body, cause disease (as seems to be the prevailing view in the *Problems*). See also MÜRI 1951; FLASHAR 1966; KLIBANSKY et al. 1990; JOUANNA 2006b.

¹⁴ It should be noted, however, that the final sentence of *Problem* 30.1 (955a36–40) says something different: whereas in the beginning, the author had said that all 'exceptional men' are melancholics, in the end he says that that all melancholics are 'exceptional', which leaves open other possible ways of becoming exceptional.

(*perittón*) nature of their achievements is a very special kind of success, unpredictable, intuitive and seemingly non-rational in nature and very different from the rational, controlled kind of intelligent thought and action characteristic of the ‘philosophical’ mode of life. These qualifications pose important restrictions to the significance of the association of the melancholic type, i.e. the person who is melancholic ‘by nature’ (*phúsei*), with certain kinds of exceptional achievement in areas such as philosophy, poetry, politics and the arts.¹⁵

Interestingly, both this association and its rather mixed evaluation is echoed in Rufus’ explanation of melancholy as a possible result of excessive intellectual activity [FF 36, 68]. For although he seems to reverse the cause-effect relationship – intellectual study *leading to* bodily disorders rather than, as in *Problem 30.1*, an abnormal bodily state giving rise to exceptional intellectual performance –, Rufus is in accordance with the Aristotelian view in regarding the correlation between melancholy and exceptional intellectual activity as something fundamentally ambivalent, pathological and uncontrollable. Thus in FF 33, 34 and 36, the Aristotelian notion of the melancholics’ *eúphua* (‘excellent nature’, ‘endowment’) is in the background: it denotes an intuitive mental brilliance and imaginative thinking based on natural talent rather than training which, however, easily slips into insanity.¹⁶

There are several more Aristotelian reminiscences in Rufus’ fragments on the melancholics¹⁷: thus F 11 §§ 15–16 mentions lispings, which is listed as a feature of the melancholics in *Problems 11.38*, 903b19 and explained as a result of their tendency to be carried away by their imagination (*phantasía*) causing them to lose control over their speech. F 11 also mentions the melancholics’ *pneûma*, which is in accordance with Aristotle’s characterisation of melancholy as a ‘pneumatic’ (*pneumatódēs*), i.e. a flatulent or ‘gassy’ condition in *On Dreams 461a21–22*, and their ‘intensity’ (*sphodrótēs*). Aristotle singles out this intensity as a characteristic of melancholics in *On Divination in Sleep 464a32*, where it is said to account for the strength and persistence of their imaginative processes, and in *Nicomachean Ethics 1150b26*, where it is mentioned

¹⁵ As argued in VAN DER EIJK 2005, ch. 5 (esp. pp. 160–67), this is the key difference between the Aristotelian, predominantly negative background of *Problem 30.1* and the much more positive sense in which the text was understood in medieval and early modern thought.

¹⁶ Cf. Aristotle, *Rhetoric 1390b28*; *Eudemian Ethics 1247b22*, b39; *Nicomachean Ethics 1114b8*; *Poetics 1455a32* and *1459a7*; *Problems 954a32*; *Magna Moralia 1203b1–2*. For a discussion of this notion of *eúphua* in Aristotle see VAN DER EIJK 2005, 165–6 and 232–3.

¹⁷ Some of these parallels have also been noted by KLIBANSKY et al. 1990, 103–6 and DANDREY 2005, 112–30.

alongside the melancholics' tendency 'to follow their imagination' (*akolouthētikōi êinai tēi phantasīai*) as an explanation for their lack of patience in allowing reason to decide on the right course of action. Rufus **FF 29** and **35** mention clairvoyant dreams, a feature Aristotle attributes to the melancholics in *On Divination in Sleep* 463a18, 464a32 and *Eudemian Ethics* 1239a40.¹⁸ **FF 47** and **49** mention ravenous appetite, which ties in with the Aristotelian picture in *On Sleep* 457a29, where he says that the melancholics are lean because of an inability to enjoy and benefit from food (a characteristic that would probably be classified as 'psychosomatic' in today's language). **F 59** speaks of a pathological yearning for sexual activity acting as a drug, which finds a parallel in the passage from the *Nicomachean Ethics* quoted above and also in *Problems* 4.30, 880a30.¹⁹ Furthermore, **F 17** speaks of 'ulcers' manifesting themselves in the final, critical stage of a melancholic patient, which chimes well with the references in *Problem* 30.1, 953a18 and 20 to 'ulcers' (*hēlkē*) bursting out on Heracles' and Lysander's skin shortly before their deaths. Rufus' claim, in the same fragment, about the predominance of melancholy in men and in older people is again in broad correspondence with the picture of *Problem* 30.1, esp. 955a9–17. Finally, there is a clear similarity in style between Rufus **F 11** and the Aristotelian *Problems*-style of question-and-answer.

The ambivalent status of 'the melancholic' as brought out by Aristotle and the early Peripatos is being continued in Stoicism, whose founder Zeno of Citium is sometimes presented as a *melancholikós* who tries to adjust the harshness and bitterness of his melancholic temperament by means of moderate amounts of wine, thus influencing both his bodily 'mixture' and his mental state.²⁰ This seems a clear echo of *Problem* 30.1 and is again very similar to what Rufus describes in **F 65**.

How are these characteristics of the melancholic conceptualised in terms of body-soul? In Aristotle's hylomorphic theory, where emotions are described from a formal and a material perspective (as in the case of anger), they are as it were two sides of one and the same coin.²¹ Tension is to be understood not so much in terms of a battle between body versus soul, but rather in terms of the 'matter' resisting the formative influence of the 'form', thus leading to a composite that is structurally imbalanced. In the melancholics, one must assume, form has failed to 'master' (*krateîn*) matter, resulting in an imperfect, incomplete realisation of hu-

¹⁸ For the conflicting evidence on this see VAN DER EIJK 1994, 331–2.

¹⁹ See also Diocles F 182, 216–17 VDE.

²⁰ See TIELEMAN 2003, 165–6.

²¹ See VAN DER EIJK 2000b.

man psycho-physical potential²² – although, paradoxically, Aristotle allows a certain kind of compensation mechanism whereby in these people their natural temperament in a way makes up for the failure of rational control.²³

In Stoicism, we find an even closer relationship between the mental and the physical: the soul is itself corporeal, a fiery *pneûma* pervading the body in different ways and different degrees of heat and cold, causing it to expand and contract; and thus physical aberrations impinge directly on a person's cognitive and moral life – which, itself, is physical.²⁴

In this respect, the Stoics continue a tradition of Greek medical thought, for the distinction between the 'mental' and the 'physical', and the whole concept of melancholy as a 'mental' illness, was by no means unproblematic.²⁵ As has been pointed out by Mûri and Flashar, the medical writings collected in the so-called 'Hippocratic Corpus' (most of which date from the late fifth and early fourth century BC) make no categorical distinction between 'mental' and 'physical' symptoms; and in their discussions of melancholy, we find what we would regard as mental problems (e.g. lack of concentration, anxiety) mentioned alongside what, again from our perspective, would be classified as bodily complaints.²⁶

This is continued in fourth century medicine, as testified by an important chapter in the history of the concept of melancholy – not only in its own right but also because of its relevance to Rufus and its later influence in Arabic medicine – that is, Diocles of Carystus' discussion of the 'hypochondriac' or 'flatulent' disease. From Rufus and Galen onwards, this condition always appeared under the rubric of melancholy (indeed as a particular type of melancholy). Diocles discussed it in what seems to have been his major work on diseases, the treatise *Affection, Cause, Treatment (Páthos, Aitía Therapeía)*, in which he dealt with a large number of diseases according to a fixed pattern: clinical description of the affection (*páthos*), statement of the cause (*aitía*), recommendation of the treatment (*therapeía*). Unfortunately this work, like most of Diocles'

²² For this way of speaking see VAN DER EIJK 2005, p. 235 with n. 97.

²³ This seems to be envisaged in *Eudemian Ethics* viii. 2, on which see VAN DER EIJK 2005, ch. 8.

²⁴ See TIELEMAN 2003, 190–96.

²⁵ The first extant explicit distinction between 'diseases of the body' and 'diseases of the soul' can be found in the late fourth century medical writer Mnesitheus of Athens (F 11 BERTIER) and in Anonymus Londinensis i. 15 and i. 29 (assuming that the latter reflects early Peripatetic doctrine). But a distinction between symptoms of the mind and symptoms of the body is already implied in Hippocrates, *Epidemics* vi. 8.31 (v. 354–6 L), quoted also by Galen in his discussion of melancholy in *On the Affected Parts* iii. 10 (viii. 180 K, printed below in Appendix 1, p. 271).

²⁶ MÛRI 1953; FLASHAR 1966, ch. 2; KLIBANSKY et al. 1990, ch. i. 1.

œuvre, is lost, but the number of surviving fragments give us a reasonably detailed impression of what the treatise looked like. As for Diocles' discussion of the 'hypochondriac' or 'flatulent' affection, we are fortunate in having a long quotation preserved in Galen, *On the Affected Parts* III.10 (viii. 185–9 K), which is printed in the Appendix 1. Since I have discussed it at greater length on an earlier occasion, I will confine myself to a summary of its main points.²⁷

It is one of the first discussions in medical history of what, in today's terminology, would be regarded as a psychosomatic condition. Diocles describes a cluster of feelings of pain and discomfort in the abdominal region: sour eructations, abundant watery spitting, flatulency, a burning feeling near the hypochondrium, intestinal gurgling, and strong pains in the belly sometimes extending to the broad of the back, vomiting of raw foods and bitter, hot and sharp phlegms, and teeth set on edge. These symptoms, he says, arise from problems with the digestion of food that are caused by excessive heat in the vessels that receive nutriment, giving rise to obstruction in the vessels and thickening of the blood; and he adds that the problems occur from a very early age onwards (F 109, 8–20 vDE; below, p. 279).

Diocles' description displays several similarities to the 'epigastric' or 'hypochondriac'²⁸ type of melancholy that is found so prominently in Rufus' fragments (cf. **F7**; **F18**; **FF25–6**: duodenal ulcer²⁹); and even though in the surviving evidence Rufus nowhere mentions Diocles, it has been suggested that he may have been familiar with Diocles' views.³⁰ Yet

²⁷ For a discussion of this fragment (F109 vDE) and its later reception in Arabic medical literature see VAN DER EIJK 2001a, 216–24. See also FLASHAR 1966, 50–59; CODELLAS 1948. On the later reception of Diocles' 'hypochondriac' syndrome in the Early Modern period see also PETTIT 2006, and DANDREY 2005, 625–6, 646–7 (on André du Laurens).

²⁸ Again, this term is used here in its ancient sense of 'taking place in the region below the cartilage', not in the modern sense of 'excessive anxiety about one's health'.

²⁹ But see Rütten, below, p. 247 and n. 12.

³⁰ It is quite plausible – though impossible to verify – that in Rufus **F6** §7 ('Rufus said in this book: Some ancient physicians called those suffering from this disease hypochondriacs since it originates in the region beneath the rib-cartilage'), Diocles is meant; see also FLASHAR 1966, 93; DANDREY 2005, p. 118, n. 3, and above, p. 84. Arabic medical authors had only a very faint knowledge of Diocles. The little they knew mostly came from Arabic translations of Galenic works such as *On the Affected Parts*, iii. 10 (see Appendix 1 below). Through these translations, Diocles' name came to be associated with the hypochondriac or 'epigastric' type of melancholy (for references see VAN DER EIJK 2001a, 221–4). The striking fact that Rufus' name does not figure in *On the Affected Parts* iii.10 may be part of the explanation for the equally striking fact that Diocles and Rufus are, as far as I am aware, never mentioned together by Arabic writers in the context of hypochondriac or epigastric melancholy.

the fragment is as intriguing for what it says as for what it does not say. For, while Diocles uses the terms ‘flatulent’ (*phusódēs*) and ‘melancholic’ (*melancholikós*)³¹, he does not decide on a specific name for the disease; instead, he refers several times to ‘what people say’ and to ‘the so-called flatulent’ disease. The noun *melancholía* does not occur in the fragment; Diocles may of course have mentioned it in the surrounding context, but it is also possible that it is Galen who is responsible for introducing the fragment under the rubric of *melancholía*. Nor, strikingly, does Diocles say anything about black bile (*mélaina cholē*) as a cause for the affection: the cause he states is an unnatural heating or inflammation in the vessels of the digestive system (‘the vessels receiving the food from the stomach’), causing the food to remain undigested in the stomach (F109, 23–35 vDE; below, p. 279). And he adds that according to ‘some people’, the cause is an inflammation of the ‘mouth of the stomach’, which prevents the food from entering the stomach (F109, 38–44 vDE; below, p. 281).³²

Moreover, for our present purposes it is remarkable that after quoting Diocles’ account of the symptoms and the cause, Galen comments that Diocles did not mention any of the ‘psychological’ problems that, in Galen’s view, are so characteristic of the disease, such as fear and depression (F109, 45–51 vDE; below, p. 281). Galen generously allows for the possibility that Diocles ‘has omitted them because they were made clear by indication from the name of the disease’; but he criticises Diocles for the fact that in his account of the cause (*aitía*), while explaining the other symptoms, he did not state the cause of these psychological problems (F109, 51–54 vDE; below, p. 281). He suggests that Diocles may have left them out because he found it ‘difficult’ (*dúskolon*) to explain them (F109, 60 vDE; below, p. 281). It remains unclear why Galen thought that it was ‘difficult’ for Diocles to describe the causes of the mental disturbance which Galen believes to be characteristic of the disease. Perhaps Galen considered that Diocles did not have his own notions of *sumpátheia* or *prōtopátheia* at his disposal to connect the two with each other (but see F182, 51–7 vDE), or that his anatomical knowledge about connections between the stomach and the brain may not have been sufficient.

³¹ F109, 9–10 vDE referring to the disease, line 23 to the person; the latter use is also found in F182, 217 vDE.

³² For this reason, the reference preserved in the Pseudo-Aristotelian *Problem* 30.1 953b25 to ‘doctors’ who claim that ‘affections that are flatulose (*pneumatódē*) and affections that pertain to the parts below the cartilage are melancholic (ὅ τε δὴ χυμὸς καὶ ἡ κρᾶσις ἢ τῆς μελαίνης χολῆς πνευματικά ἐστίν· διὸ καὶ τὰ πνευματώδη πάθη καὶ τὰ ὑποχόνδρια μελαγχολικά οἱ ἰατροὶ φασιν εἶναι)’ applies perhaps not so much to Diocles himself (as FLASHAR 1962, 719, suggests) but rather to the people to whom Diocles refers in the fragment. See also Diocles, F110 vDE.

We should bear in mind that for Diocles the seat of the mind is in the heart, not in the brain (see F72 vDE), and this cardiocentric view would have made a connection between the hypochondriac syndrome and mental disorder relatively easy. But, of course, Galen rejects this cardiocentric view, as becomes clear from a passage a little earlier in the same chapter (viii. 167 K.), where he says that all physicians who are to be taken seriously think that the activities of the ruling part of the soul are performed by the brain. This, then, is probably, in Galen's opinion, the reason why Diocles was unable to provide a satisfactory explanation for the psychological characteristics of melancholy.

Galen does not quote from Diocles' account of the treatment of the affection. The only information we have on this is from Diocles' reference to the administration of cold foods benefiting the patient since they cool the excessive heat (F 109, 33–5 vDE; below, p. 279).

How does this compare to Rufus? On the one hand, Rufus, at least in those fragments where we have good reason to assume that he is being cited verbatim, nowhere mentions 'soul' and 'body';³³ and as we shall see below, in **F 5** it seems as if there is a similar reticence on Rufus' part regarding what we would call the 'psychological' manifestations of the disease. Yet there is other evidence to suggest that in his discussion of what has come to be known as the 'hypochondriac' type of melancholy, Rufus did mention 'psychological' symptoms in their own right – such as excessive fear, hallucinations, anxiety, which he explains by reference to physical causes (**FF 11** and **13**) – but he also, conversely and notoriously, listed 'psychological' causes, such as devotion to mathematics or to theoretical study in general, as leading to the physical complaints characteristic of melancholy. In this respect, then, Rufus' account of 'hypochondriac melancholy' would seem to be significantly different from that of Diocles'.

Galen's report on Diocles conflicts, however, with other evidence for Diocles' views on melancholy as attested in the work *On Acute and Chronic Diseases* by the so-called Anonymous of Paris. This text attributes to Diocles the opinion that melancholy is both characterised by mental disturbance and caused by black bile.³⁴ This is much more in accord-

³³ I take it that what we read in **F 5** §4, is a rendering of Galen's position, not Rufus'; see below.

³⁴ Anonymous of Paris, *On Acute and Chronic Diseases* 19 (p. 116, 22–118, 2 GAROFALO = Diocles, F 108 vDE): 'The cause of melancholy. Praxagoras and Diocles say that the affection occurs when black bile gathers around the heart and changes the psychic faculty. Hippocrates says that the disease is at its most developed stage when this [sc. black bile] proceeds to the head and destroys the sacred mind in the brain. (μελαγχολίας αἰτία. Πραξαγόρας καὶ Διοκλῆς μελαίνης χολῆς περὶ τὴν καρδίαν συστάσης καὶ τὴν ψυχικὴν δύναμιν τρεπούσης φασὶ γίνεσθαι τὸ πάθος.

ance with the picture that emerges from Rufus' fragments: for in **F 28** § 5, Rufus mentions bile as a cause moving to the brain, and in **FF 29** and **30** bile invading the blood; and again **F 21** § 7 speaks of black bile affecting the blood as the cause of melancholy.³⁵

The discrepancy in the evidence for Diocles' views on melancholy is not easy to explain. One possibility is that the Anonymous of Paris (who may well have been a contemporary of Rufus) gives us a schematised, distorted picture, motivated by his desire to record agreement between the classical three physicians Diocles, Praxagoras and Hippocrates.³⁶ Yet as I have shown elsewhere, there is good reason not to dismiss the testimony of the Anonymous too easily, and he seems to have had access to some of Diocles' works (possibly even the same work *Affection, Cause, Treatment* from which Galen is quoting) and can, on the whole, not be accused of deliberate misrepresentation of earlier thinkers' views.³⁷ Another possibility is therefore more likely to be correct: Diocles may have distinguished different types of melancholy, and the two accounts refer to such different types. Galen and the Anonymous fail to acknowledge this, or perhaps choose to ignore this (which would not be untypical of Galen). In other words, Galen may well have misread Diocles' intentions and raised anachronistic or inappropriate questions about the lack of references to 'soul' versus 'body'.

Typologies of Melancholy

Such typologies of melancholy seem to have set in already in the fourth century: in the Aristotelian context – as witnessed both by the references to melancholy in Aristotle's genuine works and by the *Problems* – there is the distinction between, on the one hand, 'hot', 'excited' – we would say 'manic' – melancholy leading to ecstatic behaviour, and on the other hand 'cold', 'despondent' (*dusthumía*) – we would say 'depressive' – melancholy leading to excessive fear and possibly even suicide, with each type corresponding to excessive heat or excessive cold in the melancholic 'mixture' (*krâsis*). It is true that the 'hot' type dominates in Aris-

Ἰπποκράτης δὲ ὀρμησάσης ταύτης ἐπὶ τὴν κεφαλὴν καὶ φθειρούσης τὸν ἐν τῷ ἔγκεφάλῳ ἱερὸν νοῦν φησι τὸ πάθος ἀποτελεῖσθαι.'

³⁵ On Rufus' physiological explanation of melancholy see KLIBANSKY et al. 1990, 105–7; DANDREY 2005, 114–15.

³⁶ On the nature and background of the Anonymous of Paris see VAN DER EIJK 1999. These three physicians, as well as Erasistratus, are 'the ancients' (*hoi palaioi* or *hoi archaioi*) to whom the Anonymous refers throughout his work.

³⁷ See VAN DER EIJK 1999, 317 (referring to Anonymous of Paris, ch. 3) and Diocles, F98 vDE with comments.

totle's discussions, but the cold is not entirely absent, as a reference to the natural coldness of black bile in *On Sleep* shows (457a31): 'black bile, being by nature cold, cools also the nutritive region and any other parts of the body wherever this residue happens to be present'. Moreover, the cold manifestations of melancholy attracted the interest of the authors of *Problem* 30.1, who dwells at length on the melancholics' characteristic 'despondency' (*dusthumía*) and inclination to suicide (955a7–29), and of the presumably post-Aristotelian *Magna Moralia*, where the melancholics are associated with 'cold' people who display *asthéneia* ('weakness'), a particular kind of lack of self-control (1203b1–2).

How the 'hypochondriac' variant fits into this 'bipolar' division is not so clear. It seems to be alluded to in *Problem* 953b23–6 in connection with the role of *pneûma*, 'air' or here perhaps 'excessive airiness', 'flatulence' (*phusôdes*)³⁸ – a characteristic also found in Diocles' discussion of hypochondria – but it is not related to either of the two 'extremes', and it may well be inappropriate to want to fit it in here. As to Diocles himself, we simply do not have enough information, except that he did mention excessive heat in the vessels of the digestive system as the cause of the condition. The same picture seems to apply to Rufus, for in **F7** we are told that Rufus assigned 'extreme heat of the liver and the stomach' as causes of melancholy; and in **F8**, similar to the 'some people' (*tines*) mentioned by Diocles in his alternative explanation in (F 109, 38 vDE; below, p. 281), Rufus is reported to have mentioned affection of the oesophagus ('the mouth of the stomach') in connection with melancholy.³⁹

The association of melancholy, or at least this type of it, with disorders of the (mouth of the) stomach or oesophagus seems also reflected in a passage in Cicero's *On Divination* (i. 38.81–2):

Aristoteles quidem eos etiam qui valetudinis vitio furerent et melancholici dicerentur censebat habere aliquid in animis praesagiens atque divinum. Ego autem haud scio an nec cardiacis hoc tribuendum sit nec phreneticis; animi enim integri, non vitiosi est corporis divinatio.

Aristotle thought that those who are insane as a result of a problem of (bodily) health and who are called melancholics have something prophetic and divine in their minds. However, I doubt that this should be attributed to people with 'heart' disease or to people suffering from *phrenîtis*; for divination belongs to a healthy mind, not to a defective body.

The association of melancholics with *phreneticis* is presumably related to the 'manic', 'ecstatic' sides of melancholy; but *cardiacis* in the

³⁸ Cf. *Problem* 30.1, 953b27 cited above, p. 103.

³⁹ This location of melancholy is also mentioned by Caelius Aurelianus, *Chronic Affections* i. 6.183.

Latin text has so far defied a satisfactory explanation.⁴⁰ It seems that it makes sense in relation to what in Greek medicine was sometimes called ‘cardiac’ disease, where *kárdia* refers not to the heart, but to the ‘mouth of the stomach’⁴¹, which is exactly what Diocles (in F 109 vDE; below, p. 281) mentioned as the location of the inflammation giving rise to the disorders mentioned under melancholy.⁴² A similar association is found in a passage in Celsus, *On Medicine* iii. 19.1:

His morbis praecipue contrarium est id genus quod kardiakon a Graecis nominatur; quamvis saepe ad eum phrenetici transeunt ... id autem nihil aliud est quam nimia imbecillitas corporis quod stomacho languente immodico sudore digeritur.

The most opposite of these diseases (i.e. three forms of insanity, that is, *phrenîtis*, melancholy, delirium), is the kind which the Greeks call ‘cardiac’, even though people suffering from *phrenîtis* often slip into this ... However, it is nothing but an extreme weakness of the body that is worn out by excessive sweating as a result of pain in the stomach.

Celsus’ denial of the ‘mental’ nature of the ‘cardiac’ disease seems to correspond to Galen’s statement that Diocles did not mention any ‘mental’ problems in relation to the disease he describes, although it is not clear that they have the same concept in mind, for Celsus distinguishes ‘cardiac’ disease from melancholy as a disease in its own right. Clearly, Celsus works with a different classification, for his concept of melancholy, too, is predominantly seen as ‘depressive’ (*tristitia*, 30.18.17). He also mentions that *phrenîtis* may slip into cardiac disease; it thus seems that he is distinguishing as separate diseases what earlier authors were distinguishing as different types of one disease.

Galen’s typology in *On the Affected Parts* (see Appendix 1) is between melancholy arising from black bile gathering in the brain, black bile

⁴⁰ The translation by SCHÄUBLIN 1991, 85, ‘I have, however, grave doubts whether one can attribute such a gift to those whose madness originates inside the body or the brain (Ich habe allerdings meine schweren Zweifel, ob man eine solche Gabe denen zuschreiben soll, deren Wahnsinn vom Innern des Körpers oder vom Gehirn herrührt)’ is insufficiently specific. Likewise unsatisfactory is PEASE’s comment (1920–23, 243): ‘the reason why Cicero (or his source) here combined cardiacis and phreneticis with melancholici is doubtless this: liver, heart, and midriff had at one time or another been regarded as special seats of life and intelligence ... and the explanation of prophecy as due to a disorder of one of these seats is denied by Quintus, who couples with his denial an assertion that it is also not due to disorders of either of the others.’

⁴¹ On this *morbus cardiacus* see HARRIS 1973, 432–41; VAN DER EIJK 2001a, 209–11.

⁴² This is also in accordance with what is reported by the Anonymus Parisinus ch. 10 (p. 72, 3–12 GAROFALO = Diocles F 104 vDE) on Diocles’ views on cardiac disease, that he did not recognise it as a disease in its own right but as an additional affection supervening on inflammations of vital parts of the body, especially the *kárdia*, i.e. the mouth of the stomach; see the discussion by VAN DER EIJK 2001a, 208–11; and PIGEAUD 2006, 283–4.

spreading through the body and black bile gathering in the belly or abdominal cavity (*koilía*). It is quite possible that this division reflects Rufus' ideas – even if Rufus is not mentioned there. Galen's third type corresponds to the type most prominently discussed by Rufus in **FF4–5, 7, 18** (and Diocles F 109). Later Arabic sources clearly work from this model when saying that Rufus discussed 'only' the hypochondriac type (**F37**), but this may be a later, anachronistic distortion; at any rate Rufus mentions both 'hot' and 'cold' manifestations such as fear (**F11** § 2, **F13** § 2, **F20** § 1), and it seems likely that, while focusing on the epigastric, hypochondriac type, he was familiar with other types as well.

A further relevant typology of melancholy based on a different criterion is the distinction between 'natural' (perhaps even congenital) vs. acquired melancholy, which is attributed to Rufus in **F11** § 22, with the mathematician and the ascetic as famous examples of the latter type. As the word *krâsis* indicates, Rufus is talking here of a constitution (not just of an incidental disease) that as it were predisposes the melancholic to a variety of problems. The idea that one can acquire such a constitution by eating and drinking patterns and by a specific life-style is a logical corollary of ancient dietetic theory, and as such it can be traced to the Hippocratic work *On Regimen*. Its specific application to melancholy, too, has a background in philosophical discussions, for it corresponds to Plato's observation that 'a man becomes tyrannical in the strict sense when he becomes prone to drinking, sex and melancholy either by nature or by activities or by both (Τυραννικὸς δὲ [...] ὧ δαιμόνιε, ἀνὴρ ἀκριβῶς γίγνεται, ὅταν ἢ φύσει ἢ ἐπιτηδεύμασιν ἢ ἀμφοτέροις μεθυστικός τε καὶ ἐρωτικός καὶ μελαγχολικός γένηται.)' (*Republic* ix. 573c7–9). Aristotle also seems to make a distinction between 'natural' and 'habituated' melancholy, with their different degrees of curability, in his discussion of *akrasía* ('lack of self-control') in *Nicomachean Ethics* 1152a27–33, where Aristotle considers different types of *akrasía*, 'impetuousness' (*propéteia*), which is behaviour devoid of rational deliberation, and 'weakness' (*asthéneia*), which does involve deliberation but where the individual is unable to keep to his deliberation. The melancholics are mentioned here by Aristotle as prototypical of the first type; but he seems to make a further sub-distinction within this category between those who are impetuous by nature and those who are impetuous by habit, saying that the former are more difficult to cure than the latter.⁴³

⁴³ For a discussion of the interpretative difficulties of this passage see VAN DER EIJK 2005, 150; DEMONT 2005, 284. On *akrasía* as a result of habituation see *Nicomachean Ethics* 1114a1–29. A further parallel in this connection can be found between Rufus **F11** § 23 and a passage in the Peripatetic *Magna Moralia* 1203b1–2.

Psychosomatic Interaction

In his discussion of the three types of melancholy in *On the Affected Parts* iii. 10 (see *Appendix 1*), Galen explains a number of psychological symptoms by reference to *sumpátheia*, ‘co-affection’, between the stomach and the brain through the physical connection of the nerves. Another term Galen uses in this connection is *prōtopátheia*, which denotes that a specific bodily part is primarily affected, even though others may be affected too.⁴⁴ Clearly, these concepts come very close to our modern understanding of psychosomatic interaction. As so often, the scantiness of pre-Galenic evidence makes it difficult to determine how innovative Galen was in using these terms in this specific medical sense or whether he adopted an already existing usage; and conversely, when later writers seem to attribute the notion to pre-Galenic medical writers, it is difficult to determine whether they retroject a Galenic term to an earlier writer.

Yet there is some evidence to suggest that the terms were used in late first and early second century AD medicine (though perhaps not in such a technical sense as by Galen).⁴⁵ As far as Rufus is concerned, the verb *prōtopatheîn* is attributed to him in **F11** § 1 in what seems to pretend to be a verbatim account; and the mechanism of *sumpátheia* certainly seems to be alluded to in **F8** § 1 in the phrase ‘that the head is connected to the stomach’, and in **F8** § 3, where the term is not mentioned but implied in the statement that diseases of the head such as ‘*phrenîtis*’ can be caused by a large quantity of bile in the stomach.

⁴⁴ These terms are defined by Galen in the beginning of the work at i.3 (viii. 30–31 K) and applied throughout; in relation to ‘diseases of the head’, they are mentioned at the beginning of chapter iii. 10 (viii. 179 K).

⁴⁵ The verb *prōtopatheîn* (a present, not an aorist) is attested for Soranus (*Gynaecia* iii.38), and for the surgical writer Heliodorus (in Oribasius, *Medical Collections* 46.7.4), both of whom are to be dated to the late first or early second century AD. *Sumpátheia*, *sumpáschein* and *sumpatheîn* (again, a present not an aorist) have of course a wide range of usages; they are used in medical context in Soranus (*Gynaecia* i.15; i.63) and in Aretaeus, *On the Causes and Signs of Chronic Diseases* i.5.4, in a description of a very similar affection to the epigastric melancholy discussed by Diocles and Rufus: ‘If the cause remains in the hypochondriac regions, it collects about the diaphragm, and the bile passes upwards, or downwards in cases of melancholy. But if it also affects the head through co-affection, and the abnormal irritability of temper change to laughter and joy for the greater part of their life, these become mad rather from the increase of the disease than from change of the affection. (ἦν μὲν ἐν τοῖσι ὑποχονδρίοισι μίμνη ἢ αἰτία, ἀμφὶ τὰς φρένας εἰλέεται, καὶ διεξίει χολὴ ἄνωθεν ἢ κάτωθεν μελαγχολῶσι. ἢ δὲ καὶ κεφαλὴν ἐς ζυμπαθείην ἄγη καὶ ἀμείβηται τὸ παράλογον τῆς ὄξυθυμίας ἐς γέλωτα καὶ ἡδονὴν ἐς τὰ πολλὰ τοῦ βίου, οἱ δὲ μαίνονται, αὐξή τῆς νούσου μᾶλλον ἢ ἄλγει πάθεος.)’ (tr. ADAMS 1856, 54, slightly modified).

Diagnosis and Understanding of the Disease

Classification of a disease into different types begs the question of the methodology of its diagnosis – and this brings us to the epistemological and methodological issue we mentioned at the beginning of this paper, namely the understanding and conceptualisation of melancholy, its determination on the basis of symptoms, and so on. Does Rufus have anything to say on the methods he uses for this, or can we only distil this implicitly from his works?

The problem here is that the evidence is not only fragmentary but also not free from apparent contradictions – which may be the result of unreliable reporting by the source-authors. In **F5**, preserved in Iṣḥāq ibn 'Imrān, Rufus is first quoted for saying that his account is 'reliable' and puts the reader in a good position 'to comprehend all those symptoms present in those suffering from this disease which we have not mentioned in this work.' (§§ 1–2) This is somewhat ambiguous, as it is unclear whether it refers to an understanding of the reason(s) why melancholics (sometimes) display the (additional) symptoms they may display (as the verb *fahima* 'to comprehend' seems to indicate) or whether it refers to a diagnostic method that allows the observer to recognise the presence of the disease on the basis of the symptoms he has read in Rufus' work (which would serve as diagnostic clues); on the latter interpretation, it looks like a statement of the principle of 'transition from the similar to the similar' known from Empiricist medicine, or at any rate a method of inference from the known to the unknown.⁴⁶

However this may be, the comment of the reporting author in the next section of **F5** is that, according to Rufus, 'the symptoms of the disease can hardly be ascertained or elucidated to their full extent [*takādu an lā tublaḡa mudāhā wa-lā yūṣala ilaihā*]', the reason being that 'the way in which the soul is affected is hidden, because the substance of the soul is concealed and difficult to perceive, and it is unclear how one⁴⁷ arrives at a knowledge of the choices of the soul, and how one comes to measure whether thinking is good or bad, whether imagination is sound or not ... All this is subject to disagreement.' To readers of Galen, this scepticism

⁴⁶ See the contribution by NUTTON above pp. 149–50.

⁴⁷ Following the manuscript, GARBERS reads *ta'arrufihī* (lit. 'its knowing'), and interprets this as referring to the substance of the soul: 'how the (substance of soul) knows the decisions of the soul [*wie die (Seelensubstanz) die Entscheidungen der Seele erkennt*]'. This, however, is clearly unsatisfactory. A small conjecture, reading *ma'rifa* (معرفة) instead of *ta'arrufihī* (تعرفه), restores the necessary meaning; in the whole expression *li-ḥafā'i ma'rifati ḥtiyārāti n-naḥsi* (lit. 'because of the obscurity of the knowledge of the choices of the soul') *ma'rifati* is a subjective, and *iḥtiyārāti* an objective genitive.

regarding the possibility of knowing the soul's essence sounds very familiar, and one suspects that we are not reading Rufus here but a later Galenically inspired rationalisation. Only in §7 do we find the name of Rufus mentioned again, where he is said to have discussed only *one* of the three kinds of melancholy; Rufus apparently confined himself to the hypochondriac type, and he was confident that on the basis of this people would be able to identify the other types (cf. **F11** §17).

A similar ambivalence occurs in another fragment that is relevant in methodological respect, **F11**, the most sizeable fragment, preserved in Aëtius of Amida. Unfortunately, there are considerable philological problems here. First, the word *Rhouphou* ('Of Rufus') printed at the beginning is absent from most manuscripts; and if it is not accepted in the text, it is uncertain where exactly the report of his views starts.⁴⁸ There is a further difficulty at the end of the fragment: Pormann's §§26–8 (following Olivieri) are printed by Daremberg-Ruelle after §21, with §§22–5 then following after §28;⁴⁹ and this is also the order of the sections in the discussion 'On Melancholy from the works of Galen, Rufus, and Posidonius' printed in vol. 19 of Kühn.⁵⁰ This alternative arrangement makes good sense, for the remark about the origin of the disease leads on organically to the question of the different organs, which seems to offer a more coherent sequence of thought than the order in the *CMG* text.

As to the contents of the fragment, §§1–2 stress the difficulty of stating 'the causes of all the symptoms accompanying each individual case', since 'most of them present great difficulty (*aporían gàr pollèn échei tà pleísta*)'.⁵¹ This could be related to what was said in **F5** §3 about the impossibility of 'ascertaining or elucidating' the symptoms *to their full extent*.⁵² But it comes as a bit of a surprise to read in the immediately following **F11** §3 that for *most* (*tôn pleístōn*) of the symptoms it is 'not difficult (*ou chalepón*)' for the doctor to find the cause. One way of saving Rufus from inconsistency here would be to take, as Flashar has suggested, §§1–2 as Aëtius' introduction and to let Rufus' text start at §3; but the sequence *pántōn mèn oûn ... tà dè pleísta* makes that rather unlikely (unless Aëtius has created confusion in rewriting the text). Another way in which the apparent contradiction could perhaps be resolved, or at

⁴⁸ See FLASHAR 1966, 86.

⁴⁹ On this problem see FLASHAR 1966, 86–7 and DANDREY 2005, p. 121 n. 1.

⁵⁰ On the status of this material see DANDREY 2005, 241–50.

⁵¹ Cf. Galen's observation (cited below in Appendix 1 below, p. 281) that it was 'difficult' for Diocles to state the causes of the psychological symptoms of melancholy.

⁵² '... *takādu an lā tublağa mudāhā* [sc. *al-'a'rāđi*] *wa-lā yūşala ilaihā*'. This difficult expression literally means: 'the extent of which [i.e. the symptoms] is hardly reached, and one hardly arrives at them'.

least softened, would be to give full weight to the distinction between 'all' in § 1 (cf. 'to their full extent' in **F 5** § 3) and 'most' here in § 3. And perhaps there is a further distinction implied between the reference in § 1 to 'accompanying symptoms' (*parepoménōn*) and the reference in § 3 to 'most symptoms', although it is not explicitly stated what this difference is. Perhaps it is that 'accompanying symptoms' may or may not be present and are therefore harder to account for than symptoms that occur necessarily.⁵³

However this may be, any epistemological caution that may be present at the beginning disappears very quickly in the subsequent paragraphs of the fragment: Rufus optimistically proceeds in §§ 3–17 to explain a whole range of different symptoms (including some psychological ones rather similar to those that were said to be 'obscure' in **F 5** § 4) and concludes in § 17 that 'On the basis of this, it is easy for anybody to give the reasons of *the rest* of the symptoms (*tôn loipōn sumptōmátōn*) as well'. True, it does not say 'all the other symptoms'; but *tôn loipōn sumptōmátōn* sounds rather exhaustive. Perhaps Rufus' point is just a rather commonsensical one: that explaining *all* the symptoms that may or may not present themselves *in every single case* is impossible; but that explaining the symptoms that accompany the disease for the most part is not difficult, and that it becomes easier if one proceeds from the known to the unknown along the lines indicated in the fragment.

A similar combination of an awareness of the seriousness and difficulty of the physician's job with a confidence that it is not an impossible or hopeless task is found in §§ 26–8 of the same fragment **F 11**, where Rufus stresses the importance for treatment of knowing the origin of the disease – and this is, on the revised arrangement, logically followed by the distinction between congenital and acquired melancholy in §§ 22–5. It ties in with Rufus' frequently recurring insistence on the importance of recognising symptoms at a very early stage, with a view to therapeutic intervention stopping the disease from spreading and becoming too difficult to cure (**F 14**; cf. also **F 13**). The difficulty of such early recognition is stressed in **F 15**. Rufus does not tell us explicitly (at least not in the material that survives) how one should recognise these signs; but most of

⁵³ The expression occurs in Erotian's *Lexicon* (F33, line 32) and in Galen, *On the Causes of Symptoms* (vii. 250 K) and could refer to symptoms that may (but need not necessarily) follow on others; but no definition to this effect is given. Of the two examples given in the Rufus fragment (**F 11** § 2), the second one about why some people are afraid of their relatives and others of all people, seems to suit this specialised meaning; but the first example of pursuing what is dangerous and avoiding what is good is less obviously accidental. And in the examples that follow in §§ 4–17, there are likewise cases which do not apply universally or for the most part – e.g. § 7: 'some (*éniōi*)'.

the symptoms he mentions (**FF 14, 21, 28, 29**) are visible ones, and there is little physiological speculation.⁵⁴

All this is epistemologically not particularly profound, and it confirms the picture of Rufus as a practical, hands on physician, whose fame – already in antiquity – was based first and foremost on his clinical and therapeutic competence. Yet as this contribution has tried to show, that does not mean that Rufus was unaware of the philosophical tradition of thinking on melancholy or of theoretical issues surrounding its understanding and classification. It is rather that Rufus simply does not seem to reflect on philosophical issues or conceptual problems *as such*, and when he adopts methodological or epistemological principles and procedures, he does so by applying them implicitly rather than discussing them explicitly.

In this respect, the difference with Galen could hardly have been greater. Yet for all his emphatic insistence on methodology and on the distinction between soul and body, Galen appears to have added very little to Rufus' clinically as well as therapeutically impressive account of melancholy – of which Galen was very well aware, as **F3** testifies. And although, strikingly, Rufus is nowhere mentioned in the relevant chapters of Galen's *On the Affected Parts*, it is quite possible that most of what we read there – see Appendix 1 below – builds in essence on Rufus' *On Melancholy*.

⁵⁴ Except in **FF 21** and **28** which speak of bile moving to the brain, and bile affecting the blood. But these are causal explanations, not diagnostic observations.

Melancholy in the Medieval World

The Christian, Jewish, and Muslim Traditions

PETER E PORMANN

מְשֻׁעָע אִישׁ הָרוּחַ

Crazy is the man of spirit

Hosea 9: 7

ἡμεῖς μωροὶ διὰ Χριστόν

We are fools for Christ's sake

Corinthians I, 4:10

Melancholy in the Middle Ages is an enormous subject. Jews, Christians, and Muslims were all at some time under the spell of melancholy. Notions of black bile, of melancholic dispositions, of madness and other mental disorders being linked to, or caused by, melancholy abound in the various literatures and languages.¹ In the Christian tradition, melancholy was linked to one of the seven deadly sins, the sin of sloth, and could be used – in a somewhat metaphorical way – to explain the Fall of Man, the original sin. The Jewish physician Maimonides (d. 1204) treated the Egyptian Sultan al-Afḍal who suffered from melancholy, of which he give an account in his ‘medical swansong’. Moreover, such Muslim luminaries as Avicenna (d. 1037) and Averroës (d. 1198) discussed the subject in their medical works, and it acquired great importance in the hospital care of tenth-century Baghdad.

The name of Rufus himself was famous throughout the period, especially since both Galen (d. c. 216) and Iṣḥāq ibn ‘Imrān (d. c. 903–9) praised him as the most important author on the subject (**FF 3–4**). Through Constantine the African’s anonymous translation and paraphrase, Iṣḥāq’s work and the references to Rufus which it contains became known in the Latin medieval world as well.² Many other medical authors such as ar-Rāzī (d. 925), Avicenna, and Averroës were translated into Latin as well, and therefore a constant interchange of ideas took place between the different shores of the Mediterranean.³ Whilst the concept of melancholy, heavily influenced by Rufus’ work, was familiar not only to the intellectual elite, but also the common crowd, Rufus had begun to become a symbol, the name of a famous physician. That both

¹ The classical study of this subject is KLIBANSKY et al. 1964.

² GARBERS 1977.

³ See AKASOY et al. 2007.

Rufus and melancholy had penetrated the popular register by the late fourteenth century can be illustrated by two quotations from Chaucer. In the first, from the prologue, the physician is described as being well versed in the works of certain Graeco-Roman, and Arabo-Islamic physicians.

With us ther was a Doctour of Phisik
 In al this world ne was ther noon hym lik
 To speke of phisik and surgerye, ...
 Wel knew he the olde Esculapius,
 And Deyscorides, and eek Rufus,
 Olde Ypocras, Haly, and Galyen,
 Serapion, Razis, and Avycen,
 Averrois, Damascien, and Constantyn,
 Bernard, and Gatesden, and Gilbertyn.⁴

For Chaucer, Rufus was one of the great physicians such as Hippocrates and Galen, or ar-Rāzī and Avicenna (Ibn Sīnā). We shall shortly see that his name also enjoyed great fame in the Arabic-speaking medieval world.

Chaucer's interest in medicine extended also to the concept of melancholy more generally.⁵ For instance in the Nun's Priest's Tale, Pertelote (the noble hen) chides her cockerel hero Chauntecleer for being afraid of nightmares which he had the night before. When doing so, she explains the objects of his fears in terms of humoral pathology:

Right as the humour of malencolie
 Causeth ful many a man in sleep to crie
 For feere of blake beres, or boles blake.⁶

The last verse, full of alliterations and assonance, paints a bleak picture of fears of black bears (*beres*) and bulls (*boles*), caused by black bile. We find a similar physiological explanation of mental delusions in Rufus.⁷

Therefore both Rufus and melancholy were very much part of Chaucer's world of ideas and reflect trends and tendencies in late medieval England. It is, of course, beyond the scope of this essay to give a comprehensive account or even a history of melancholy as an intellectual concept throughout the Middle Ages. Rather, the focus will be on a number of salient examples, vignettes, so to speak, which will allow the reader to appreciate how pervasive this idea proved to be in the Christian, Jewish, and Muslim imagination. We shall begin with some general ideas about melancholy, and move to more specific examples where Rufus is credited by name for his input.

⁴ General Prologue, vv. 411–434 (p. 30 *Riverside Chaucer*, 3rd ed.).

⁵ See HEFFERNAN 1995.

⁶ vv. 4123–5 (p. 255 *Riverside Chaucer*, 3rd ed.).

⁷ **F11** §§ 3–7; see also the commentary.

Melancholy and Monasticism

In the later Middle Ages, some theologians linked melancholy to the sin of sloth, or *acedia*, one of the seven deadly sins.⁸ The idea that mental apathy, the laziness of the mind, is a dangerous temptation which, like a disease, needs to be diagnosed and treated, goes back to Evagrius Ponticus (d. 399), one of the fathers of Egyptian monasticism.⁹ According to him, *acedia* is the mental weariness which potentially befalls monks when they carry out their chores, or are engaged in monotonous prayer or recitation of scripture; temptation is especially great in the midday heat, and Evagrius describes the attack in the following terms:

Ὁ τῆς ἀκηδίας δαίμων, ὃς καὶ μεσημβρινὸς καλεῖται, πάντων τῶν δαιμόνων ἐστὶ βαρύτερος· καὶ ἐπίσταται μὲν τῷ μοναχῷ περὶ ὥραν τετάρτην, κυκλοῖ δὲ τὴν ψυχὴν αὐτοῦ μέχρις ὥρας ὀγδόης. Καὶ πρῶτον μὲν τὸν ἥλιον καθορᾶσθαι ποιεῖ δυσκίνητον ἢ ἀκίνητον, πεντηκοντάωρον τὴν ἡμέραν δεικνύς. Ἔπειτα δὲ συνεχῶς ἀφορᾶν πρὸς τὰς θυρίδας καὶ τῆς κέλλης ἐκπηδᾶν ἐκβιάζεται, τῷ τε ἡλίῳ ἐνατενίζειν πόσον τῆς ἐνάτης ἀφέστηκε, [...] καὶ χρόνον τῆς ζωῆς ὑπογράφει μακρόν, τοὺς τῆς ἀσκήσεως πόνους φέρων πρὸ ὀφθαλμῶν· καὶ πάσαν τὸ δὴ λεγόμενον κινεῖ μηχανὴν ἵνα καταλελοιπῶς ὁ μοναχὸς τὴν κέλλαν φύγη τὸ στάδιον.

The demon of *acedia*, also called ‘midday demon’, is the most oppressive of all demons. He attacks the monk about the fourth hour and besieges his soul until the eighth hour. First he makes the sun appear sluggish and immobile, as if the day had fifty hours. Then he causes the monk continually to look at the windows and forces him to dash out of his cell and to gaze at the sun to see how far it still is from the ninth hour [...] He [the demon] presents the time of his life as long, holding before the monk’s eye all the hardships of his ascetic life. Thus the demon employs all the wiles so that the monk may leave his cell and flee from the race-course.¹⁰

The terms ‘midday demon (δαίμονιον μεσημβρινόν)’ and *akēdia* both occur in the psalms, at least in the Greek translation of the Old Testament, the Septuagint. In the case of the former, the received text of the Hebrew Bible as we have it today does not contain any reference to the ‘midday demon’, and this is one of the many cases, where the translation in the Septuagint, reflecting a different Hebrew original, had an important impact on the later tradition.¹¹ The Greek word *akēdia*, and the verb de-

⁸ A collection of testimonies is conveniently presented in appendix A of WENZEL 1967, 191–4.

⁹ BUNGE 1983, 1991; AUGST 1988; KONSTANTINOVSKY 2008.

¹⁰ *On the Eight Sinful Thoughts* (xl. 1273, ed. MIGNE); tr. WENZEL 1967, 5 (modified).

¹¹ At *Psalms* 90 (91): 6; this clear discrepancy here between the text of the Septuagint and that of the Hebrew bible is also reflected in the two Latin versions, made from the Septuagint (*iuxta LXX*) and the Hebrew (*iuxta Hebraeos*) respectively. The former has ‘ab incurso, et daemonio meridiano (by an incident or the noonday demon)’ (ἀπὸ συμπτώματος καὶ δαίμονιου μεσημβρινοῦ); and the latter ‘a pernicio quae uastat meridiem (by the disaster which which strikes at noon)’ (יְשׁוּד צָהָרִים מִקְטָב, lit.: ‘from de-

rived from this noun, *akēdiân*, appear a number of times in the psalms in the sense of ‘sorrow’ and suffering from ‘sorrow’.¹² It was, however, Evagrius who gave *akēdiá* its specific meaning as mental sloth. He classified it as one of the eight ‘thoughts (*logismoi*)’, a systematical list of temptations, which was later transformed into the notion of the seven deadly sins. The constant reading and recitation of the psalms in the monasteries may have inspired Evagrius to develop this notion of mental apathy and weariness.

At the other end of the Christian world and slightly later, St Jerome (d. 420), too, linked melancholy to certain monastic practices. In a letter to the monk Rusticus (later to become bishop of Narbonne, d. 461), St Jerome lists examples of people who, although belonging to a monastery, do not lead a truly monastic life. Some are arrogant, and hardly renounce their secular ways; but then another class exists:

Sunt qui humore cellarum, immoderatisque ieiuniis, taedio solitudinis, ac nimia lectione, dum diebus ac noctibus auribus suis personant, uertuntur in melancholiam, et Hippocratis magis fomentis, quam nostris monitis indigent.

There are [certain monks] who, because of the humidity [*humor*] of their cells, unrestrained fasting, their dreary solitude, and excessive reading which fills their ears day and night with sound, fall into melancholy, and require the poultices of a Hippocrates rather than our admonitions.¹³

One can easily see how the excesses of monastic practice, perpetuated over a long period of time, can lead to certain delusional states. Religious ecstasy, after all, is a state which can resemble madness.¹⁴ Moreover, the fight to remain on the straight path under tremendous stress and depravations – frequent concomitants of coenobitic routine – can easily be conceived as the fight against the demons of temptation. Was not Jesus himself, when fasting in the desert, tempted by the devil?

Towards the end of the Middle Ages, St Antonino (d. 1459) and Girolamo Visconti, the Dominican inquisitor (d. c. 1477), discussed melancholic frenzy in a monastic setting at great length, and the latter went even so far as to develop techniques to distinguish between melancholy caused by natural factors (such as black bile), and that caused by supernatural ones such as demons.¹⁵ In the religious art of the late fifteenth

struction [*qeteb*] which devastates [*yāšūd*] at noon’). The different underlying original which the Septuagint appears to render is probably *וְשֵׁן* (*wě-šēd*; lit.: ‘and demon’).

¹² In Ps 118 (119): 28, *akēdiá* translates Hebrew ‘תַּיִבָּהּ’ (sorrow’).

¹³ Letter 125, § 16; *Patrologia Latina* xxii. 1082; see also KLIBANSKY et al. 1964, p. 76; and BRANN 2002, 38.

¹⁴ DOLS 1992, ch. 13.

¹⁵ BRANN 2002, 33–5; for Martin Luther’s thought about the link of melancholy and temptation by the devil, see SCHLEINER 1991, 66–72.

century, we also find monks being besieged by demons or the devil himself, notably St Anthony (fl. 300), the founder of monasticism who appears in a melancholic pose in the *Temptation of St Anthony* produced in Hieronymus Bosch's workshop.¹⁶

There are, to be sure, certain echoes of Rufus' description of melancholy in the *akēdía* depicted by Evagrius and his successors. Although black bile and melancholy are generally associated with the cardinal qualities of cold and dry, Rufus states specifically that 'excess of heat [...] renders the humours black, just as the sun blackens fruits and human bodies', thus providing an analogy with the sun.¹⁷ St Jerome lists 'excessive reading (*nimia lectio*)' as one of the causes for monastic melancholy, and here again, a parallel with Rufus' idea of excessive thinking leading to delusions is immediately obvious.¹⁸ Finally, Rufus records the case of the ascetic who succumbs to melancholy in his *Case Notes*.¹⁹ Although it is impossible to prove a generic link between Rufus' ideas and the notion of monastic melancholy, the parallels are quite striking.

Melancholy and the Fall of Man

A monastic of quite a different kind was Hildegard of Bingen (d. 1179), an extraordinary woman in many regards. She is known as a prophetess and saint, but also as a theologian and medical practitioner. And she is one of the very few medieval women physicians whose fame endured the centuries.²⁰ In her major work on medical theory, called *Causes and Cures* (*Causae et Curae*), she links the ailment of melancholy to the fall of man.²¹ Her clinical description of melancholy echoes that of Rufus:

Multitotiens etiam melancolia in homine exurgit et quendam fumigantem fumum in eo diffundit, qui uenas et sanguinem et carnem illius tam diu contrahit, usque dum per corpus illius se diffundere desistit, scilicet usque dum cessat.

Melancholy often rises up in man and spreads a vapourous smoke [*fumigans fumus*] throughout him; it contracts his veins, blood, and flesh for such a long time, until it stops being spread throughout his body, that is to say until it ceases.²²

¹⁶ See CLAIR 2005, p. 64, no. 8.

¹⁷ F11 §21.

¹⁸ FF34, 36.

¹⁹ See F70 and commentary. A similar idea is expressed by Ishāq ibn 'Imrān; see appendix 2.

²⁰ See GREEN 1999, and also MOULINIER 1995.

²¹ See KLIBANSKY et al. 1964, 78–80.

²² ed. KAISER 1903, p. 145, lines 18–22.

This passage seems to combine two ideas which probably go back to Rufus: that melancholy is spread by vapours; and that melancholy can penetrate the whole body. Ishāq ibn ʿImrān explicitly says that in the case of hypochondriac melancholy, vapours rise from the stomach into the brain, where they damage the cognitive faculties.²³ And in the tripartite division of melancholy to which Galen adhered, we find general melancholy: black bile penetrates the whole body. Both Galen and Ishāq owe a great deal to Rufus, and we therefore find echoes of him in the passage quoted above.

Hildegard continues to argue that an overabundance of bile is often the cause of melancholy. Bile, however, did not always have this deleterious effect, but was transformed by man's original sin, as she explains:

Antequam Adam diuinum praeceptum transgrederetur, quod modo fel in homine est, in eo ut cristallus lucebat et gustum bonorum operum in se habebat; et quod nunc etiam melancolia est in homine, in eo ut aurora fulgebat et scientiam et perfectionem bonorum operum in se habebat. Cum autem Adam transgressus est, splendor innocentiae in eo obscuratus est, et oculi eius qui prius caelestia uidebant, extincti sunt, et fel immutatum est in amaritudinem et melancolia in nigredinem impietatis, atque totus in alium modum mutatus est.

Before Adam disobeyed the divine commandment, the bile that existed in man shone in him like a crystal and had the taste of good works; and what now is melancholy in man, radiated like dawn and had the knowledge and perfection of good works in it. Yet when Adam disobeyed, the glow of innocence darkened in him, and his eyes, which previously beheld the heavenly beings, were now extinguished. And the bile was transformed into bitterness [*amaritudo*], and melancholy into the blackness of sinfulness [*impietas*], and he was completely changed into something else.²⁴

Here again, one is struck by the certain similarities with Rufus. The latter conceived of both black bile and melancholy as being twofold. Black bile can be natural or noxious, and melancholy innate or acquired.²⁵ Through certain processes such as burning or stirring, a harmless humour becomes harmful.²⁶

Hildegard further develops this idea of black bile leading to sin elsewhere:

Et haec melancolia nigra est et amara et omne malum efflat ac interdum etiam infirmitatem ad cerebrum et ad cor quasi uenas ebullire facit atque tristitiam et dubietatem totius consolationis parat, ita quod homo nullum gaudium habere potest, quod ad supernam uitam et ad consolationem praesentis uitae pertinet. Haec autem melancolia naturalis est omni homini de prima suggestionem diaboli, quoniam homo prae-

²³ Ed. GARBERS 1977, p. 19 (tr.) and fol. 95b, lines 15–ult (text); see also below, p. 190.

²⁴ *ibid.* p. 145, lines 27–37.

²⁵ See above, pp. 6–7.

²⁶ **F 11** §§ 24–5; **F 67** § 20; **F 71** § 3.

ceptum dei transgressus est in cibo pomi. Et de hoc cibo eadem melancholia in Adam et in omni genere eius creuit atque omnem pestem in hominibus excitat.

This melancholy [the disease of melancholy] is black and bitter, and breathes out all evil and sometimes [it] even [breathes] sickness into the brain and heart, as if it made the veins boil. It brings sadness and doubt about any sort of solace, so much so that man cannot have any joy relating to the next life or solace about his present existence. This natural melancholy exists in each man since the first temptation by the devil, because of which man disobeyed the commandment of god by eating the apple. As a result of this food, the same melancholy grew in Adam as it did in all his race; it roused all ruin in man.²⁷

These two texts show that Hildegard wanted to explain the fall of man, symbolised by the eating of an apple from the tree of knowledge, in humoral terms. Bile (*fel*) was a crystal-like and noble humour, which ‘tasted of good works’. In the act of the original sin, however, its shining nature is turned into darkness, and it causes all ruin in man (‘omnem pestem in hominibus excitat’). But not only was beneficial bile turned into a vicious humour through Adam’s act for generations to come, Adam himself is transformed by his wickedness:

Cum enim Adam diuinum praeceptum praeuaricatus est, in ipso momento melancholia in sanguine eius coagulata est, ut splendor recedit, cum lumen extinguitur, et ut stuppa ardens et fumigans foetendo remanet. Et sic factum est in Adam [...] quoniam diabolus in casu Adae melancholiam in ipso confluit, quae hominem aliquando dubium et incredulum parat.

For in the very moment when Adam transgressed the divine commandment, melancholy curdled in his blood; just like brightness recedes, when the light is extinguished; and just like a wick is left burning and emitting a stinking smoke. Thus it happened to Adam [...] that when Adam fell the devil breathed melancholy into him, which at times causes man to doubt and disbelieve.

Just as the acedia of the monks threatened their belief, so does the melancholy in man which resulted from his fall. At the end of this essay, we shall encounter a concrete example of Rufus’ ideas on melancholy being used to argue that God does not exist. First, however, let us turn to another physician, not a Christian one as in the case of Hildegard, but a Jew.

Maimonides and the Melancholic Sultan

Abū ‘Imrān Mūsā ibn Maimūn, better known to Europeans as Maimonides (d. 1204), is without doubt the greatest and most influential medieval Jewish thinker. Born in Cordova in 1135, he migrated via Fez and

²⁷ *ibid.* p. 38, lines 27–37.

Acre to Fustāt (Old Cairo), where he settled in 1165.²⁸ He had a distinguished career as leader of the Jewish community (*naqīb*), and was court physician to Salāḥ ad-Dīn (Saladin, r. 1169–93) and his son al-Afdal. The latter was ousted by Saladin's younger brother al-Ādil, who seized the reins of power in 1200, to become al-Malik al-Ādil I. Al-Afdal suffered from melancholy, and we are particularly well informed about Maimonides' approach to his famous patient's illness, since the latter asked the former on two occasions to put down his medical advice in writing. In the first instance, Maimonides composed a treatise *On the Regimen of Health* (*Fī Tadbīr aṣ-ṣiḥḥa*) at the sultan's behest.²⁹ After a preamble, it contains four chapters, the first, second and fourth containing more general advice, and the third being entitled: 'On the Regimen of Our Master in Particular According to the Symptoms of which He Complains (في تدبير مولانا على الخصوص بحسب هذه الأعراض التي يشكوها)'.³⁰ In the preamble, Maimonides mentions the following symptoms:

وذكر الرسول [...] أن مولانا يشكو بيس الطبيعة وتحجره في أكثر الأوقات حتى إنه لا يكاد يأتي إلا باستدعاء وكذلك ذكر أن قد يحدث في بعض الأوقات كآبة وفكرة رديئة واستيحاش وتوقع موت وأنه كثير التخم ويجد في هضمه ضعف في أجل
الوقات

The messenger [...] relates that our Master complains of the dryness of his stools which are often so hard that they cannot be moved except with effort. He also mentions the occasional occurrence of melancholy, evil thoughts, desire for solitude, and foreboding of death. In addition, he has had much indigestion and most of the time his digestion is feeble.

At the beginning of chapter three, Maimonides summarises his diagnosis and approach to treatment as follows:

قد أجمع³¹ الأطباء على أن أول تدبير الصحة هو أن تكون الطبيعة لينة ومتى بيس الطبع ناهيك أن انعاق تولدت أبخرة رديئة جدا ترفى إلى القلب والدماغ وتفسد الأخلاط وتكدر الأرواح فتحدث الكآبة والفكرة الرديئة والبالدة والكسل عن الحركات وتمتع فضلات الهضوم كلها عن الخروج فلذلك ينبغي العناية التامة بتلين الطبع*³²

The physicians agree that it is foremost in the regimen of health for the stools to be soft. Whenever the stools become dry, and all the more so if they are retained, very evil vapours are generated, ascend to the heart and the brain, corrupt the humours, perturb the pneumas, produce melancholy, evil thoughts, stupefaction and aversion

²⁸ Literature about the life and work of Maimonides abound. Recent general works include DAVIDSON 2005 and SEESKIN 2005; both works contain further literature. See also KOETSCHET 2006–7.

²⁹ Edited and translated into German by KRONER 1923–5; translated into English by BAR-SELA et al. 1964; unless otherwise stated, this English translation is cited here.

³⁰ ed. KRONER 1924, 61–70; tr. BAR-SELA et al. 1964, 23–7.

³¹ اجتمع A2; A1, KRONER: جمع.

³² ed. KRONER 1924, 61.

to activity, and impede the egress of the superfluities of all the digestions. It is therefore proper to strive to the utmost to keep the stools soft.³³

Like Rufus (F6 § 4, F11 § 10), Maimonides insists on the connection between melancholy and digestion, the quality of which is visible in the stool. And the therapeutical principles which Maimonides invokes could come straight out of F11. The same is true for the rationale which Maimonides invokes for prescribing medication, and notably ‘two syrups and an electuary’:

أحد الشربين يتناول دائما في كل وقت وأفعاله أنه يروق الدم ويزيل كدره وينقي عنه الأبخرة السوداء فيبسط النفس ويفرح ويشرح الصدر ويزيل تلك الكابة وتلك التوفقات [...] وأما الشراب الثاني [...] فهو يلين الطبع جدا [...] ويقوي القوة الدافعة التي في المعدة والأمعاء ويخرج البلغم والسوداء والصفراء برفق ولا يضر بالآلات الغذاء³⁴

One of the two syrups should be taken regularly, in all seasons; its actions are to clarify the blood, remove its turbidity and cleanse it of the melancholic vapours, dilate the spirit, gladden, expand the chest, and remove the dejection and the anxiety referred to. [...]

[...] the second syrup [...] will soften the stools greatly, and [...] will strengthen the expulsive faculty that is in the stomach and the intestines, expel the phlegm and the black and yellow bile with ease, but will not harm the organs of nourishment.³⁵

Maimonides also advocates ‘psychic’ remedies, such as listening to music, but also the perusal of works of philosophy, because they can provide calm and rest from anxieties and worries.

The second letter, probably written by Maimonides after 1200, since its opening does not mention any regal attributes of al-Afdal, contains ‘answers to personal questions’, addressing specific issues which concerned the sultan.³⁶ In it at one stage, Maimonides assures his patient that he has experience in this area, saying:

وقد عالجت بعض من يجري مجرى الملوك عن المانخوليا³⁷ صعب يضرب إلى المانيا وهو الجنون السبعي بهذا³⁸

By this [cure], I have already treated people of the same station as kings who suffered from difficult melancholy which turns into mania, that is lionlike madness [ḡunūn sabī].³⁹

³³ tr. BAR-SELA et al. 1964, 23.

³⁴ ed. KRONER 1924, 64.

³⁵ tr. BAR-SELA et al. 1964, 24.

³⁶ The Arabic title under which this epistle is generally known (‘Treatise in Elucidation of Some Accidents and the Response to it [Maqāla fī Bayān ba‘d al-a‘rād wa-al-ḡawāb ‘anhā]’) and which occurs in one manuscript is misleading; the Hebrew תשובות על שאלות פרטיות (‘Answers to personal questions’) is a much better description of the content. See BAR-SELA et al. 1964, 8.

³⁷ المانخوليا conieci; A1, A2, KRONER: المانخوليا.

³⁸ ed. KRONER 1924, 42.

³⁹ tr. BAR-SELA et al 1964, 36 [translation modified].

In it, he gives very detailed recommendations as to what al-Afḍal should or should not do. Here again, parallels with Rufus' recommendations abound. Rufus thought wine to be an important remedy (F40, §§9 and 18, F63, F65), if the patient can bear it. Not all types of wine, however, are appropriate; as Rufus says: 'In melancholy it is harmful to drink much thick and dark wine, or acrid [var. 'new'] wine' (F17 §13). Maimonides gives similar advice:

الشراب يستعد منه الأبيض اللون ما أمكن الرقيق القوام الطيب الطعم [...] ولا بأس الطيب الرائحة الذي أتى عليه عامٌ واحدٌ أو قاربُهُ ويحذر الشديد الحمرة أو الغليظ القوام أو المغير الرائحة أو القديم الشديد المرارة لا يقرب شيء من هذه الأنواع
بوجه⁴⁰

The Wine: One should take that which is as white in colour as possible, of fine essence, of good taste [...], of good odour and that which has aged for one year or close to it. Beware of that which is intensely red, or thick of essence, or altered in odour, or old and intensely bitter; one should not approach any of these kinds at all.⁴¹

Thus Maimonides treated his famous melancholic patient according to the principles laid down by Rufus and other Greek authorities. He does not, however, mention our author by name, unlike many of his predecessor hailing from tenth-century Baghdad.

Rufus' On Melancholy in Medieval Baghdad

There are certain texts which testify directly to the fact that a number of important authors engaged actively with Rufus' *On Melancholy*. These encounters of Greek and Arabic thought took place in different ways, affecting not only medical theory and practice, but also philosophical and theological debates. Since Rufus' monograph is mentioned in all these instances by name, the texts to be discussed here are all included in the collection of fragments. They do, indeed, illustrate that Rufus enjoyed great favour in tenth-century Baghdad.

When the 'Abbāsids ousted the previous dynasty, the Umayyads, they also decided to move the capital from Damascus to a new foundation which they called 'the City of Peace (*Madīnat as-Salām*)', but which was generally known by the name of the small village next to which it was build: Baghdad. The new capital rapidly developed into a gigantic metropolis, the population number rising to approximately half a million by the mid-ninth century according to some estimates.⁴² Not only was Baghdad

⁴⁰ ed. KRONER 1924, p. 45, lines 8–11.

⁴¹ tr. BAR-SELA et al 1964, 37.

⁴² LAPIDUS 2002, 56.

the political and administrative centre of a vast empire, it also was a beacon of cultural and philanthropic activity. It was here that many known philosophical, scientific and medical Greek texts, including Rufus' work *On Melancholy*, were translated into Arabic by a group of Nestorian Christians.⁴³ It was Baghdad, too, which witnessed the foundation of the first hospitals in the modern sense, that is to say institutions which were secular in orientation and open to a wide public irrespective of their creed; in which both the poor and the powerful sought treatment; and where elite physicians not only looked after patients, but also carried out research and trained the next generation of practitioners.⁴⁴ These hospitals also developed important facilities for treating the mentally infirm, among them those suffering from melancholy.

Ishāq ibn 'Imrān: the Theory of Melancholy

We know little about the life of Ishāq ibn 'Imrān, the author of a treatise *On Melancholy*. Hailing from Baghdad, he served at the court of the last member of the Aġlabid dynasty, Ziyādat Allāh III (r. 903–9), in Kairouan. Anecdotal evidence suggests that in a bout of frenzy this ruler had Ishāq tortured to death. Be that as it may, the latter singles out Rufus of Ephesus as the greatest authority on this topic (F4 § 1). Consequently, he draws heavily on this Greek author, although his approach is somewhat idiosyncratic. Melancholy, Ishāq ibn 'Imrān explains, is brought about by a humoral imbalance, and more specifically an excess of black bile. He distinguishes somatic and psychological causes for this ailment. The former include inappropriate diet; preexisting ailments and general weakness of the parts of the body; certain environmental conditions such as location, temperature and time of the year; and finally sleep depravation. Psychological factors which trigger the malady include violent emotions such as anger, fear and shame; intense mental activities as for instance reading heavy philosophical, complicated metaphysical, or intricate medical texts. He also warns of excessive study of astronomy and music.⁴⁵ The loss of a beloved object or person, 'Imrān continues, can plunge one into a deep melancholy as well.⁴⁶ He then distinguishes three kinds of melancholy: the hypochondriac variety, on which Rufus focuses, and two others, both affecting the brain; one of the latter begins in the body as a whole and rises from the feet to the brain; the other is simply located in the brain. This tripartite division is similar to that found in Galen's *On*

⁴³ GUTAS 1997.

⁴⁴ See PORMANN 2008a.

⁴⁵ See Appendix 2.

⁴⁶ For a late antique account about the 'malady of love' and its different Arabic versions, see BIESTERFELDT, GUTAS 1984.

the Affected Parts (hypochondriac, encephalic, and general melancholy). Moreover, as we have argued, it probably goes back to Rufus.⁴⁷ Ishāq continues to subdivide the two varieties of melancholy in the brain into brain fever and stupidity, and animal rage and intense mood swings respectively. The hypochondriac kind is marked by intense fear, depression and deep and futile thoughts. Ishāq ibn ‘Imrān proceeds to describe different symptoms for these varieties, and gives numerous recipes against the disease which we do not need to investigate in a detailed fashion. More importantly, this short description of his approach shows to what extent he is indebted to previous Greek medical theory: he uses Rufus, but also other medical writers such as Diocles and Galen.

In the case of Ishāq ibn ‘Imrān, it is particularly difficult to measure the extent of his indebtedness to Rufus. He quotes Rufus by name and presumably verbatim on small number of occasions, but Flashar had already opined that much material contained in ‘Imrān’s *On Melancholy* may ultimately go back to Rufus, such as the notion of a corrupt melancholic vapour rising from the hypochondriac region to the brain.⁴⁸ In any case, ‘Imrān’s own words testify to the fact that he valued Rufus greatly, as did his near contemporary ar-Rāzī, who was perhaps the greatest medieval clinician.

Ar-Rāzī: putting Greek theory into practice

Abū Bakr Muḥammad ibn Zakarīyā’ ar-Rāzī (d. 925) is the single most important source of fragments from Rufus’ *On Melancholy*, which he excerpted eagerly in his *Comprehensive Book* (*al-Kitāb al-Ḥāwī*). This alone is ample proof that he was extremely familiar with Rufus’ work. One interesting question raised in recent scholarship is to what extent ar-Rāzī’s acquaintance with Greek theory influenced his medical practice. Cristina Álvarez-Millán has notably shown that ar-Rāzī’s *Book of Experiences* (*Kitāb at-Tağārib*), a collection of case-notes rather than medical experiments as the title would suggest, constitutes a precious source for answering this question.⁴⁹ Because there are no indications in his *Book of Experiences* as to where he treated the patients mentioned in it, one can only speculate where he carried out the consultations which he describes. Since he was a hospital director, first in his native city of Rayy, and later in Baghdad, and since he does mention his hospital practice in his *Comprehensive Book* as well as his *Doubts about Galen*, one might be in-

⁴⁷ See Appendix 1, and F 5.

⁴⁸ FLASHAR 1966, 89; see also above, pp. 183–4.

⁴⁹ ÁLVAREZ-MILLÁN 2000; see also PORMANN 2008c.

clined to think that it was in the hospitals of Baghdad that he treated his patients.

Be that as it may, the *Book of Experiences* contains a chapter entitled ‘On Melancholy and Other Kinds of Madness’, where we find some fascinating clinical notes.⁵⁰ One case is that of a young man who ‘plucked his beard and showed his anger by tearing out clay from the wall’. The recommended treatment is the following: phlebotomise the basilic vein; if the blood which comes out of it is black, let it run until it turns red; if it is red from the beginning, stop the process immediately; then let the patient drink the ‘epithyme decoction’ and apply violet oil to the head. Epithyme and phlebotomy are also the basic remedies which Rufus recommended and used.⁵¹

Another case is that of a woman who speaks in a confused way, laughs excessively and has a red face. Here again, phlebotomy is advocated, but this time at the median vein, as well as ‘epithyme decoction’ and the ‘myrrh remedy’. Both venesection and the ‘epithyme decoction’ are also those remedies which Rufus of Ephesus recommends as the most fundamental ones against this condition. Greek theory therefore has a direct impact on Arabic medical practice, as can be seen from these case notes.

Al-Kaskarī

There is another hospital physician of the tenth century who recorded his clinical observations, and thereby provides us with some direct insights into his medical practice. His name is al-Kaskarī, and little else is known about his life apart from the information which can be gathered from his *Compendium* or *Kunnāš*. In this fascinating medical text, al-Kaskarī discusses a large number of topical conditions, that is to say illnesses occurring in a special place of the body, from tip to toe. In each chapter, al-Kaskarī describes the specific disease first, often quoting from previous medical literature such as Galen. But he is selective in his approach to medical theory, and mentions many of his patients and cases as well. His *Compendium* contains a relatively long chapter ‘On the Disease Called *melancholia* in Greek, Meaning “Black-biled Delusion (*waswās saudāwī*)”, and on the Ailment Called *mania* in Greek, Meaning “Madness (*ḡunūn*)”.’⁵² It is not possible here to discuss the whole of it, but it is rewarding to highlight a number of interesting features. Like the other Baghdad authors discussed so far, al-Kaskarī takes inspiration from Ru-

⁵⁰ See Appendix 3.

⁵¹ Cf. **F 37** § 2; **F 42**; **F 40** § 14; **F 66** §§ 10–13.

⁵² Edited and translated in PORMANN 2003.

fus. He quotes from his *On Melancholy*, but is not content with following him blindly. At the end of a long extract from this Greek source (F 42 § 9), al-Kaskarī says:

فهذا أجمل ما ذكره روفس في كتابه في داء المالبخوليا. وأنا مثبت ما استعملته وجرّبته في علاجي لهذا المرض، أعني الوسواس السوداوي، في البيمارستانات التي خدمت فيها مثل مارستان صاعد - رحمه الله - ومارستان بدر - رحمه الله - ومارستان السيدة أم أمير المؤمنين المقتدر - أعزهما الله.

This is a summary of what Rufus [of Ephesus] discussed in his book *On the Ailment of Melancholy*. I for my part consider valid [only] those things which I have used and proved by experience while I was treating this disease, that is melancholic delusion [*waswās saudāwī*], in the hospitals in which I served, such as the hospital of Ṣā'id – God have mercy upon him – , the hospital of Badr – God have mercy upon him – , and the hospital of Our Lady, the Mother of the Commander of the Faithful [the Caliph] al-Muqtadir [r. 908–30] – may God give strength to both of them.

This is not, to be sure, a rejection of Rufus, but rather an insistence on the fact that medical experience is crucial for the advancement of the art of medicine. Let us now look at two concrete cases of melancholy which al-Kaskarī recorded in this chapter.

The first is that of *Ḍukā'*, the slave or page of al-Qāsim ibn Dulaf who hailed from a prominent Baghdad family. Unlike ar-Rāzī, al-Kaskarī does not describe the specific symptoms characterising *Ḍukā'*'s condition, but merely says how he treated him 'when he had delusions'. Al-Kaskarī prescribed a pill made of colocynth leaves and honey mixed into a dish called *fālūdā*; this provoked light vomiting and led to an improvement in the condition of his patient. Then al-Kaskarī remarks that one can also use whey, either alone or with oxymel, sugar, or crushed yellow myrobalan, in order to expel the black bile. But it appears that this is not the course of action which he took in the case of *Ḍukā'*. The next case is that of an anonymous patient 'who had an excess of black bile in his body'. Al-Kaskarī recommends whey which had curdled with oxymel, and in which yellow and Indian myrobalan, epithyme and lapis lazuli were soaked over night. This was, according to al-Kaskarī, 'extremely beneficial for him'. Part of the treatment employed in these two cases echoes Rufus' recommendation. Whey with or without oxymel is mentioned in F 54, and Rufus himself recorded the use of whey on its own for one of his patients suffering from melancholy (F 66). Epithyme, of course, is mentioned by Rufus as a remedy against melancholy (F 42 § 1). Yet, al-Kaskarī expands the treatment by including new drugs, notably imported from India, such as myrobalan, unknown to Rufus.⁵³ Al-Kaskarī

⁵³ Ibn Sarābiyūn (fl. c. 870s), a slightly earlier author whom ar-Rāzī quotes frequently, also combined the new pharmacopoea of the East with Greek medical theory by incorporating it into the framework of humoral pathology; see PORMANN 2008d, 353–6.

thus employs Greek recipes, but not without refining them and, as he himself insists, testing them first.

From Hospital to Asylum

Al-Kaskarī thus treated melancholics in a number of Baghdad hospitals by combining Greek theory with his own practical experience. This brings us to the next point about attitudes towards mental disease in ninth- and tenth-century Baghdad: the importance of the hospital. It was the late Michael Dols, the author of a ground-breaking study entitled: *Majnūn: The Madman in Medieval Islamic Society*, who showed that hospitals became central institutions in the provision of mental health care in medieval Baghdad and beyond.⁵⁴ We can now appreciate the importance of Rufus in this process. Doctors like al-Kaskarī and probably also ar-Rāzī, steeped in the Greek medical tradition and faithful adherents to the concepts of humoral pathology, treated the mentally ill and the insane in hospitals. Al-Kaskarī's patients included a number of members of the 'Abbāsīd elite, and *Ḍukā'*, page of al-Qāsim ibn Dulaf, appears to have belonged to a prominent household. The Baghdad bookseller Ibn an-Nadīm reports that al-Balāḍūrī, a high-ranking official and famous historian of the ninth century, became mentally ill towards the end of his life and died in hospital after having been interned there for some while. The judge and author at-Tanūḥī (d. 994) relates the following episode which occurred in a hospital:

Abū al-Ḥasan Muḥammad ibn Ḡassān, the physician (*ṭabīb*), told me the following: "With us in Baṣra in the hospital (*bīmāristān*) was a madman (*raḡul muwaswis*), known as al-Ḥasan ibn 'Aun, who belongs to the children of the scribes. He was locked up [*ḥubisa*] for treatment in the hospital in the year 342 AH (AD 953–4). His sojourn lasted many years, and he recovered. He subsequently worked in the hospital as an orderly [*fa-staḥdama*], until his recovery was complete. I frequented the hospital in order to study medicine [*li-ta'allumi ṭ-ṭibbi*], and was therefore seeing him regularly. [...]"⁵⁵

This quotation shows that a member of a family of scribes, or *Kuttāb*, that is to say, the equivalent of civil servants, was treated in a hospital for a number of years, until he recovered. Hospitals therefore take centre stage in the provision of mental health care, not only for the poor, but also for the powerful.

How, then, does the medical establishment in medieval Baghdad approach melancholy and madness? On the one hand, their conceptual

⁵⁴ DOLS 1992.

⁵⁵ Quoted according to PORMANN 2008a, 366–7.

framework is that of humoral pathology and Greek medical theory: abnormal behaviour is explained in terms of excess of black bile, of burnt yellow bile ascending to the brain, and so on. In other words, a physiological explanation is given, even if they recognise that psychological factors such as too much reading of heavy-duty literature come into play. Their approach to therapy is also based on Greek ideas of how to treat the variant mental disorders, with Rufus being an important reference. Here again, humoral pathology is employed to explain drug-use: an excess of black bile is countered by different forms of purging such as venesection and vomiting. However, clinical experience is taken into consideration; the Greek model is not followed blindly. Finally the hospital emerges as the centre where melancholics and madmen alike are treated by elite physicians. These institutions were more than just holding pens for paupers, or ante-chambers of death. They were highly sophisticated institutions where the most advanced physicians looked after their patients, be they poor or powerful.⁵⁶ The special function of the hospital as a locus of treatment of melancholy and other mental disorders expanded over time. By the eleventh century, the word *bīmāristān* (hospital) acquired the more specific and restricted meaning of mental asylum, which it still has today.

Miskawaih and the Refutation of Atheism

Rufus' *On Melancholy* was not only used and referred to by medical authors, but also played a role in philosophical and theological debates. One example of which we know concerns the topic of philosophical psychology, that is to say the concept of how the soul functions.⁵⁷ Aḥmad ibn Muḥammad Miskawaih, a Neo-Platonic philosopher who died in 1030, wrote an epistle entitled *On Soul and Intellect (Fī n-Nafs wa-l-'Aql)*. In it, he refutes the doctrine of an anonymous opponent, who held a materialist and atheist view. In order to lend credit to his own view, this opponent quotes Rufus (F36), and refers to him on a number of occasions throughout his exposition.

The opponent's general argument runs as follows: sensation, meaning the sense-perception of particulars, and intellection, the grasping of universals, can only occur in conjunction. No correct thinking happens without correct sensation and vice versa. Now Rufus held that excessive

⁵⁶ For a more extensive discussion of hospitals in tenth-century Baghdad, see PORMANN 2008a and 2008b.

⁵⁷ This sketch relies on ADAMSON 2008. For the general topic of philosophical psychology, see EVERSON 1991; POTTER, WRIGHT 2000.

thinking can lead to melancholy, involving delusional states. If this is the case, then how can one claim to know anything about universals without sense-perception; or believe that anything spiritual, separated from the material world, exists? For any notion formed about these immaterial universals could just be a delusion experienced during bouts of melancholy triggered by excessive thinking. This argument, to be sure, is specifically targeted against Neo-Platonists who held 1) that universals (i.e. the forms or ideas) were more real or of higher ontological status than the particulars (mere ‘shadows’ of the former); and 2) that the process of acquiring the knowledge of such universals would at least sometimes involve a sort of cognition that does not depend on the senses. For Miskawaih’s opponent, this process and its results may just as well be the experience of the deluded mind of a melancholic.

Not surprisingly, Miskawaih does not accept his opponent’s arguments and counters them by giving a fairly conventional model of Neo-Platonic psychology: intellection is prior to sensation; the intellect grasps universals without any need for particulars (or objects of sense perception), which according to him is also the view of Aristotle and his commentators; the intellect has no need for anything other than itself in order to grasp concepts; the active intellect actualises the material ideas present in the rational soul; objects of sense perception can only provide knowledge with the help of the intellect, and moreover the senses can err.⁵⁸ He then comes to the quotation in Rufus, saying:

Rufus, the physician, said: ‘Those who devote too much effort to thinking about a certain science (*ilm*) end up suffering from melancholy.’ As regards this quotation, if he [the opponent] thinks that this word in that language in which he specialises [Greek] does not designate one [specific] illness, but rather is a name for all thought, [then he is wrong], for otherwise, it would follow according to Rufus’ exposition that true opinions which derive from thought-processes over a long period of time generate a powerful disease.⁵⁹

Miskawaih continues to give examples of important long-term thought processes which are not diseased, but noble, such as the calculations of a geometer, the designs of an architect, or the strategies of a general.⁶⁰ He then concludes⁶¹:

Man strives for physical health and trains his body only in order to arrive at true thought, which leads to the good which one seeks in this world and the next.

⁵⁸ This paraphrase relies on the edition by ARKOUN 1961, 59–64.

⁵⁹ pp. 58–9 (p. 16, 4 *ab imo*–p. 17, line 1) [ed. ARKOUN 1961]; p. 64, lines 1–4 [ed. BADAWI 1981].

⁶⁰ See below p. 225.

⁶¹ p. 59 (p. 17, lines 5–6) [ed. ARKOUN]; p. 64, lines 8–10 [ed. BADAWI 1981].

Man is distinguished from animals and occupies a noble place by virtue of his ability to think correctly and logically. Miskawaih concludes his refutation regarding Rufus in a somewhat ironic manner:

We also say the following by way of refuting this sceptic. Does Rufus' excessive thinking and his attainment of such a high station in medicine – this being what made him so outstanding in his art – constitute melancholy? And is his thinking in this quotation which you related – and also according to his [Rufus'] own judgement – melancholy? How should we judge him, and what should we say about him? Should we not leave [intact] the victory of this excellent man's words by extracting a correct aspect of his discourse? Namely, that Rufus points at the 'imaginary (*wah-mī*)' sciences, and all acts of imagination (*al-awhām bi-'asrihā*); if they move excessively, they end up in melancholy in this way. Imagination (*wahm*) depends on sensation.⁶²

Thus Miskawaih understands Rufus to say that only engaging excessively in mental activities (namely imagining things) leads to melancholy, and not all acts of thinking, especially not the kind of thought which results in the knowledge of the forms.

For Miskawaih and his audience, the arguments proffered by this anonymous doubter are extremely dangerous. The latter continues to argue that sensation depends on heat just as intellection depends on light, and both are material processes firmly situated in this world, finally asking: 'Why should the first cause not be the essence of the macrocosm itself [...]?' and thus denying the very existence of god. Space does not permit a detailed exploration of the arguments and counter-arguments which Miskawaih adduces. Yet it is evident that in a debate touching at the heart of the monotheistic faiths' doctrines, Rufus' idea of melancholy and its epistemological consequences were deployed even in philosophical arguments regarding the existence of immaterial objects and even God.

Conclusions

Rufus' legacy in the area of melancholy is thus visible both directly and indirectly in the Middle Ages on the different shores of the Mediterranean. In general, the idea of melancholy was omnipresent, be it in the Christian monasteries, Jewish surgeries, or Islamic hospitals. Rufus' own name was hallowed for centuries as the greatest writer on this topic, and his legacy thus continues to surround us even today.

⁶² pp. 57–8 (p. 17, second line from the bottom–p. 18, line 5) [ed. ARKOUN]; p. 64, 5 lines from the bottom–p. 65, line 1 [ed. BADAWI]

Dürer and Rufus

Melencolia I in the Medical Tradition

PETER-KLAUS SCHUSTER / JÖRG VÖLLNAGEL

If the quotations from Rufus' *On Melancholy* have received little attention prior to the present volume, the relation of these fragments to the representation of melancholy in the fine arts has received even less. The most eminent and influential work of art within the melancholic tradition shows that Rufus' concepts are of crucial importance for the history of the pictorial representation of melancholy: the engraving *Melencolia I*, created by Albrecht Dürer in 1514 (fig. 1). This engraving constitutes without doubt the sum of erudition on the subject of melancholy as it presented itself to Dürer, frequenting the Humanist circles of early sixteenth-century Nuremberg.

By tracing Rufus' notions of melancholy in Dürer's copperplate, one can gauge how far the powerful and brilliant intellect of the Ephesian physician penetrated scholarly circles of Humanism north of the Alps. If Rufus' ideas and observations on melancholy were so crucial for later generations, then it may be assumed that there must be traces of his conception of melancholy in the most significant representation of the melancholic humour. For Dürer's melancholy copperplate, as an almost encyclopaedic depiction of the special talent of the melancholic and the dangers he faces, arguably became the most influential work of art history ever.

Dürer's *Melencolia I* has therefore rightly been called 'the picture of pictures (*Bild der Bilder*)'.¹ It has continued to attract the unabated attention of artists to the present day. Early on Giorgio Vasari (d. 1574) attempted to interpret Dürer's mysterious copperplate and admired it as an unsurpassed example of the art of engraving. Moreover, he himself sketched an image of the melancholic temperament and its artistic and scholarly talents with direct reference to Dürer.² The same is true of Antonio Francesco Doni (d. 1574) and Joachim von Sandrart (d. 1688). Both artists praised Dürer's engraving in their writings on the theory of aesthetics and looked to him for artistic inspiration. Doni transformed Dürer's example on the one hand into a personification of Sculpture, and on the

¹ See SCHUSTER 1982; see also SCHUSTER 1991, especially pp. 371–412.

² VASARI 1878–82, v. 403. On VASARI's melancholy fresco of 1553 in the Palazzo Vecchio, Florence, see VOLKMANN 1929–30, 119–26.



Fig. 1: Albrecht Dürer, *Melencolia I*, engraving, 1514
 Staatliche Museen zu Berlin, Kupferstichkabinett

other into a sad and brooding lonely woman in the style of an abandoned Iphigenia.³ Sandrart employed Dürer's copperplate for his own depiction of the Night with her Children.⁴ Such appreciation, also articulated in literary terms, for Dürer's *Melencolia I* can be found in much later artists as well. We know that Dürer's engraving used to hang in William Blake's (d. 1827) workshop.⁵ And Carl Gustav Carus (d. 1869) adorned his study

³ DONI 1549, fol. 8–9, described the personification of *Sculpture* (*Sculptura*) according to Dürer's copperplate; see also SCHLOSSER 1935, 213. For the woodcut entitled 'feminetta tutta malinconosa, sola, abandonata, mesta et afflitta (Little woman, all melancholy, alone, abandoned, sad and afflicted)', see DONI 1552, ii. 87.

⁴ SANDRART 1925, 64. For SANDRART's *Nacht mit ihren Kindern* (*The Night with her Children*) cf. EINEM 1958, 19–20.

⁵ See GILCHRIST 1945, 303.

with the melancholy engraving, in which he saw for the first time Dürer's intellectual self-portrait and a thematic correspondence to the unfulfilled striving for knowledge in Goethe's *Faust*.⁶ This interpretation had significant consequences for Dürer scholarship itself. Carus followed Dürer's example in a picture which by evoking the mood of evening referred contemplatively to youth, old age, and the transitory nature of life. Odilon Redon (d. 1916) confessed that in his whole œuvre,

Je n'ai rien dit, non plus, qui ne fût grandement pressenti par Albert Durer dans son estampe: 'La Mélancolie'.

I, too, said nothing which Albert Dürer had not already magnificently anticipated in his engraving *Melencolia I*.⁷

The autobiography of Oskar Kokoschka, the famous German painter who died in 1980, concludes with an interpretation of Dürer's copperplate, in which Kokoschka saw represented the sum total of the fears and apprehensions of his art and our time.⁸

No other work in the history of art occupies such a pivotal position in depictions of melancholy from antiquity, when the term was first defined in the entourage of Hippocrates, to contemporary art. As a pictorial sum total of the melancholic temperament, Dürer's engraving seems to us to be particularly apt at answering the question of how Rufus' ideas about melancholy continued to exert their influence. First, however, it is necessary to scrutinise Dürer copperplate and critically to examine its complex iconography and meaning.

Dürer's Depiction of Melancholy: His Denkbild

Through the title 'MELENCOLIA I', written in classical capitals, Dürer's engraving of 1514 easily reveals itself to the observer as a depiction of the melancholic temperament. The winged personification of melancholy sits at night time, or at least in noticeable darkness, in the open on a stone terrace in front of a windowless building to the right. The latter towers high over a vast coastal landscape, above which a comet as well as a rainbow cast a mysterious twilight. Surrounded by a bewildering variety of tools, the melancholy figure is accompanied in her nocturnal solitude by a small winged child on a millstone and a curled up dog which has fallen asleep. Also sitting on the ground of the stone stepped terrace, the melancholy figure, whose long light hair is adorned by a

⁶ CARUS 1835, 39–55, and CARUS 1865, i. 286, and ii. 391.

⁷ Quoted here according to REDON 1922, 27, see also *ibid.* 104–5 and 139–41.

⁸ KOKOSCHKA 1971, 324–5.

wreath, leans her head onto her left hand, clenched into a fist. Her left arm is supported by her left knee, whilst her right arm rests on a closed book in her lap. There in her right hand she holds a large pair of compasses, yet without measuring anything. Turned away from the light of the foreground, in dark shadows, the woman's gaze seems to be directed across the boundless surface of the water into the distance at the top left. Completely lost in her reverie, Dürer's melancholy figure with the massive contours of her body and the thick fabric of her dress gives the impression of sitting there heavily, unmoved and uninterested, even though she is winged. This impression is enhanced by the key and the pouch, which, although fastened with a strap to her belt, have glided down below her waist. The melancholy figure pays no heed to her two companions, the dog in front of her on the ground and the winged child next to her. The latter sits with a bent head on a millstone above which a blanket is spread out, scribbling eagerly with the stylus on the slate. The melancholy figure pays as little attention to the child and dog as she does to the tools and their products which are spread around her in troubling abundance. On the far left, against the backdrop of the surface of the water, at the extreme edge of the terrace, one can make out a fire basket over which a vessel is being heated. To the left just in front of it are the fire tongs, and on a slightly lower step a hammer. To the right there stands an artistically chiselled, irregularly geometric body of stone, blocking the view onto the landscape. In front of the geometric body, again on a lower step of the terrace, to the left of the sleeping dog, lies a round inkpot together with a container for writing instruments, heavily cut off by the edge of the picture. In front of this there are a globe, a model piece of wood, a plane, a pair of tongs, a saw, a ruler, four nails, and at the far right a pair of bellows, of which one can only see the tip, whilst the bellows themselves are covered by the dress of the melancholy figure.

Yet, not only beneath the melancholy figure, but also next to, and above, her there are useful objects. Directly to her left, the millstone, sometimes also said to be a whet-stone, leans against the building. Exactly above the putto on the millstone, a pair of perfectly balanced scales is fixed to the building. And above the melancholy figure there is a half-empty hourglass in a precious casing topped by a sun dial, and a bell with a rope. Underneath the bell, a square with sixteen numbers (four by four) is set in the wall. The bare and windowless building is only structured by the ledge running on the front side along the border of the plate. A ladder with seven visible rungs leans obliquely against the back of the tower-like building, turned away from the viewer. From an invisible area behind the terrace, the ladder leads up to the building and reaches a height

which can neither be known nor seen, since both the top end of the ladder and the building itself are cut off by the top of the picture.

Between the rungs one can make out the coastal landscape, situated far below underneath the cliffs, with its trees, houses, and towers. Towards the water, off the settlement, lie spits of land sheltered by trees. Between them a couple of trees and shrubs appear in the water, a sign of flooding. Slightly further away, and partly covered by the ladder, a number of ships are anchored off the shore. On the horizon, one seems to be able to make out another ship with sails. Otherwise, the surface of the water, infinite towards the left, lies empty and calm under the silver glow of a sky dominated by the twin lights of the comet and the rainbow, probably a lunar rainbow. Turned away from these luminous phenomena as well as from the strongly shining light source which one has to imagine to the right of the picture, an animal resembling a bat flies through the air. This eerie creature with its dragon-like tail and its wide-open mouth carries the title 'Melencolia I' written on its wings. Dürer monogrammed and dated his engraving on the stone step in the lower right on which the melancholy figure is sitting.

Interpretations by Dürer, Burton, Giehlow, Warburg, Panofsky and Saxl

Apart from the title, Dürer himself has left us only one other piece of written evidence to help with the interpretation of the copperplate. On a sketch of the putto, Dürer noted in his own hand: 'key, pouch/ means/ power, wealth (*schlüssel pewtell/ betewt/ gewalt reichtum*)'.⁹ The key and the pouch, common attributes of the traditional dress of Nuremberg housewives, are thus explained by Dürer himself as symbols of power and wealth. Yet, it is unclear whether or not the melancholy figure does possess these attributes, because the fact that the key and the pouch hang down in an untidy way may well indicate their absence rather than their presence.

In his *Anatomy of Melancholy* of 1621, Robert Burton (d. 1640) stressed the untidy exterior of the melancholy figure. At the same time, however, Dürer's plate represented for Burton an encompassing and encyclopaedic depiction of all aspects of the melancholic temperament with its intellectual gifts and mental burdens:

[...] and as *Albertus Durer* paints melancholy, like a sad woman leaning on her arme with fixed lookes, neglected habit &c. held therefore by some proud, soft, sottish, or halfe mad, as the Abderites esteemed of Democritus: and yet of a deepe reach, excellent apprehension, judicious, wise and witty [...] ¹⁰

⁹ DÜRER 1956–69, i. 209, 212.

¹⁰ ROBERT BURTON, *Anatomy of Melancholy* (London 1621), quoted here according

Karl Giehlow (d. 1913) is an art historian who shares Burton's conviction that Dürer's melancholy engraving combines totally contradictory aspects into one picture. According to Giehlow, Dürer united things which later viewers from their different vantage points were to separate again.¹¹ All the depictions of melancholy drawing on Dürer's example which we mentioned in the introduction – from Vasari to Kokoschka, and recently also to Anselm Kiefer (b. 1945) – single out certain aspects of melancholy present in Dürer. Dürer, however, provides a sum total of melancholy, as Giehlow first recognised.

Where Giehlow saw in Dürer's work a synopsis of melancholic attributes, Aby Warburg (d. 1929) endeavoured to bring them into sequence. According to Warburg, Dürer's copperplate shows the personification of the melancholic temperament after its struggle with the dark melancholic powers such as madness, sadness, sloth, and grief. Dürer's thoughtful woman has successfully overcome these melancholic oppressions by using the special aptitude of the melancholic for sciences and arts.¹² Dürer's work is for Warburg a 'comforting image (*Trostblatt*)', for it shows the victory of the melancholic mind over the darkening by which it is constantly threatened.¹³

Warburg's pupils were not willing to follow this interpretation. However, Erwin Panofsky and Fritz Saxl took up Giehlow's idea of the contradictions inherent in Dürer's work, and even provided an iconographic confirmation by interpreting it as a synthesis between the traditional type of the mortal sin of sloth, *acedia*, and the 'type of geometry (*typus geometriae*)' from the cycle of the Seven Liberal Arts.¹⁴ Giehlow already explained this ennobling of melancholic sloth with the fact that Aristotle (d. 322 BC) and Marsilio Ficino (d. 1499) already saw in the melancholic temperament a necessary precondition of all great intellectual talent. Yet Panofsky and Saxl go one step further and maintain that in Dürer's engraving the melancholic genius has reached the end of his quest for knowledge, is humbled by the realisation that man's mental abilities are limited in the face of the divine, and thus falls back into melancholic despair and dullness. As an explicit critique of Warburg's interpretation, this means, to quote Panofsky's and Saxl's words, that the melancholy en-

to the edition by FAULKNER et al. 1989–2000, i. 391; for the whole subject of the Abderites and Democritus, referred to here, see RÜTTEN below, p. 260.

¹¹ Cf. GIEHLOW 1904, 77.

¹² WARBURG 1920, especially on pp. 63–4.

¹³ *ibid.* 61.

¹⁴ PANOFSKY, SAXL 1923, especially pp. 62–7; PANOFSKY 1948, i. 162; KLIBANSKY et al. 1964, 317–45.

graving ‘perhaps ought to be called a “warning image (*Warnblatt*)” rather than a “comforting” one (*Trostblatt*).’¹⁵

Consequently, Panofsky, and later again Klibansky, Panofsky and Saxl place the title ‘*Melencolia I*’ on the lowest level in a tripartite system of melancholy inspired by Saturn. Agrippa von Nettesheim (d. 1535) developed this in his *Occult Philosophy (Occulta Philosophia)*, which was already circulating in manuscript in 1510.¹⁶ Dürer’s *Melencolia I*, they argue, shows the state when melancholic inspiration, capable of works of genius, penetrates the lowest faculty of man’s soul, his imagination (*imaginatio*). Such a man accomplishes, according to Agrippa, extraordinary things as a craftsman, painter, and architect. Yet he is incapable of advancing to those divine secrets which are open only to ‘rational thought (*ratio*)’, inspired by melancholy, or even to the melancholic ‘mind (*mens*)’, the higher faculties of man’s soul. In contrast to these higher levels of melancholic talent, reserved in Agrippa’s account to poets, philosophers, and prophets, Dürer’s *Melencolia I* shows the melancholic genius on its lowest level – idle, paralysed, and saddened by its intellectual impotence.

Attempt at a New Interpretation

The interpretation of Warburg’s pupils remains, however, unsatisfactory in their iconographic explanation of the melancholy figure – motionless and contemplative under the open sky with a pair of compasses in her hand – as signifying scientific activity. For with one exception, allegorical language knows of no winged personification of Geometry.¹⁷ Yet whilst the ‘art of surveying the earth (geometry)’ sensibly lacks wings, the ‘art of surveying the stars (astronomy)’ has been provided with wings from time immemorial. When explained as Astronomy and thus as the highest mathematical art, Dürer’s melancholy figure is occupied with the highest-ranking visible objects. Her area of activity, as is true also in Agrippa’s scheme of melancholy, lies far beyond the realm of ‘imagination (*imaginatio*)’ within the domain of ‘rational thought (*ratio*)’. In any case when scholars have previously explained her as Geometry, they should not have stripped her of this attribute. That means that Panofsky’s explanation of the title of Dürer’s melancholy copperplate contradicts his own interpretation. Where geometry is pursued as a rational science, it cannot constitute the lowest level in Agrippa’s system of melancholy.

¹⁵ PANOFSKY, SAXL 1923, p. 54, n. 1.

¹⁶ PANOFSKY 1948, i. 168–71; KLIBANSKY et al. 1964, 345–65.

¹⁷ The exception is Sebald Beham’s (d. 1550) cycle of the Seven Liberal Arts (cf. KOCH 1978, 81–2); following the example of Dürer’s engraving, he gives wings to all the personifications of the Arts.

This is even truer for astronomy, the noblest of the mathematical arts, whose cognitive faculty reaches up to the highest heavenly phenomena.

Surrounded by a multitude of objects, Dürer's melancholy figure sits, as described, in mysterious darkness on the ground high above a vast coastal landscape, with her head resting on her left hand, clenched into a fist, and her right holding a pair of compasses above a closed book; thus she looks aimlessly towards the top left into the sky. The latter is strikingly dominated by the lunar rainbow and the bright beams of a comet. Despite the experiments which Regiomontanus (d. 1476) undertook in Nuremberg, the course of comets could not yet be calculated exactly. Hence, they were called 'wandering stars (*stellae errantes*)'.¹⁸ Therefore, Dürer's melancholy figure meditates about a problem which contemporary scientific research could not solve. She has reached the end of human knowledge at that time.

This is not to say, however, that a Faustian despair about the inadequacy of human knowledge has overpowered Dürer's melancholy figure, as a psychologically sympathetic exegesis may maintain. In the allegorically exact pictorial economy of his work, which is apparent in the halving of the plate through the left edge of the building, Dürer deliberately placed his melancholy figure on the right, singled out as the side of virtue by the tower-like structure and the references to the transitory nature of life, provided in the hourglass and the bell. Conversely, the left hand side of the picture combines all the traditional symbols of inconstant Fortune (*Fortuna*): the view into the dangerously treacherous sea; the ladder leading up from below suggesting the imminent fall into the depth; the motif of the unstable globe; and a distorted pattern of a skull on the surface of the irregularly shaped polyhedron.

For his engraving Dürer has therefore taken the antithesis of Fortune (*Fortuna*) and Virtue (*Virtus*), current in Humanist allegory, and invested it with an overlay full of mystery. This rigid and antithetic contrast between Fortune (*Fortuna*) on the left and Wisdom (*Sapientia*) on the right had appeared some time earlier on the woodcut of the title page of Charles de Bovelles' (Carolus Bovillus') *Book of the Sage* (*Liber de Sapiente*), first published in 1510 (fig. 2). As in the case of Dürer's melancholy figure, the representation of Wisdom sits firmly on a stereometrically carved stone bench. Conversely, to illustrate their lack of wisdom, inconstant Fortune or her disciples are placed on extremely unstable objects – a globe and a wheel – just as Dürer's putto constitutes an obvious counterpart to the melancholy figure. Within this richly developed pictorial tradition¹⁹, Dürer's engraving is special in that his protagonists

¹⁸ Cf. ZINNER 1951, 290–300.

¹⁹ See for instance HECKSCHER 1962; SCHUSTER 1988.



Fig. 2: Charles de Bovelles, *Book of the Sage (Liber de Sapiente)*, Paris 1510, fol. 116b: *Virtue (Virtus) and Fortune (Fortuna)*, woodcut
Staatsbibliothek zu Berlin – Preußischer Kulturbesitz

partake of both sides of the Virtue-Fortune-antithesis. Just as Dürer's putto, scribbling like a child and thus still of indeterminate and unfinished character, is placed between the two areas, so his melancholy figure reaches into the sphere of Fortune through her contemplation of the heavens.

Through ambivalent motifs such as her gesture of resting her head, and the way she sits calm and apparently idle with her tools spread out on the floor without being used, Dürer illustrates with his melancholy figure a perfect state; yet in this earthly world, she constantly has to conquer this perfect state anew, and guard it against all the melancholic temptations visible in herself. Therefore the meaning of the engraving intended by Dürer is that of an 'image of Virtue (*Tugendblatt*)'. Urging the melan-

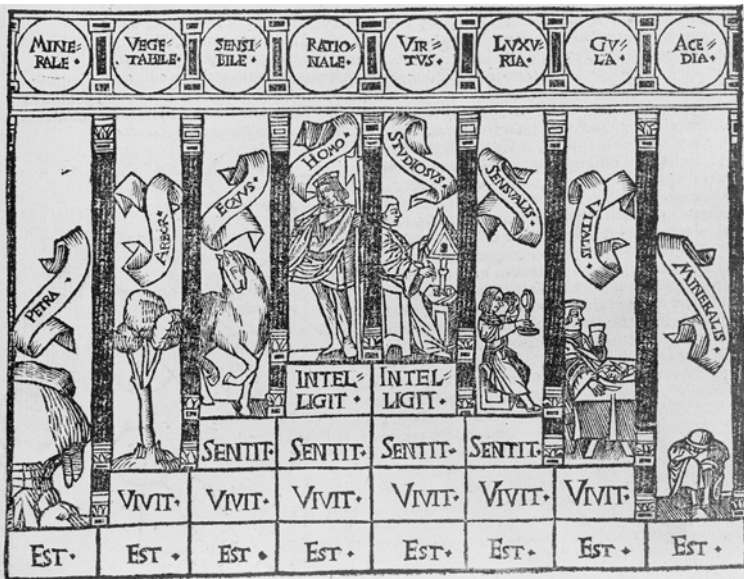


Fig. 3: Charles de Bovelles, *Book of the Sage (Liber de Sapiente)*, Paris 1510, fol. 117b: *The four types of man – learned, sensing, living, and mineral – linked to virtue (virtus), extravagance (luxuria), gluttony (gula), and sloth (acedia)*, woodcut Staatsbibliothek zu Berlin – Preußischer Kulturbesitz

cholic to be virtuous and to use his excellent intellect to overcome all the obstacles on the path to divine perfection, the engraving is both a ‘comforting (*Trostblatt*)’ and a ‘warning image (*Warnblatt*)’. In the interpretation briefly sketched here, the contrary position of Warburg and his pupils are thus reconciled with each other through a constant call to virtue.

In the constant ambivalence of its pictorial motifs and the call to virtue which they express, Dürer’s copperplate corresponds to the Humanist anthropology as formulated in Pico della Mirandola’s (d. 1494) famous *Oration on Man’s Dignity (Oratio de dignitate hominis)* in an exemplary fashion. According to Pico, man as microcosm has no intrinsic nature, but rather partakes of the different cosmic levels. It is up to him what he wants to be. If he follows his urges and instincts, he degenerates into an animal, plant, or stone, as already illustrated in Charles de Bovelles’ *Book of the Sage* (fig. 3). If, however, he follows his intellect, then he becomes a true human being, a creature made in God’s image. In the Humanists’ view, man’s dignity thus consists in the fact that man – as if he were his own demiurge, and by using his mental faculties virtuously, and the arts and sciences correctly and moderately – makes himself into a true human being, thus creating himself in God’s image. Man is given everything in order to fulfil his destiny through the correct, that is to say moderate, use of his art and as a lover of divine wisdom.

Dürer's melancholy figure appears in the form of an angel and in the position of steadfast virtue. This makes it clear which of the various gifts belonging to her burdened yet excellent temperament she has developed for herself or ought to develop. Rooted within the context of micro- and macrocosm, her own perfection, leading to virtuous and angelic wisdom, corresponds to the completion of the universe. This is indicated in the numerous works of her arts, based on measure, number, and weight, which we find on the side of Fortune. There she opposed and conquered the vices as a virtuous lover of wisdom. In the scribbling putto, she eradicates infant stupidity through teaching. With the tamed dog, she has subdued envy. She has rendered the pernicious fire useful, and the perilous sea passable. As creator of herself and her environment she resides – just as Pico's *Oration* proposed and Bovelles' *Book of the Sage* repeated – as a 'god on earth (*deus in terris*)' with far-reaching power, to which the key was an allusion as Dürer's testimony makes clear.

Yet, human knowledge can never reach truth, which is the prerogative of God, as Dürer has always insisted in his own aesthetic theory, illustrated with the mysterious comet in his copperplate. But man's unlimited creative powers – visible in the coastal landscape of the engraving, and corresponding to Nicholas of Cusa's (d. 1464) infinite divine creation – can draw him ever nearer to the truth through constantly improved hypotheses. Such mathematical hypotheses, developed during Dürer's time only in astronomy to explain the world, ought constantly to be supported by observation.²⁰ Otherwise they become untenable speculations, the dire consequences of which Dürer illustrates on the side of Fortune of his copperplate by alluding to the always threatening fall into the abyss, found also in the traditional legend of Thales. Dürer always warned in his theoretical writings that constant adherence to the mean, the continuous necessity of measuring, and meticulous observation are the only reliable foundations of all art. Likewise for him the golden mean which evens out the extremes was always the epitome of human virtue. Accordingly, Dürer says in the draft dated to 1513 of his *Manual on the Art of Painting* (*Lehrbuch der Malerei*), 'moderation is best in all things, moral and natural (*das dy mass in allen dingen, sitlichen vnd natürlichen, das pest sey*)'.²¹ Basing knowledge on observation and mathematics does, however, erect an insurmountable obstacle for human knowledge in the metaphysical realm. For Dürer, this restriction is no cause for desperation. Rather to recognise the fact that one does not know is the greatest knowledge. Dürer indicated the absence of knowledge, or the fact that one does not want to know that one does not know, in the title of his copper-

²⁰ See BLUMENBERG 1965 and 1966.

²¹ DÜRER 1956–69, ii, 127; cf. SCHUSTER 1991, i, 247–8.

plate by representing it through the bat-like creature turning away from the divine light. By positive contrast, the angelically winged figure of melancholy gazes with greatest concentration on the heavenly phenomena, which must remain a riddle for her.

For Dürer, but also for Nicholas of Cusa and Bovelles, man – by knowing that he does not know, and thus achieving perfection – is united with the divine in the highest degree. The number One in the title testifies to this unity. First, as ‘the source and origin of numbers (*fons et origo numerorum*)’, it points to the comprehensive mathematical abilities of Dürer’s melancholy figure and her extensive activity in all the arts which depend on mathematical knowledge. At the same time, the One in the title of Dürer’s engraving has a different set of meanings. For as the principle of mathematics, the number One is from time immemorial the foundation of all knowledge as well as its perfection in God as the unity behind the multiplicity. In his *Book of the Sage*, Bovelles made the attribute of unity the epitome and distinction of wisdom. Only the wise man who has grasped and used all the gifts granted to him, only the learned man (*homo studiosus*), who activates the intellect solely given to man, is a true human being. He alone is at one with himself and therefore in God’s image a ‘second god on earth (*alter deus in terris*)’. As Bovelles put it: ‘The man who knows himself, he alone is man, he is at one with himself, and thereby a truly human being (*Qui se novit homo, hic solus Homo est, hic sibimetipsi unus, hoc Homo-Homo*).’ According to Bovelles, the only task of the wise then is to recreate himself in the image of divine unity: ‘It is right for the Sage constantly and gladly to strive towards the indivisible Oneness of himself and of God, the highest Demiurge, to unify with it, and soar towards it in his mind (*At Sapienti proprium est iugiter ad individuum et suiipsius et summi opificis Dei unitatem feliciter niti, colligi, mente elevari*)’.²²

In Dürer’s engraving, the rainbow as a traditional symbol of God’s reconciliation with man points to this unity between man and God. Moreover, the ‘form of Christ (*christiformitas*)’ in which Dürer’s melancholy figure appears also points to this unity. For she sits with her head resting on her hand amidst the effects as Christ does, meditating among the physical instruments of his Passion. This is an old pictorial tradition, previously cited by Dürer. Christ’s perfect nature was the subject of many of Dürer’s works since his Munich self-portrait²³, and he based this example on the fact that Humanists equated Christ with divine wisdom. Only thus, through the loving urge towards divine wisdom which tran-

²² SCHUSTER 1991, i. 307–8.

²³ ALBRECHT DÜRER, *Selbstbildnis im Pelzrock*, 1500, Munich, Bayerische Staatsgemäldesammlungen, Alte Pinakothek, inventory number 537.

scends all human knowledge and all human arts, through the pious knowledge that one does not know, is it possible according to Dürer to ascend to divine wisdom by following Christ in His Passion on the Cross. As Dürer's copperplate shows with the cut-off tower and the ascending ladder, this Passion lies beyond the visible realm. The divine cannot be measured. Yet, this perfect state (*status perfectus*) is acquired through measured moderation, constantly threatened in this life by the vicissitudes of fortune and cosmic catastrophes, comet and inundation. Only there, in this divine realm, can this perfect state of the melancholy figure last forever. There she, the restless lover of divine wisdom, shall be one with her divine model.

Charles de Bovelles (Carolus Bovillus)

As indicated above, Dürer's copperplate is an atmospheric and ingenious pictorial summary of the fundamental convictions of European Humanism. It is remarkable how much Dürer's allegorical language followed current traditions which had already appeared in the woodcuts of Charles de Bovelles' *Book of the Sage (Liber de Sapiente)*, published in Paris and Amiens in 1510 and 1511, respectively. Ernst Cassirer (d. 1945) described the *Book of the Sage (Liber de Sapiente)* by the French cleric, mathematician and Humanist Charles de Bovelles (Carolus Bovillus, 1479–1553) as 'perhaps the most curious and characteristic creation of Renaissance philosophy (*vielleicht die merkwürdigste und charakteristischste Schöpfung der Renaissance-Philosophie*)'.²⁴ Dürer's copperplate and Bovelles' *Book of the Sage* strangely resemble each other in that they express the fundamental positions of Humanist thought with equal vividness. They unite notions such as the opposition between Virtue and Fortune, going back to Petrarch; Nicholas of Cusa's principle of 'learned ignorance (*docta ignorantia*)'; and the insistence that man, possessed of free will, is the Promethean creator of himself, a concept expressed in Pico della Mirandola's idea of 'man's dignity (*dignitas hominis*)'. All these different strands of thought are already combined in Bovelles' *Book of the Sage*. Moreover, apart from the similarity on the level of content, this work already offers on its title page and in the woodcut diagrams, illustrating the Humanist thought world, the visual patterns which Dürer later employed on his melancholy copperplate.

Dürer's knowledge of the *Book of the Sage*, available in many copies both in Nuremberg and other German libraries, may be seen in the context of the intimate contacts which existed between French and German

²⁴ CASSIRER 1927, 93. See also VICTOR 1978; MAGNARD 1982; SCHUSTER 1991, i. 307–22.

Humanists engaged in the long planned edition of Nicholas of Cusa's works. Interest in Nicholas of Cusa also led Bovelles in 1503 on extensive trips to libraries in Switzerland and the Upper Rhine Valley. A collaborative effort between French and German Humanists, this massive edition of Nicholas of Cusa's works subsequently appeared in Paris in 1515. Dürer's depiction of melancholy, often called 'the most German picture of the Germans'²⁵ and in a way a manifesto of European Humanism, could well have been influenced directly by pictorial sources prevalent in French Humanist circles.

The *Occult Philosophy* by Agrippa von Nettesheim, then only circulating in manuscript, provides only a loose parallel to Dürer's engraving. But it appears that – in the best tradition of the Warburg school – we have found in Bovelles' *Book of the Sage* of 1510/11 an extensive illustrated text, which does explain precisely the title of Dürer's engraving as the fulfilment of man's strife for knowledge. Bovelles' representative of wisdom, disposed of course to melancholy, is singled out by the epithet 'One (*unus*)', because he has again become one with himself and God through the use of his talents, especially his intellectual ability. Bovelles and his *Book of the Sage* also explain the palpable tension in Dürer's melancholy copperplate, oscillating between intensity and paralysis. The call to virtue is directed at the melancholy figure: man is, according to the Humanists, endowed with a special dignity allowing him to make himself into what he wants to be. The virtuous human being, however, only fulfils the potential inherent in his dignity, if he develops to the highest degree and uses with moderation the gifts granted to him, including the intellect itself, which alone distinguishes man on earth.

Knowledge of Bovelles is by no means a necessary precondition for understanding Dürer's engraving, because the educated viewer in Dürer's day would need no literary references to recognise the conspicuous antithesis between Virtue and Fortune on the two halves of the picture. It would be read as a call to withstand the hazards of Fortune which are present in the cosmic landscape (on the left) with the help of virtue guided by moderation, of constant regard to measure and mean. Dürer illustrates the latter (on the right) in the pose of the melancholy angel, sitting there sovereignly and holding the compasses. Therefore, Dürer's title obviously also signifies the link between melancholy and mathematics, between melancholic temperament and mathematical talent, for One is not a number, but rather the foundation of all numbers and therefore of mathematics itself. In the context of virtue present in Dürer's melancholy copperplate, One as the principle of mathematics means that only

²⁵ Cf. SCHUSTER 1991, i. 394.

through the right measure in all things can the claim of the Humanist doctrine of ‘man’s dignity (*dignitas hominis*)’ be fulfilled, namely that each human being as his own artist and craftsman ought to build himself up to be a creature made in God’s image.

Dürer and Rufus

The present inquiry will now shift from European Humanist influences on Dürer’s masterpiece to the question to what extent Rufus’ concept of melancholy, itself a product of scholarly engagement with Hippocratic medicine, finds expression in this major work. For the appeal to restore oneself as a creature made in God’s image by using one’s intellectual talents correctly was specifically directed at the melancholic. Of the four temperaments, the melancholic was thought to be especially burdened by many negative attributes such as his inclination towards sadness, sloth, gloom, and greed. Moreover, the melancholic often suffers from nightmares and even madness. He avoids people’s company and prefers solitude. Yet at the same time the melancholic is credited with a special gift for studying the sciences and the arts. Melancholy as a precondition for all great talent – the melancholic as the perfect example of the genius – those are the fundamental convictions of the Humanists, following the tradition of the famous *Problem 30.1*, attributed to Aristotle, but perhaps by another member of his school²⁶, and Marsilio Ficino’s *Three Books on Life (De vita triplici)*.

Along with this philosophical tradition, discussed in detail by Klibansky, Panofsky and Saxl, there exists a popular medical tradition, which goes back to the school of Salerno with its most prominent exponent Constantine the African (Constantinus Africanus, d. before 1099), and through him to Rufus himself. Both strands of the transmission, the philosophical stemming from Aristotle, and the medical deriving from Rufus, combine melancholy and intellectual aptitude, although they do so with totally opposed causalities. In the Aristotelian *Problem 30.1*, we read: ‘Why is it that all men who excel either in philosophy or politics or the arts, appear to be melancholics?’ Balanced and well-tempered bile is able to inspire the melancholic mind and spur it to extraordinary intellectual endeavours: this is the Aristotelian thought, which inseparably links melancholy and the notion of genius.

Whereas the Aristotelian tradition elevates thinking onto the level of an ideal melancholic state, Rufus conceives of the ‘excess’ of thinking as

²⁶ See PHILIP VAN DER EIJK, «Aristotle on Melancholy», in: id. 2005, 139–68.

the cause of melancholy. Rufus thus inverts the causal nexus, saying that using one's mind makes man predisposed to melancholy: 'People of excellent nature are predisposed to melancholy, since excellent natures move quickly and think a lot.' [FF 33–4]. Elsewhere Rufus states, 'Violent thoughts and worries may make one succumb to melancholy.' [F 35 § 1]²⁷. In his *Case Histories* Rufus relates the history of someone who succumbed to melancholy because he studied the geometrical sciences excessively: 'The reason for his illness was the constant contemplation of geometrical sciences.' [F 68 § 3]. Even the eleventh-century Neoplatonic philosopher and historian Miskawaih still cites Rufus as adhering to the view that melancholy may originate in an excess of intellectual effort [F 36 §§ 1–2]:

It is reported that Rufus, the physician, said the following: 'There is no-one who does not devote too much effort to thinking about a certain science (*ilm*) without ending up suffering from melancholy.'

Rufus' concept becomes canonical within the medieval Latin medical tradition because of Constantine the African. The latter's work *On Melancholy* (*De melancholia*) mostly draws on the Arab author Ishāq ibn 'Imrān, but also includes some independent material, notably towards the end of the work. Constantine (as well as his source Ishāq) deals with the scholarly type of melancholy in detail; the following passage from his Latin version can illustrate this²⁸:

Rationalis [sc. *animae*] *sunt nimia cogitatio, ratio memoria retinendi, investigatio rerum incomprehensibilium, suspitio, spes, imaginatio, perfectum et imperfum rei arbitrium. Quae omnia si profundissime et spisse anima operetur, causa sunt, ut in melancholiam illabatur.*

Typical of the rational [soul] are excessive thinking, learning by heart, studying unfathomable things, suspicion, hope, imagination, and correct and incorrect judgments about issues. All these things, if the soul should do any of these frequently and without moderation, cause it to slide into melancholy.

For Constantine, just as for Rufus, melancholy does not constitute a mark of excellence, but rather a disease which triggers in man apathy, sadness and fear – or their opposites. In the end melancholy can be equated with a totally chaotic and completely frenzied state of mind.

Constantine's influence became widespread through the medical School of Salerno. The *Salernitan Regimen* (*Regimen Salernitanum*), a popular medical handbook which originated within the circle of this

²⁷ Cf. KLIBANSKY et al. 1964, 110; KLIBANSKY 1998, 153–4.

²⁸ Constantine the African, *On Melancholy*, ed. GARBERS 1977, p. 103, lines 4–8. The whole passage on 'scholarly melancholy' from Ishāq ibn 'Imrān's *On Melancholy* is reproduced in Appendix 2 below.



Fig. 4: Augsburg Calendar (Augsburg, bei Blaubirer, 1494):
woodcut of slothful melancholy (*melancholia acediosa*)

school, was copied and printed many times. It repeats in a section on the four temperaments the idea exhaustively discussed by Constantine that the negative symptoms of melancholy are linked to restless study. However, in the mnemonic verses of the *Salernitan Regimen* the causal link found in Rufus and meticulously discussed by Constantine is reversed. Restless study is no longer the cause of melancholy, but, conversely, it is a specific attribute of melancholy which enables one to study restlessly. For, unlike Constantine, the *Salernitan Regimen* describes not a disease but rather a type of person characterised by the disease of melancholy. This type is particularly prevalent among scholars, seeking solitude to study. Accordingly melancholics are presented as follows: ‘Melancholics are those capable of studying and always wanting to be alone (*Melancolici sunt apti studio qui semper cupiunt esse soli*).’²⁹ Rufus’ doctrine is inverted in a way that the contradiction to the Aristotelian *Problem 30.1* is resolved. In contrast to previous scholarship it is important to state that the ‘type of acedia (*typus acediae*)’, the image of the idle and slothful melancholic (fig. 4), which Klibansky, Panofsky, and Saxl cited as Dürer’s pictorial model, is not the one which appears anywhere in the whole popular medieval literature about the temperaments. Rather, as a result of a change of perspective towards Rufus and Constantine, the prevalent pattern became one of the melancholic ideally appearing as the scholar in the tradition of Aristotle and his pupils.

²⁹ ARNALDUS DE VILLANOVA 1491, I 3 V. About the Salernitan Regimen, see the detailed discussion in SCHUSTER 1991, i. 111–15.



Fig. 5: Heinrich von Laufenberg, *Regimen of Health* (*Regimen Sanitatis*), miniatures of the four temperaments, sanguine (fol. 61b), phlegmatic (fol. 62b), melancholic (fol. 63b), with the choleric missing, Staatsbibliothek zu Berlin – Preußischer Kulturbesitz, Handschriftenabteilung, MS germ. fol. 1191



Fig. 6: Heinrich von Laufenberg, *Regimen of Health* (*Versehung des Leibs*) (Augsburg, bei Ratdolt, 1491): woodcuts of the four temperaments, sanguine (fol. f vi verso), choleric (fol. f viii recto), phlegmatic (fol. g i recto), and melancholic (fol. g ii recto), Wolfenbüttel, Herzog August Bibliothek, A: 167.9 Poet.

The concept of the ‘learned melancholic’, who is described in the *Salernitan Regimen* without modification as having his well-known cornucopia of bad attributes, whilst his only positive gift is his restless devotion to scholarly enquiries, is illustrated in fifteenth-century manuscripts and early prints of popular medical handbooks such as Heinrich von Laufenberg’s (d. 1460) *Regimen of Health* (*Regimen Sanitatis*, see figs. 5 and 6).³⁰ In these popular representations of the four temperaments, the melancholic is portrayed as a scholar long before Dürer, whilst the phlegmatic is rendered as idle, lazy, and slothful, and therefore often as sleeping. The melancholic, however, is shown as a person sitting quietly with open eyes and resting his head on his hand in the time-honoured pictorial tradition. In this way, the cycles of the four temperaments appearing in the popular medical literature already anticipate the iconography of Dürer’s melancholy figure. Among the miniatures showing melancholics with their heads resting on their hands, the widely circulating *Salernitan Regimen* has one such melancholic counting money. In this way, both the mathematical aptitude and the notorious greed of the melancholic are illustrated (fig. 7).

In its main motif – the personification of the melancholic temperament, engaged in studies and sitting pensively with her head resting on her hand – Dürer’s melancholy engraving can be traced back directly to the popular concept of melancholy. In variation of the Rufus tradition, it says that the melancholic thinks, or – as Heinrich von Laufenberg put it in his *Regimen of Health*, written in 1429 – that ‘his mind is bent on arts and knowledge (*auf kunste und weisheit stat sein sin*)’. Drawing on this popular medical literature about temperaments where the melancholic appears as possessing a gift for the ‘arts’, and having recourse to the praise of melancholy found in the Aristotelian and Humanist tradition Dürer provides his picture with new dignity by employing formulae of pathos such as the wings, wreath, and the architectural structure and rectangular seat, both illustrating virtue. Moreover he symbolised the many arts which melancholics typically master through the numerous tools and objects. Their untidy arrangement on the ground, as we can see from this fresh examination of the allegorical tradition, does not signify – as many have traditionally thought until today – lack of care and ability. Instead they represent the many skills mastered by the personification of melancholy. To this end, the pictorial form of the ‘figure with tools (*Figur über Gerät*)’ served the allegorical language of images since antiquity.³¹

The assumption that Dürer counted among the dangers to which the melancholy figure is exposed not only the learned advantages of the mel-

³⁰ See SCHUSTER 1991, i. 108–10.

³¹ See the extensive discussion in SCHUSTER 1991, i. 115–17.

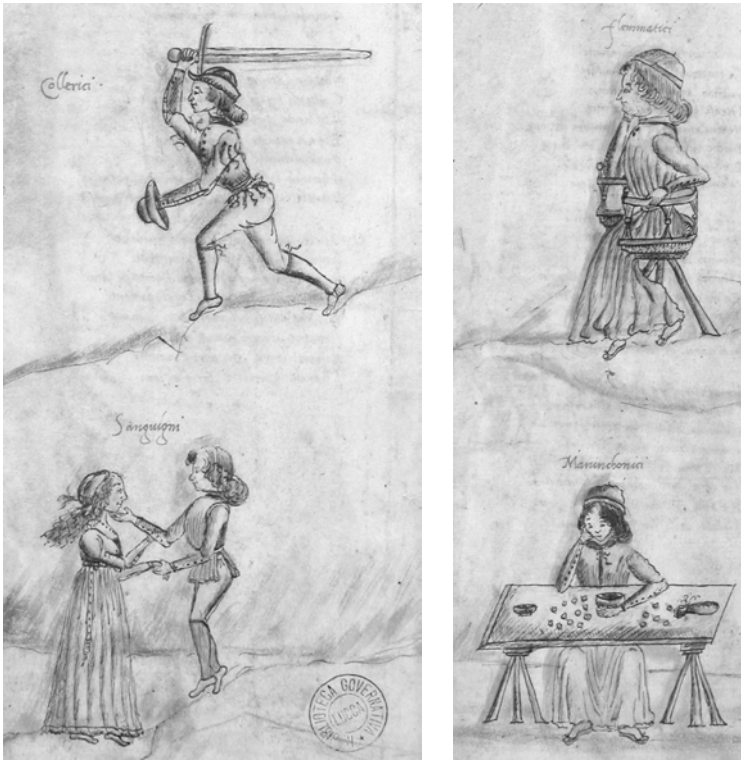


Fig. 7: Leonardo Dati, *Sfera*, miniatures of the four temperaments (clockwise from top left): choleric, phlegmatic, melancholic, sanguine, Lucca, Biblioteca Governativa, MS 1343, fol. 11b–12a

ancholic temperament, but also – in the direct tradition of Rufus – the paralysis resulting from ceaseless reflection is supported by Dürer’s remark in his manual *Sustenance for Painter Apprentices* (*Speis der Malerknaben*). There he says, in a sketch dated 1508, that the young painter should be wary of melancholy prevailing as a result of too much exertion:

Daz sext, ob sich der jung zw fill v̄bte, do fan jm d̄s Melecoley v̄ber hant mocht nehmen, daz er durch kurtzweilich seiten spill zw leren do von gezogen werd zw ergetzlikeit seins geplūtz.

The sixth [instruction for the young apprentice is that] if the boy has exerted himself too much, so that melancholy has been able to become prevalent in him, he should be drawn away from this by learning the amusing play of the lyre, to entertain and improve his mood.³²

According to the Aristotelian tradition Dürer attributes to the young artist a general melancholic disposition, required by any genius within the arts. At the same time, Dürer follows Rufus’ medical doctrine and warns

³² DÜRER 1956–69, ii, 92.

against mental over-exertion, for the melancholic disposition, which according to the Aristotelian *Problem* 30.1 was necessary to excel in the arts, may turn into a melancholic weariness. Thus melancholy as genius is transformed into the ailment of melancholy. As a treatment against the imminent excess of melancholy Dürer prescribes music therapy, already employed by Rufus to cure melancholic depression [F 67 § 16].³³

In his melancholy copperplate, Dürer illustrated Rufus' concept – demonstrably known to him – that an excess of mental activity can cause the ailment of melancholy, a position contrary to the Aristotelian praise of melancholy as the prerequisite for all great talents. Through the ambivalence of his melancholy figure, who is sitting with her head resting on her hand and in whose gestures and facial expressions one can see both the highest mental concentration and total paralysis as an inseparable unity. Yet, as the rich reception history teaches us, both aspects were picked out separately in many different ways – Dürer is able visually to combine in one personification the quite different gifts of the melancholic temperament, both good and bad. Only because his melancholic angel places such contradictory notions of melancholy before our eyes does Dürer's call to virtue become so comprehensible and clear. Again, only because one can read in Dürer's melancholic angel the dangers to which the melancholic temperament is exposed, but also the ability to act virtuously, does the melancholic's capacity to recreate himself in God's image by means of his special intellectual gifts become alluringly apparent.

There is an ambivalence present in Dürer's melancholy figure, in whom the traditional contemplative pose of productive thinking cannot be separated from fruitless brooding. This ambivalence too recurs as a pictorial motif in the tools on the ground of Dürer's engraving. As already stated, objects on the ground always serve as allegories illustrating the qualities attributed to the personification in question. If one reads in Dürer's melancholy figure paralysis and inactivity, then she does not, as one would expect according to the laws of allegorical language, become the personification of an encyclopaedic ability for many arts, all based on mathematics, but rather a personification of idleness which forgets and neglects all the things carelessly lying around her. Both interpretations of Dürer's melancholy figure, as a universally capable personification of the arts, and as a personification of pervasive paralysis, an *acedia* of almost gigantic proportions, already existed in Dürer's day and later were to recur. These interpretations were made easier, since *acedia* has long been said to have a double nature.³⁴ For *acedia* was not con-

³³ Cf. SCHUSTER 1991, vol. i. p. 249 and note 605; and BANDMANN 1960, especially on pp. 31–44 and 54–62; see also HORDEN 2000.

³⁴ For further details, see SCHUSTER 1991, i. 119–22.

ceived of solely in terms of work-shy sloth. Rather acedia primarily signifies in moral theology since Thomas Aquinas (d. 1274) man's turning away from God and the subsequent sadness of his soul. Lethargy and apathy are only secondary effects. Petrarch, too, insisted on this intellectual origin of acedia in his poetic confessions *On the Secret Conflict Caused by his Cares* (*De secreto conflictu curarum suarum*). In contrast to moral theology, Petrarch held that man's turning away from God is no longer the cause of acedia, but rather the sad realisation that human life is random and transient, which leads to total paralysis of man's drive and energy.³⁵

This definition of acedia as a result of thought which 'thinks to the end' makes it the ideological parallel to Rufus' medical doctrine that too much exhausting thinking leads to the ailment of melancholy and thereby to total lethargy. Thus the reason for the melancholic's inactivity is not, as in the case of the sleeping or idle phlegmatic illustrated in the *Salernitan Regimen* or Heinrich von Laufenberg's *Regimen of Health*, the yearning for ease and comfort. Rather the acedia of the melancholic originates in excessive thinking.

By taking into consideration this tradition of acedia, largely overlooked until now, it is possible to confirm that Dürer's melancholy copperplate illustrates comprehensively a popular contemporary concept of melancholy which encompassed skilfulness and sadness, but also sloth. Dürer has resolved this contradiction through the pose of his melancholy figure and the pictorial form of the 'figure with tools (*Figur über Gerät*)'. For this reason, Dürer's arrangement could later become a common model for various melancholic subject diametrically opposed to each other, depending on which aspects of melancholy, acedia, sadness or skilfulness, are emphasised.³⁶ In the combination of contrary contents in the ambiguous pictorial motifs described here, Dürer's copperplate proves to be a paradoxical image, and an encyclopaedic illustration of the conflicting concepts of melancholy in his time.

This comprehensive character of Dürer's engraving encompasses the contradictions inherent in antique ideas about melancholy, including those of Aristotle and Rufus. Dürer indeed corrects the notion of the melancholic genius present in the Aristotelian *Problem* 30.1 by incorporating Rufus' idea that an excess of thinking leads to melancholy. However, Ar-

³⁵ See WENZEL 1961; WENZEL 1967, 155–63; JEHL 1984. For 'reflection and inhibition of action' in melancholics see also LEPENIES 1972, 185–213; tr. GAINES and JONES 1992, 142–63.

³⁶ For details, see SCHUSTER 1991, vol. i, ch. 7, pp. 371–412. To anticipate the conclusion one can say that partial aspects of Dürer's engraving influenced later works separately, although Dürer conceived of the parts as a whole.

istotle had already suggested this correction by calling for a well-balanced mean of black bile. Only in this state of equilibrium can the melancholic genius become fertile, according to *Problem 30.1*, otherwise madness looms large. In Dürer's concept and disposition the mean is not only recommended from a dietary point of view, but also the only safe means of knowledge; it is achieved by measuring.

We are therefore dealing with different aspects of measure. According to Rufus, intensive intellectual activity leads to melancholy, and he consequently calls for moderation. Measuring is moreover the only safe means of knowledge, as Dürer shows us. Yet even the act of measuring itself has to be carried out in moderation, as Rufus' case history (**F68**) demonstrates: the continuous and, as it were, excessive engagement in geometrical sciences leads to melancholy.

Finally, however, Dürer's melancholy figure does see things which cannot be measured. According to Dürer, this does not mean a Faustian despair or a 'Saturnian dejection'; rather the knowledge that one does not know constitutes divine perfection: through the Humanist quest for knowledge man reaches perfection in the face of the divine which he cannot grasp.

The great impact of Dürer's work cannot be explained merely by reference to an enduring fascination with melancholy. It should rather be seen as a result of Dürer's art. For a central human emotion, Dürer found fundamental visual metaphors which were as superbly simple as they were obvious in their contrast of proximity and distance, youth and old age, leisure and work, rest and restlessness, emptiness and fullness, and light and dark. At the same time, these metaphors were sufficiently general and ambiguous to combine the conflicting aspects of the notions of melancholy, extending from sloth, sadness and sorrow, to desolation and madness – and even to the gifted nature of the genius. Discrete and ambivalent at the same time, and thereby a pointer to all earthly things and to what survives them through virtue – as such Dürer's melancholy copperplate can be defined as a fully fledged Humanist allegory. Its ambiguity, which constitutes clarity in infinite refraction as opposed to vagueness, makes Dürer's engraving into a true image. In this sense Walter Benjamin (d. 1940) says about the far less discrete and far less paradoxical allegory of Hope (*Spes*) by Andrea Pisano (d. c. 1348):

Sie sitzt, und hilflos erhebt sie die Arme nach einer Frucht, die ihr unerreichbar bleibt. Dennoch ist sie geflügelt. Nichts ist wahrer.

Sitting, she helplessly stretches her arms for a fruit that remains beyond her reach. And yet she is winged. Nothing is more true.³⁷

³⁷ BENJAMIN 1962, 82; tr. JEPHCOTT and SHORTER 1997, 83.

Rufus of Ephesus and the Tradition of the Melancholy Thinker

PETER TOOHEY*

Introduction

Rufus' particular contribution to the intellectual tradition of melancholy is sometimes said to be his claim that too much thinking makes a person prone to melancholy. Rufus does indeed make this claim. He was not necessarily the first to do so, however. The claim appears, furthermore, to have been but a minor element in his two-book text, *On Melancholy*. Notwithstanding the evidence that points to this theme not being of paramount importance to the physician, Rufus' *On Melancholy* has become associated with the persistent idea of the melancholy thinker. Traditions such as this one seem to have a life of their own and to require no necessary affiliation for their continuance. We need to be quite clear, at the very outset, however, that Rufus' idea should not be confused with that of the pseudo-Aristotle in the famous *Problem 30.1*. Rufus links over-much thought with melancholy, while Aristotle links genius with melancholy. Rufus' melancholy is of the depressive variety. Aristotle – though he seems to understand melancholy as bipolar or, as we might say, manic-depressive – stresses the manic aspect of melancholy in his discussion.

Rufus' idea, however minor a position it played in his system, does seem to have been taken up elsewhere and, at that, very early on. It is particularly to be associated with geometers (and perhaps architects). We see this in the case notes attributed to Rufus. It is picked up by the Neo-Platonic philosopher from the 11th century, Aḥmad ibn Muḥammad Miskawaih. We see the geometer again most powerfully in Albrecht Dürer's *Melencolia I* (1514). But the emphasis does seem to shift in the early Renaissance. Instead of the geometer, we now also have the depressive scholar. This is the tradition exemplified by Marsilio Ficino (1433–99) and then by Robert Burton (1577–1640). It becomes almost a literary topos. The most striking linear descendent of Burton (who cites Rufus in the context of the 'miseria of scholars') is perhaps to be found in *Middlemarch* (1871) by George Eliot (1819–80) in the person of the

* FLASHAR 1966 remains very helpful for an understanding of Rufus, but is brought up to date by the new material gathered together by Pormann, in this volume, and the new interpretations offered by the contributors to this volume.

scholar, Edward Casaubon. The theme is picked up, I would like to argue, not through filiation but rather through the persistence of this essentially clichéd idea, in the standard textbook of the American Psychiatric Association for the diagnosis of psychological disorder, the *Diagnostic and Statistical Manual of Mental Disorders*. Here it seems to become an illness termed Obsessive Compulsive Personality Disorder. The symptoms for this disorder, or illness, bear striking resemblance to the habits and character traits exhibited by thinkers such as Edward Casaubon.

Rufus' On Melancholy and the Aristotelian Tradition

Rufus believed that melancholy was an illness caused and characterised by a preponderance of black bile. When we speak of melancholy in English we mean depression – melancholy and depression are synonyms. This is not necessarily the case in Greek. It was the bile that was the characteriser and this did not necessarily entail affective disorder. Where an affective disorder was involved it could as readily mean *manía* (madness) as it could depression. The Aristotelian *Problem* links these two conditions to the heating or cooling of the black bile. Melancholy could be mania or depression.

Rufus may have believed that there were three forms of melancholy (and in this he was followed by Galen – DOLS 1992, 28). In each of these an excess of black bile pervades or is generated from a portion of the body: there was a hypochondriac form (where the black bile is produced in from bad digestion in the epigastric region), an encephalic form (where bile rises to the brain and poisons), a general form, in which harmful black bile pervades the whole body. Rufus seems to have been interested primarily in the hypochondriac form of melancholy. This, he believed, fell into two types, the innate and the acquired. Those with innate melancholy can be recognised: they are hairy, have dark skin, lisp, have protruding lips, tend to move quickly, and may be prone to mental activity. But that is about as far as we can go. Were such sufferers depressive? Maybe, maybe not. Sometimes these melancholics are angry and rave, at other times they are fearful and despondent. This seems to depend on the phase of the illness (early, middle or late) in which they find themselves. It can also depend on age and gender: old men, it seems, are prone to melancholy; men in general suffer it more than women, but when women do get it, the illness affects them more severely than men.

Was the melancholy suffered by Rufus' thinkers depressive or manic? Hesitantly one must assert that depression is what Rufus seems to have thought that scholars suffered. One concludes this from the case books

attributed to Rufus and from the 11th century testimony of Miskawaih. The link between (depressive) melancholy and thinking was not necessarily a key portion of Rufus' analysis of melancholy. Does this matter? A theme of this paper is that influence may exist independently of a particular thinker's ideas. The Rufus tradition, that is to say, though perhaps a real one, may exist independently of the author and may even exhibit scant relationship to his key ideas. What may matter, in a case like this, is the fact that this tradition has been attributed to him.

The question of Rufus' originality in the linking of melancholy and thinking, therefore, is not of great significance. Were we to concern ourselves with this, however, the first comparison would be with the Aristotelian *Problem 30.1* in which a link is made between melancholy and genius. It is sometimes said that Rufus simply medicalises Aristotle's concept, that thinking in Rufus causes melancholy, that genius in Aristotle causes melancholy. Is this the case? There are two striking differences between Rufus and the Aristotelian *Problem 30.1*, in my opinion. The first is that Aristotle is less interested in 'fear and despondency', for his is a bipolar illness and is more often manic than depressive. In fact the stress of the *Problem 30.1* is above all on the manic aspects of melancholy (TOOHEY 2004). Furthermore, the *Problem* is about poets, statesmen, generals, and philosophers. The main players seem to be men of action or creators, not, for example, intellectual interpreters or scholastic philosophers. It is not very clear what Rufus meant by 'those who think a lot', whether by this he meant 'interpreters' rather than 'creators'. The sense that one gets from the 'Case Studies' is that we are dealing more with interpreters and scholars than creators. Klibansky, Panofsky, and Saxl also seem perhaps to have thought the former was the case. If there is such a thing as a Rufus tradition in the depiction of melancholy, it will probably have to be taken in this light. To a large extent, to trace the Rufus 'tradition' may be to trace the depiction of hapless, melancholy scholars and intellectual interpreters (some of whom have over-active libidos [FF 60, 73]¹, some of whom were good at predicting the future [F 35 § 2], and all of whom had bad digestion [passim, e.g. F 9]).

¹ Melancholics are randy, according to Hildegard of Bingen, because of the excess of wind within them – see above, pp. 183–5 and RADDEN 2000, 79–85. See also Dürer, *The Doctor's Dream* (KLIBANSKY, PANOFSKY, SAXL 1964, plate 92) which combines images of the scholar in a melancholic dream at his desk, geometry (as the ball resembling the globe), a cupid, and a naked Venus-like figure. The most comprehensive anthology of writings on melancholy is RADDEN 2000. Radden does not include Rufus. DANDREY 2005 produces a very comprehensive anthology (in which Rufus is included), but which breaks off with the eighteenth century. HERSANT 2005 produces a more thematic book and what might be described as a personal anthology. MINOIS 2003 is interpretative.

It deserves mentioning at this point that it is much easier to trace in literature the Aristotelian tradition of genius and its link to melancholy than it is to trace this much more vague tradition that has come to be associated with Rufus. Melancholy for Aristotle, in the *Problem*, is a bipolar condition. The Aristotelian tradition, though not necessarily identified as such in later writing, links genius with bipolarity or something that is quite close in terms of its representation to bipolarity or manic-depressive illness.

One of the most interesting surveys of the link between creative genius and the bipolarity of manic-depressive illness is *Touched by Fire*, by the well known psychologist Kay Redfield Jamison. She links genius and bipolarity, and I have not heard her links disputed, in the instances of poets such as John Berryman, Paul Celan, T.S. Eliot, Cesare Pavese, writers such as William Faulkner, Ernest Hemingway, Virginia Woolf, composers such as Mahler and Schumann, as well as artists such as van Gogh, Munch, and Rothko. It is very important to be clear on this distinction between Redfield Jamison's tradition and that of Rufus. The Aristotelian tradition links genius with manic depression (but with a stress on mania). The Rufus tradition links thinking and scholarship with depression.

Geometers, Architect, and Melancholic Thinkers

Despite the apparently small role played within Rufus' system by this link between excessive thinking and melancholy, there is some evidence that this 'tradition' became associated with Rufus' name quite early in antiquity. There exist under Rufus' name a series of case studies.² In one of these case studies we read (F 68 §§ 1–4):

[1] I know another person in whom melancholy began because of blood being burnt. [2] This man was gentle, and the sadness and fear which afflicted him were not strong. Furthermore, they were combined with a little bit of hilarity. [3] The reason for his illness was the constant contemplation of geometrical sciences; he also had social intercourse with kings [*mulūk*]. [4] Because of these things melancholic [disease] matter accumulated in him ...

This man seems to suffer, not necessarily because of an excess of *pneûma*, but because of (1) constant scientific thinking, (2) over-grand ambitions ('intercourse with kings?'), (3) a 'pungent' temperament, and (4) the 'age of decline'. Three at least of these points direct us to an environmental cause for the illness. But it is the first of the causative agents

² ULLMANN 1978b argues for Rufus' authorship of these, but some scholars have expressed doubts about this attribution; see above, pp. 18–20, for a full discussion.

which really stands out. This is the ‘constant contemplation of geometrical sciences’. (This certainly looks forwards to the geometrical imagery of Dürer and Sironi.) What also stands out is that there is little stress in his case on the manic aspects of his condition. The main emphasis is on his ‘sadness and fear’, on the depressive side of his condition, that is. There is further support for the importance of the influence of this linking of thinking and melancholy to be had from the 11th century writings of the Neo-Platonic philosopher Aḥmad ibn Muḥammad Miskawaih. The details of Miskawaih’s argument are produced in this volume.³ It is useful, however, to focus on one aspect of Miskawayh’s refutation of the anonymous sceptic. The sceptic argued that a) since intellection is always linked to sense perception, and b) since we can never know whether or not sense perception is correct, intellection itself is uncertain. A case in point is melancholy: those suffering from delusional states during it think their fantasies to be true, but they are not. Miskawaih rejects this position by stating first that melancholy does not denote all thought processes, but only the delusional state of sick people. For otherwise, as he puts it, ‘true opinions which derive from thought-processes over a long period of time would generate a powerful disease [i.e., melancholy]’.⁴ Then Miskawaih mentions specific examples of such thought-processes⁵:

We know that the thinking to which a geometer [*ṣāhib al-handasa*] assiduously applies himself to arrive at something useful in the world, such as extracting water to the surface, or lifting a road, or moving something heavy with little force; and the thinking to which a general [*mudabbir al-ḡaiš*] and the manager of a city [*ṣā’is al-madīna*] assiduously apply themselves to accomplish a building [*imāra*] or the victory over an evil foe, are not a disease [*marad*].

We have here the practical applications of geometry in what we would now call engineering (building wells) and architecture (constructing roads). It is not Miskawaih’s refutation or the sceptic’s logic that matters here. What matters is the persistent emphasis on geometry and architecture within a discussion of the effects of melancholy. This points back to Rufus. It also foreshadows some of the ‘useful objects’ found before the melancholy figure in Dürer’s *Melencolia I*.

Miskawaih continues by insisting that people endeavour to stay healthy both physically and mentally. He concludes with a banal *reductio ad absurdum*: if Rufus held that any thinking leads to melancholy, then his thinking about melancholy could not be correct, because his thinking had made him succumb to the disease. My point in highlighting some aspects of Miskawaih’s arguments here is a straightforward one: to illus-

³ See above, pp. 194–6.

⁴ tr. Pormann; see above p. 195.

⁵ p. 64, lines 4–8 ed. BADAWI 1981; tr. Pormann.

trate the persistent importance of this strain within Rufus' alleged later influence.

It was not just Miskawaih who continued this tradition attributed to Rufus of linking excessive thought with melancholy. Avicenna (Ibn Sīnā, 980–1037), a philosopher as well as a physician of Persian origin, was the author of the famous five-volume *Canon of Medicine*. Translated from Arabic into Latin and, in this way, exerting considerable influence on European medicine in the first half of the second millennium, Avicenna wrote from a Hippocratic and Galenic perspective. He states, in the *Canon*, that melancholy is the product of pure black bile (unmixed, that is, with phlegm, yellow bile, or blood). It is, furthermore, characterised by 'a great deal of deliberating' (RADDEEN 2000, 78).

Were we to jump ahead by nearly half a millennium from Avicenna, there is Marsilio Ficino (1433–99). Ficino is usually claimed to be a key player in the history of the conceptualisation of melancholy. A leading figure of the Italian Renaissance who worked in Florence under the patronage of Cosimo de' Medici, this Neo-Platonist philosopher and scholar became a very famous exponent of Plato's works. Trained but not qualified as a physician, Ficino composed the seminal text *Three Books on Life* (*De vita triplici*, 1489) which, in the first book, discusses the relationship of intellect and melancholy (RADDEEN 2000, 87–93 and, especially, KLIBANSKY, SAXL, PANOFSKY 1964, s.v.).

Ficino takes as his inspiration the Aristotelian *Problem* 30.1 and Plato's ideas on 'divine frenzy' in the *Phaedrus*. He believes that melancholy of a dry and thin variety (to be contrasted with the adust form that leads to raving, and the damp and heavy form that leads to doltishness) is a concomitant of genius. On the surface of it, this does sound rather close to the Aristotelian version of things. There are, however, two notable differences. First, Aristotle focuses on men of action or in a couple of cases, creative philosophers who lead public lives (Socrates and Heraclitus), whereas Ficino's geniuses are interpretative scholars or scholastic philosophers like himself. Second, Aristotle's melancholic geniuses are bipolar, subject to both mania and depressive melancholy. In the *Problem's* version, however, it is mania, not melancholy, that receives the main emphasis. Ficino's intellectuals are sufferers (or beneficiaries) of a specific form of depressive melancholy. Ficino, therefore, may have taken his inspiration from Aristotle and Plato. But the difference between his approach and that of the *Problem* 30.1 is marked. Whether by accident or indirect filiation, his approach bears a much closer relationship to that of Rufus, or at least to the tradition relating to Rufus. Ficino's and Rufus' intellectuals are depressive and derivative in their intellectual work.

There are two other points that need to be made of Ficino. The first relates to Dürer, whom I will discuss shortly. It may be that Ficino, by re-asserting the link between thinking and depressive melancholy, shifts the emphasis away from the mathematic arts highlighted in Rufus' case histories, by Miskawaih, and by Dürer's angel. This seems to provide the basis for the versions of the Rufus tradition that we will see in the remainder of this essay. The second point relates to medicine. It is sometimes claimed that Rufus medicalises the speculation of the *Problem* 30.1. If this is the case then Ficino may move the tradition away from medicine. His medical basis, unlike that of Rufus, is strong on speculation and largely devoid of concrete physiological details.

Perhaps the most remarkable late medieval or early Renaissance reappearance of the Rufus tradition is to be found in that most literary of visual representations of the effects of melancholy, *Melencolia I* (1514) by Ficino's contemporary Albrecht Dürer (1471–1528).⁶ This etching not only 'views' like a literary text, with its dense symbolic images and its scant interest in verisimilitude, but it is also infused with images that seem to struggle to represent visually some of the logic behind Ficino, but more particularly that behind Rufus of Ephesus' *On Melancholy*.⁷

It is often argued that Dürer in *Melencolia I* seems to have attempted to represent a symbolic relationship between the melancholic temperament and the geometrical and mathematical arts. KLIBANSKY, PANOFSKY, and SAXL 1964, 317 have this to say of Dürer's picture:

The idea behind Dürer's engraving ... might be called Geometria surrendering to melancholy, or of Melancholy with a taste for geometry... [it represent a] pictorial union of two figures, one embodying the allegorised ideal of creative mental faculty, the other the terrifying image of a destructive state of mind.

Perhaps more than geometry is involved (though this will not change the meaning of the engraving), for the abundance of tools in this etching suggests one of geometry's practical applications, architecture. In this simple juxtaposition of geometry (or architecture), traditional representatives of thinking, and melancholy we can see reflected the tradition attributed to Rufus.⁸ To put it briefly: the lethargic pose of the winged angel, her chin rested on crooked arm, her swarthy complexion, the dim light of dusk, the black bat and its banner, the sleeping dog, the sphere all signify the depressed inactivity of melancholy. The geometer's (or architect's) tools,

⁶ The engraving is reproduced in this volume in Schuster's and Völlnagel's essay '*Melencolia I* in the Medical tradition' on p. 198.

⁷ The literary nature of this copperplate is well brought out in Schuster and Völlnagel's contribution to this volume.

⁸ Schuster and Völlnagel link the angel to astronomy, rather than to geometry (above, pp. 227–8).

the paring chisel, plane, the pliers, the saw, ruler, the nails and so forth are, by contrast, the attributes of thought.⁹

This theme of the melancholic geometer (or architect) is one that persists. It is a variant of Rufus' theme. To illustrate its persistence I would like to append some brief notes on one other painting, dating from approximately four hundred years later, that forms part of the genealogical tradition 'beginning' with Rufus and traceable through Dürer's *Melancholia I*. This is Mario Sironi's well known oil painting, *The Architect* (c.1922–4).¹⁰

The pensive, melancholy architect of Sironi's painting declares his affiliation with Dürer's engraving quite simply by holding the compass in his left hand (note the geometrical figure to the viewer's left of his chest, which may hint at Saturn's sphere). That, in this case, is quite sufficient to declare filiation. And, if there should be any doubt as to his consciousness of this tradition, I would point to the fact that Mario Sironi painted at least one oil entitled *Melancholia*, (1919–20, BRAUN 2000 Plate V) that draws on Dürer, specifically through the sphere, the symbol of the melancholy planet Saturn. Sironi also uses the Saturnian sphere in *Self-Portrait with Sculpture* (1922–4, BRAUN 2000 Figure 60), and *Young Man with a Red Ball* (1922–4, BRAUN 2000 Figure 53) as well as variants in paintings such as *Pandora* (1919–20 BRAUN 2000 Plate VI), *Seated Nude with a Mirror* (c.1920–2, BRAUN 2000 Figure 50) and *The Student* (1922–4 BRAUN 2000 Plate IX). The tradition of the specifically melancholic figure seated with a compass in their hands can be found in Jost Amman's *Melancholia* (1589) and Jacob II De Gheyn's *Melancholicus* (1596) (both reproduced in CLAIR 2005, 146). In these two representations, the sphere is also present.

Melancholic Thinkers in Literature

The sudden proliferation of an interest in melancholy in the early modern period is a matter of great fascination.¹¹ Angus Gowland's «The Problem

⁹ BRAUN 2000, 76, suggests that both Melancholy and Measure, in turn, are subsumed under the astrological sign of Saturn, whose power and riches are symbolised by the purse and the keys at the foot of the despondent angel. In Dürer's conception, the power of the artist resides in weight, proportion, and number, but he is plagued by the conflict between the visible and immeasurable, mathematics and metaphysical speculation.

¹⁰ Reproduced in BRAUN 2000, 94 (figure 59). Mario SIRONI, *The Architect*, c.1922–4, Oil on canvas, 70 x 60 cm, Private collection, Milan.

¹¹ There are many figures that could be mentioned here. Timothie Bright (1550–1615), who composed *A Treatise of Melancholie*, is often said to be a predecessor of

of Early Modern Melancholy» in *Past and Present* (2006) introduces an interesting element of scepticism into the notion of the Rufus tradition.¹² The article argues that melancholy took off in this period for three reasons:

1. general societal chaos of the period, across Europe
2. the increased interest in the occult aspects of natural philosophy and medicine ... stimulated interest in melancholy, which ... was especially suitable for use over ... questions relating to witchcraft and demonology
3. because the disease was understood to be primarily an emotional condition, it carried spiritual and ethical as well as medical significance, and assumed a prominent place within the religious, moral-philosophical and political discourses of the passions of the soul

The apparent resurgence of an interest in melancholy and the apparent frequency of the condition, therefore, are to be explained by the peculiar historical and cultural forces of the era.

Robert Burton on the Misery of Scholars

Notwithstanding these contemporary forces, tradition still seems to play its role.¹³ Ficino's admirer Robert Burton (1577–1640), in his *The Anatomy of Melancholy*, offers what is probably the strongest example of the working-out of the tradition of Rufus' affirmation of the link between melancholy and 'thinkers'.¹⁴ This is to be found in his chapter entitled 'Love of Learning or Overmuch Study [as a cause of melancholy]' Pt 1 Mem 3, Sub 15 (=p. 301).¹⁵ The following passage from *The Anatomy of Melancholy* (pt. 1 Mem 5, Sub 4) provides a clear indication of Burton's understanding of the link between thinking and melancholy:

Robert Burton. Bright seems more an exemplar of the Aristotelian tradition that we see in Ficino rather than that of Rufus. Montaigne, according to SCREECH 1983, belongs to the same Platonic tradition, as it is transferred through Galen, of excited/ecstatic melancholy produced by adust melancholy in the brain. Is Hamlet an example of the melancholy intellectual? Freud (RADDEEN 2000, 283) in «Mourning and Melancholia» links Hamlet to this tradition. Radden wonders if this glamorises Hamlet.

¹² This article is supplemented by his *The Worlds of Renaissance Melancholy* (2006).

¹³ John Milton (1608–74) offers a contribution to the more general theme of melancholy, if not that of Rufus, in his *Il Penseroso*.

¹⁴ Another interesting part link between Burton and Rufus is as follows: see Burton pt. 1 page 422 where intelligence is linked (not by him) to 'adust melancholy'. This seems to be part of the tradition and can be linked to **F 3** and to KLIBANSKY, PANOFSKY, and SAXL's discussion.

¹⁵ See also 'Windy Melancholia', in Burton pt. 1 Mem 5, Sub 4 (=p. 379).

Fernelius, *lib. 1, cap. 18*, puts study, contemplation, and continuous meditation as an especial cause of madness: and in his 86th *consul.* cites the same words. Jo. Arculanus, in *lib. 9 Rhasis ad Almansorem, cap. 16*, amongst other causes reckons up *studium vehemens* [passionate study]: so doth Lervinus Lemnius, *lib. De occul. Nat. marac. Li. I, cap. 16*. ‘Many men’ (saith he) ‘come to this malady by continual study, and night-waking, and of all other men, scholars are most subject to it’; as such, Rhasis adds, ‘that have commonly the finest wits’ (*Cont. lib. I, tract. 9*). [Footnote 3 provides the Latin for this quotation: ‘et illi qui sunt subtilis ingenii, et multae praemeditationis, de facili incident in melancholiam’] Masilius Ficinus, *de sanit. tuenda, lib. I, cap. 7* puts melancholy amongst one of those five principal plagues of students, ‘tis a common moll unto them all, and almost in some measure an inseparable companion. Varro belike for that cause calls *tristes philosophos et severos* [philosophers sad and austere]; severe, sad, dry, tetric, are common epithets to scholars: and Patricius therefore, in the institution of princes, would not have them be great students.

The remarkable aspect of this passage, which occurs shortly after the beginning of the section on ‘Overmuch Study’, is that Burton’s authority, Rhasis, is none other than the Rāzī through whom much of Rufus’ *On Melancholy* was transmitted.¹⁶ In fact the Latin passage that is cited by Burton as Footnote 3 is one that is independently attributed to the extant body of fragments of Rufus (F33). This quotation, therefore, provides a direct link between Burton’s conjunction of melancholy and thinking with that of Rufus. It is probably also of significance that Ficino, who seems also to have drawn on the Rufus tradition and who periodically cited ar-Rāzī, is the next of Burton’s authorities to be cited.

Burton not only asserts the link between thinking and melancholy, but also adduces a number of (mostly non-physiological) reasons why ‘students’ should be more prone to this disease than others (pp. 301–4). (Aspects of Burton’s expansion of Rufus intellectual nosology are picked up by other writers, most notably, as we will see in the next section of this essay, by George Eliot.) At any rate Burton’s reasons for ascribing a tendency to thinkers for falling into melancholy are as follows:

1. Thinkers live ‘a sedentary, solitary life ... free from bodily exercise’;
2. They indulge in ‘overmuch study’ and ‘too much learning’ which of itself makes a person prone to melancholy;
3. They neglect their bodies and their health: ‘only scholars neglect that instrument (their brains and spirits I mean) which they daily use’;
4. They fall under the influence of Saturn and Mercury; these patrons of learning are both dry planets (to be linked with melancholy) and Mercury is linked to poverty (presumably another cause for melancholy) (both George Eliot’s ‘dry’ character Ed-

¹⁶ On melancholy and ar-Rāzī see DOLS 1992, 52–6, as well as above, pp. 15–16.

ward Casaubon and W.G. Sebald's melancholic novel, *The Rings of Saturn* might be compared at this point);

5. The contemplation of the thinker is a dangerous thing because it 'dries out the brain and extinguishes natural heat; for whilst the spirits are intent to medication above in the head, the stomach and liver are left destitute, and thence come black blood and crudities by defect of concoction, and for want of exercise the superfluous vapours cannot exhale';

6. Furthermore 'hard students are commonly troubled with gout, catarrhs, rheums, cachexia, bradypepsia, bad eyes, stone, and colic, crudities, oppilations, vertigo ... and all other such diseases as come by overmuch sitting' (this passage quoted is by George Eliot);

7. Because of excess time given to study thinkers lack normal social accomplishments and so can be judged 'a mere scholar, a mere ass';

8. Scholars become so intent on their studies that they have no idea what might happen to them, and hence suffer a variety of odd accidents;

9. Burton concludes: 'Your greatest students are commonly ... silly, soft fellows in their outward behavior, absurd, ridiculous to others ... Are these men not fools?'

The remainder of Burton's discussion in 'Love of Learning or Overmuch Study [as a cause of melancholy]' strays from this theme and examines more generally the 'miseries of scholars'. What are the factors, Burton asks, that make the life of the scholar something not to be envied? He points out a number of causes, whose details need not concern us here, but whose general timbre deserves noting. The life of the scholar (Part 1: p.305) is blighted, in Rufus' scheme of things, because it is 'commonly subject to such hazards and inconveniences as dotage, madness, simplicity etc.' Furthermore the prospect of not making a good living, which is usual, 'were enough to make them all melancholy' (Part 1: pp.305–10). The biggest problem, however, 'the fountain of these miseries proceeds from ... patrons' (Part 1: pp.312–16). Patronage becomes one of the main subjects of the rest of this chapter. Once upon a time, in antiquity, kings were scholars, but kings also respected scholars who were not kings (Part 1: pp.317–20). But now patrons are characterised by ignorance and 'from thence contempt ... this hatred and contempt of learning proceeds out of ignorance; as they are themselves [patrons] barbarous, idiots, dull, illiterate, and proud, so they esteem of others.' (Part 1: pp.316–17). There are other reasons for the miseries of scholars: scholars themselves are too willing to admit into universities people who are unsuited or stupid, simply for the money that can be made (Part 1: pp.327–8). And some scholars themselves are not up to the mark. 'I venture to repeat the abusive expressions which some vulgar fellow has applied to the clergy, that they are a rotten crowd, beggarly, uncouth, filthy,

melancholy, miserable, despicable, and contemptible' (Part 1: pp. 328–30).

Burton, therefore, expands and provides what are in the main non-medical aetiologies for the sorry condition of Rufus' melancholy thinker. But he preserves the core of Rufus' idea. These are scholastic thinkers and they are depressives.

Looking Back to Persius via Robert Burton

Within the chapter on 'Overmuch Study' Robert Burton provides an unexpected and very suggestive instance, from classical literature, of this conjunction between melancholy and people who 'think a lot'. The passage which is cited in *The Anatomy of Melancholy* is from Persius' *Satire* 3, in particular *Satire* 3.78–83. The lines from Persius (AD 34–62) that seem to provide the link between melancholy and the thinker or philosopher run as follows (the translation is that which is provided in the footnotes to Burton's text)¹⁷:

I don't want to be like one of your Arcesilases or your poor louts of Solons, stooping their heads and nailing the ground with their eyes, as they stand grinding queer noises and mad dog silence all to themselves, and putting out their lips like a pivot for balancing their words, lost in pondering over the dreams of some sick dotard or another.

The corresponding Latin passage is:

Non ego curo	
Esse quod Arcesilas aerumnosique Solones	
Obstipo capite et figentes lumine terram,	80
Murmura cum secum et rabiosa silentia rodunt	
Atque exporrecto trutinantur uerba labello,	
Aegroti ueteris meditantés somnia.	

The line of Latin following this passage specifies the problems that Solon ('Athenian sage, statesman and poet, fl. 600 BC') and Arcesilas ('president and reviver of the Athenian Academy, mid third century BC') deal with. The problems are of a philosophical nature and are typified by the following: 'from nothing nothing comes; returns to nothing nothing (*gigni/de nihilo nihilum, in nihilum nil posse reuerti*)'.¹⁸ (A discussion of this specific issue can be found in the philosophical poetry of Lucretius – see his *De rerum natura* 1.150.) The topic is therefore more what we would term 'natural philosophy' or speculation of a scientific form. This provides the link to the scientific theme as it appears in Miskawaih,

¹⁷ For a discussion of the numerous other links within this poem to the traditions relating to melancholy see TOOHEY 2004, Chapter 1.

¹⁸ The translation and biographical notes are taken from JENKINSON 1979.

Dürer, and Sironi. Solon and Arcesilas, with their stooping, downcast eyes, strange noises, silences, and facial oddities, sound melancholy. Burton seems to have thought so. But did Persius think so too? (If he did, then we have the Rufus ‘tradition’ of melancholy in existence before Rufus formulated it in his *On Melancholy*.)

He probably did. The idea of melancholy seems to suffuse this poem (I have argued for this at length in TOOHEY 2004). We can see this melancholy ubiquity most clearly when the author of *Satire 3* seems to have decided that what the main addressee of this poem (whom I will term ‘Persius’) suffers is melancholy. (Why not then Solon and Arcesilas?) Let us therefore go through the evidence for presence of melancholy in this poem. *Satire 3* tells us that the actions of ‘Persius’ are those of a person who is ‘not healthy (*non sanus*)’ (so he is in v. 118, the very last line of the poem).¹⁹ References to insanity occur elsewhere (v. 5, 20, 32, 81) or are implied.²⁰ To judge by the references to medical figures in the poem (v. 90, for example), it is a form of insanity that would have been understood by a doctor (118). Persius all but gives the complex illness a name three times in the poem. Here is how this happens in the second instance. The friend of ‘Persius’ admonishes him thus (v. 117–18):

You say and do what even
Orestes would swear are the actions of a madman.

Orestes, as an expert in the matter, certifies the madness of ‘Persius’. But Orestes’ specific form of madness was melancholy.²¹ (Roman authors such as Cicero, with whom Persius would have been thoroughly familiar, were clear on the matter.)²² This melancholic timbre or strain is high-

¹⁹ I use the term Persius with full knowledge of the various offences I have committed, biographical, historical, deconstructive, intertextual, and otherwise. The literature on the use of the persona in Roman Satire is large, and often dispiriting. It is simplest to call the authorial voice Persius and, for all we know, it might be. We are listening, at any rate, to a poet and one with an interest in philosophy (contrast HOOLEY 1997 and his intertextual ‘authorless’ reading). The Persius that I find most stimulating is the old-fashioned one of LA PENNA 1995.

The best commentary on this poem is still that of CONINGTON 1893. JENKINSON’S 1980 translation is extremely helpful. Harvey’s commentary is useful. The allocation of lines to speakers, I take it, is as follows (so JENKINSON 1980): Persius, 1–4; Friend, 5–6; Persius, 6–7; Friend, 7–8; Persius, 8–14; Friend, 15–43; Persius, 44–7; Friend, 48–51; Persius, 52–5; Friend, 56–106; Persius, 107–9; Friend, 109–18. For a different set of allocations see, for example, RECKFORD 1998. MORFORD’S 1984 no-frills paraphrase is also very instructive.

²⁰ By the term *effluis* in v. 20. HARVEY 1981 compares Silius Italicus 6.245.

²¹ On Persius’ apparent penchant for the melancholic there is the monograph by SQUILLANTE 1995.

²² Persius is again relying on Horace, *Satires* 2.3.137. On medical references in Per-

lighted in the lines of the poem immediately preceding those quoted above. The Friend attempts here to demonstrate to ‘Persius’ the extent of his venality. So, when faced with the prospect of gain, this normally healthy man exhibits the generalised symptoms of a melancholy (an extreme oscillation between anger and fear) that might have been drawn straight from the pages of the pseudo-Aristotelian *Problem* 30.1 or of Aretaeus of Cappadocia. So at 3.115–17 we read:

You shiver, when white fear (*timor albus*) has shaken up corn ears all over your
limbs.

Now, as if a torch has been brought near, your blood boils and with anger
Your eyes flash, and you say and do what even
Orestes would swear are the actions of a madman.

The second instance of the illness of ‘Persius’ acquiring a name occurs in v.8. The melancholy here is depressive. Its context goes as follows:

One of the companions speaks. Is it true? ‘Quickly, let
Someone come here. Is there no one?’ The black bile is swelling.
‘I’m splitting’ – you’d say that all the herds of Arcadia were braying. 10
Now there’s a book and a parchment, two-toned and trimmed,
In his hand, and paper, and a jointed pen.
Then we complain, that the thick ink sticks to the pen,
That the black ink is ruined when water is mixed in.
We complain because the pen makes two washy drops.
Poor man, and poorer each day. Has it come 15
To this?

Persius seems to envisage his addressee as a real depressive melancholic. What is most striking in Persius’ portrait is that he is so precise in his designation of the condition of his addressee. In v.8 of the poem of the sufferer it is said: ‘*turgescit vitrea bilis* (his glass-like bile swells)’. One convincing gloss for this passage interprets *vitrea bilis* as an imitation, via Horace, *Odes* 3.13.1 (*splendidior vitro*), of Horace, *Satires* 2.3.141 which contains the expression *splendida bilis* (HARVEY 1981, 80). Horace’s expression has been convincingly explicated by KIESSLING-HEINZE as *mélaina cholé* (the black bile which provides the term, melancholy). If this understanding of the echoes inherent in *vitrea bilis* is correct, then it indicates that Persius is unequivocally suffering from a medical form of melancholy (see too SQUILLANTE 1995, 26). That is why I have translated this line as ‘the black bile is swelling’.²³

suis see LACHENBACHER 1937.

²³ There are other aspects of this passage that assist in reaching this conclusion. These extend beyond the medical. The imagery of the pen and its black ink (*l’encre de la mélancholie*, to draw a parallel from STAROBINSKI) is striking. The blackness and

The third ‘naming’ of the melancholy of ‘Persius’ occurs in v. 63 of this satire when hellebore is suggested as a cure for those whose skin swells:

When the diseased skin swells already, you would see
People demanding hellebore in vain.

The illness requiring cure here is usually said to be dropsy. This is because of the swelling alluded to in the next line. (Swelling is, however, associated with melancholy elsewhere in the poem; see TOOHEY 2004.²⁴) But the reference to hellebore (termed in Latin *elleborum* or *veratrum*) points towards melancholy. Hellebore existed in white, *elleborum album* or *veratrum album*, and black forms, *elleborum orientale* or *veratrum orientale*. Popular usage does not seem to have distinguished these.²⁵ White or black, it is a powerful emetic and as such was a useful treatment for anything involving the retention of fluid or bile (such as melancholy). It did this by purging the body of hard-to-budge fluids.²⁶ So, hellebore was the standard emetic treatment for melancholy (so Celsus iii. 18.17). That the addressee should call for such an emetic treatment points to his suffering from melancholy (see GILDERSLEEVE 1979, 132).²⁷

To return to the point from which we started: this relates to melancholy and Persius and Rufus. It seems to me that Burton was correct to see melancholy in his lines from Persius, *Satire 3*. Given what troubles ‘Persius’, Solon and Arcesilas are as likely as not to be suffering the same sort of a condition. Burton’s diagnosis, then, may well be correct. The curious aspect of this unexpected congruence between Persius and Rufus relates to chronology. Persius’ lifespan is usually placed as AD 34–62, while Rufus’ *floruit* is said to be the late first century AD. Given, furthermore, that Persius’ life span presumably antedates Rufus, how, in this

stickiness projects an image that is infused with that of depressive melancholy (above all the blackness, but also the stickiness which hints at constipation) and, given its application to writing, seems to characterise the act of literary composition itself.

²⁴ JENKINSON 1980 understands this as referring to some form of blistering in the skin. The text seems to me to be inconclusive on this matter and to aim to link more with the imagery of swelling. Were blisters involved, however, the condition might have a melancholic parallel in the sores attributed to those other two melancholics, Heracles and Lysander, at least as they are depicted in the *Problem*.

²⁵ For a brief and recent discussion of hellebore and an attempt to provide a botanical distinction for white hellebore see AMIGUES 1999. She also has a useful bibliography on the plant (p. 8, n. 6) as well as citing the discussion of Pliny 25.47.61 on the plant.

²⁶ The effects of hellebore could be gruesome. Aretaeus speaks of the need to accustom a patient to the drug (ADAMS 1856: 465) because of the paroxysms it induces.

²⁷ Support for this contention also comes from an unexpected source. The illness described in v. 88–107 of this Third Satire may be linked with melancholia. For a discussion see TOOHEY 2004, Chapter One,

case, are we to speak of a ‘Rufus tradition’? One solution might be to date Rufus earlier – this possibility is discussed by Nutton (see above, pp. 140–41) within this volume. On the other hand it has been already noted in this paper that influence may exist independently of a particular thinker’s ideas. The Rufus tradition, that is to say, may exist independently of the author, his chronological relations, and even his key ideas.

George Eliot and Orhan Pamuk

Notwithstanding the historicist scepticism of scholars such as Gowland, the Rufus tradition keeps on reappearing, almost regardless of historical circumstance. The clear affiliation between Rufus and much later writers is apparent if we turn to the Victorian novelist, George Eliot (1819–80) and her *Middlemarch* (1871). Despite the considerable jump in time there is a demonstrable connection back to Rufus, via Robert Burton and Rufus’ excerptor, ar-Rāzī.

Mr Casaubon, the unfortunately dreary and sexless scholar of *Middlemarch*, is a very good example of the sort of melancholy thinker about whom Rufus might have been talking.²⁸ He is certainly the sort of individual that the Roman satirist Persius would have recognised. The Reverend Edward Casaubon, in Eliot’s novel, is a clergyman in his late forties who is obsessed with scholarly research. His great but unfinished intellectual endeavour is entitled *The Key to All Mythologies*. He does not finish this work by the time of his early death in the novel. (Eliot seems to imply that, had he lived on, he might never have finished the project at all.) Early in the novel Mr Casaubon marries Dorothea Brooke, the youthful heroine of *Middlemarch*. Dorothea imagined that Mr Casaubon would allow her to participate in what she imagined are his great intellectual endeavors. Instead Reverend Casaubon quickly comes to dislike Dorothea’s attempts to help him in his mythological research and comes to resent her youth. The marriage understandably fails and Dorothea is saved from it only by Casaubon’s untimely death.

Mr Casaubon seems to play a significant role within this Rufus tradition. How does he embody melancholy and thinking? Casaubon’s connection with melancholy is made clear in a number places in the novel. Perhaps the most striking of these is to be found at the very beginning of Chapter 5 of *Middlemarch*. This chapter starts with a passage from none other than Burton’s *The Anatomy of Melancholy*. The quotation with which chapter 5 of *Middlemarch* begins runs like this:

²⁸ There is an especially interesting discussion of Mr Casaubon in NUTTALL 2003. My discussion here is indebted to that of Nuttall.

Hard students are commonly troubled with gowts, catarrhs, rheums, cachexia, bradypepsia, bad eyes, stone, and collick, crudities, oppilations, vertigo, winds, consumptions, and all such diseases as come by over-much sitting: they are most part lean, dry, ill-colored . . . and all through immoderate pains and extraordinary studies. If you will not believe the truth of this, look upon great Tostatus and Thomas Aquinas' works; and tell me whether those men took pains. – Burton's *Anatomy of Melancholy*, P. I, s. 2.

Then, as if to make immediately clear the link between Casaubon and Burton's tract, we begin with the chapter proper with:

This was Mr. Casaubon's letter.

My Dear Miss Brooke, – I have your guardian's permission to address you on a subject than which I have none more at heart. I am not, I trust, mistaken in the recognition of some deeper..."

(The letter that Casaubon goes on to write is a crucial one for the novel, for it contains his proposal of marriage for Dorothea.) The quotation from Robert Burton that begins Chapter 5 of *Middlemarch* comes from the very chapter of *The Anatomy of Melancholy* which we have been discussing in the last two sections of this essay, that is 'Overmuch Study'. This is the chapter which outlines the link between overmuch thinking and melancholy. This is also that chapter which has a quotation from ar-Rāzī close to its outset, a quotation which is generally attributed to Rufus himself. Eliot's quotation from *The Anatomy of Melancholy* thus provides a very important key to the characterisation of Casaubon. It is a key furthermore that indicates that the basis of this characterisation can be traced directly back to Rufus via the tradition that I have been discussing. The link between Casaubon (who is depicted as having 'the student's bent shoulders, the emaciated limbs, and the *melancholy* lines of the mouth' [my emphasis]) and melancholy is specifically made in a number of other contexts. Very close to the time of his death, for example, his melancholy status is emphasised by the proximity of yew trees to his home (which itself is characterised as melancholy – 'the south and east [of the house] looked rather *melancholy* even under the brightest morning ... and large clumps of trees, chiefly of somber yews, had risen high, not ten yards from the windows. The building, of greenish stone, was in the old English style, not ugly, but small-windowed and *melancholy*-looking' (ch. 9). The yew trees embody Casaubon's dead endeavours as much as prefiguring his imminent death. These trees, Eliot tells us, 'give him a mute companionship in melancholy'.

The following is a description of Casaubon's intellectual project. The description links not Casaubon's personality, but rather his intellectual

endeavor with melancholy. I have, as in the previous passages, underlined the relevant term (ch. 9)²⁹:

In conduct these ends had been attained; but the difficulty of making his *Key to all Mythologies* unimpeachable weighed like lead upon his mind; and the pamphlets – or ‘Parerga’ as he called them – by which he tested his public and deposited small monumental records of his march, were far from having been seen in all their significance. He suspected the Archdeacon of not having read them; he was in painful doubt as to what was really thought of them by the leading minds of Brasenose, and bitterly convinced that his old acquaintance Carp had been the writer of that depreciatory recension which was kept locked in a small drawer of Mr. Casaubon’s desk, and also in a dark closet of his verbal memory. These were heavy impressions to struggle against, and brought that *melancholy* [my emphasis] embitterment which is the consequence of all excessive claim: even his religious faith wavered with his wavering trust in his own authorship, and the consolations of the Christian hope in immortality seemed to lean on the immortality of the still unwritten *Key to all Mythologies*. For my part I am very sorry for him. It is an uneasy lot at best, to be what we call highly taught and yet not to enjoy: to be present at this great spectacle of life and never to be liberated from a small hungry shivering self – never to be fully possessed by the glory we behold, never to have our consciousness rapturously transformed into the vividness of a thought, the ardor of a passion, the energy of an action, but always to be scholarly and uninspired, ambitious and timid, scrupulous and dim-sighted.

Elsewhere Casaubon’s intellectual labours are described as representing ‘a *melancholy* absence of passion ... and a passionate resistance to the confession that he had achieved nothing’. And elsewhere the descriptions of Casaubon echo the traditional medical imagery of melancholy: ‘his intellectual ambition which seemed to others to have dried him’. The imagery of dryness comes straight from Burton (contemplation ‘dries out the brain and extinguishes all natural heat’) and thence from the traditional depictions of the melancholic, subject to the depredations of black bile.³⁰

The tradition associated with Casaubon has a number of other novelistic parallels. Peter Kien, the scholar protagonist, of Elias Canetti’s *Auto da Fé* is an obvious one.³¹ More recently still one could point to the char-

²⁹ A good commentary on Casaubon’s endeavour is to be found in NUTTALL 2003, 55 who cites also PRATT and NEUFELD’s edition of the *Middlemarch* notebooks as helpful on this matter.

³⁰ Eliot’s Casaubon is often said to have been based on the Oxford classicist, Mark Pattison. Pattison himself had written a life of Isaac Casaubon. The controversy need not concern us, except in so far as Pattison, in his later years, may be said to embody the Rufus tradition. There is a discussion of Pattison (and of Isaac Casaubon) in NUTTALL 2003 (who seems guardedly persuaded). HUGHES 1998 is sceptical of the identification on the grounds that Pattison and Eliot remained good friends after the publication of *Middlemarch*.

³¹ One of Canetti’s London contemporaries, Arthur Koestler, notes that ‘neurosis is

acters and the narrator himself of, say, the late W.G. Sebald's, *The Rings of Saturn*. There is also Orhan Pamuk's autobiographical 'Bildungsroman', *Istanbul* (translated into English in 2004), which takes as its central motif that of melancholy. This magnificent book is perhaps the most extensive, powerful, and recent literary evocation of melancholy. Melancholy, or its related Turkish term, *hüzün* (2006, 89: 'which denotes a melancholy that is communal rather than private'), occurs at least once on every second page of the 2004 English translation of the 368-paged *Istanbul*. The nearest rivals in frequency to this term, though these are far less common, are unsurprisingly the denotations of boredom (pp. 14, 16, 60, Chapter XIII passim, etc.) and of nostalgia (pp. 32, 55, 68, etc.). Pamuk's melancholy seems to reflect that version of the tradition which I have been discussing in this essay.

Although Pamuk does not connect his version of melancholy and *hüzün* (a 'back passion' [p. 92]) with the Aristotelian *Problem* 30.1, nor, understandably, with Rufus himself, he does make an explicit connection of this emotion more generally to Aristotle (p. 92: 'melancholy, whose etymology refers to a basis in humors first conceived in Aristotle's day [*mélaina cholé*]'). He likens his evocation of this emotion three times to that of Robert Burton (pp. 92, 99, 103) though stressing that Istanbul's *hüzün* is not the 'melancholy of Burton's solitary individual', but a 'communal feeling, an atmosphere and a culture shared by millions' (p. 101). Pamuk, on the other hand, believes that both the victim of *hüzün* and of Burton's melancholy choose their emotion. *Hüzün* elsewhere is said to be closer to the French *tristesse* (p. 99), or to the emotion made famous by those Gallic exemplars of melancholy poetry, Montaigne (p. 105), de Nerval (p. 220), Gautier (p. 224, for example), Baudelaire (pp. 93–4), and Flaubert (pp. 285–93). Their *ennui* and *mélancolie* have always seemed to me, however, to be more private than communal, despite their fashionable nature.

Pamuk's version of melancholy, though doubtless deeply felt, in chapters of *Istanbul* such as 'Hüzün' (X), 'Four Lonely Melancholic Writers' (XI), and 'Gautier's Melancholic Strolls Through the City' (XXIV) is the victim of too lively a devotion to system and to theorisation. I am not at all sure that the ideas within these chapters match on all occasions the descriptions of the emotions to which the memoir's narrator is subject. The narrator is above all a highly intellectual individual and quite a scholar. The very production and publication of such a book as

inherent in the structure of intelligentsias' (KOESTLER 1945, 77). Peter Dale suggests to me Konrad in Thomas Bernhard's *Das Kalkwerk* (1970), where the hero segregates himself to write a definitive account of hearing only to suffer a writer's block and turn to murdering his wife (the variation on Casaubon's relationship with Dorothea evident).

Istanbul, with its learned chapters on French literature, on the emotional ramifications of *hüzün*, and on Turkish history, demonstrates this scholarly disposition. Accordingly *Istanbul* seems to display the link attributed to Rufus between the scholarly life and melancholy. One wonders if Pamuk does not project onto ‘Istanbul’s backstreets’ (p.270) his own innate melancholy which may be as much the product of an unhappy family life (p.262) as that of *hüzün*. So it is that we witness such situations as young Orhan literally counting things, like that other depressive, Samuel Johnson, in order to stave off an attack of melancholy (p.200). As a sixteen-year-old, obsessed with ‘Woolf, Freud, Sartre, Mann, Faulkner’ (p.200 [a manic-depressive selection of writers, if ever there was one, as Redfield Jamison notes]) and sitting ‘on the ground floor of our house painting and reading’ he seems to become the victim of melancholy. The sorts of affective states in which the narrator periodically depicts himself (at least in his most unguarded moments) therefore more closely resemble those of the various texts discussed in the previous pages of this essay than perhaps those of his Istanbul collective. Pamuk’s family furthermore, although as subject to *hüzün* as any others of the denizens of Istanbul, is noteworthy for its skill at mathematics and engineering (Orhan’s grandfather, father, uncle, and, it appears, his brother were to be associated with this vocation). Pamuk himself, at the end of this novel, is still enrolled as an architecture student in Istanbul. His vocation (abandoned in the last sentence of the book), like that of his male family, picks up Miskaiwah’s case studies, Dürer’s angel, and, strikingly, such melancholy figures such as Sironi’s ‘architect’. One might even go so far as to suggest that the melancholy-ridden city-scape of *Istanbul* has a bizarre parallel in the melancholy landscape of Dürer’s *Melencolia I*.

A Reinvention of the Melancholic Thinker?

The DSM-IV-TR on Obsessive Compulsive Personality Disorder

In the standard textbook of the American Psychiatric Association for the diagnosis of psychological disorder, the *Diagnostic and Statistical Manual of Mental Disorders* (Fourth-edition Text Revision) (abbreviated henceforth as DSM-IV-TR) there is described an illness termed Obsessive Compulsive Personality Disorder. The symptoms for this disorder, or illness, bear striking resemblance to the habits and character traits exhibited by thinkers such as Edward Casaubon and I suspect all of those associated with the Rufus tradition of melancholy. The DSM-IV-TR characterises Obsessive Compulsive Personality Disorder as

a pervasive preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts.

It is startling to see just how many of the specific symptoms highlighted by the DSM-IV-TR are applicable to Mr Casaubon. To follow is the symptom list provided by the DSM-IV-TR of those suffering from Obsessive Compulsive Personality Disorder (to exhibit four symptoms, according to the diagnostic manual, is sufficient to be identified as suffering from the illness):

1. Is preoccupied with details, rules, order, organization, or schedules to the extent that the major point of the activity is lost
2. Shows perfectionism that interferes with task completion (e.g., is unable to complete a project because his or her own overly strict standards are not met)
3. Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity)
4. Is over-conscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification)
5. Is unable to discard worn-out or worthless objects when they have no sentimental value
6. Is reluctant to delegate tasks or to work with others unless they submit to exactly his way of doing things
7. Adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes
8. Shows rigidity and stubbornness.

Edward Casaubon is certainly fixated on details and rules in such a manner that he appears to have lost sight of the end of his project – a project that he will certainly not finish. He is excessively devoted to work – think of his trip soon after marriage with his wife to Rome. He is incapable of delegation (and rejects Dorothea's assistance) and is certainly miserly in his maintenance of his young wife. Little need to say that he is both rigid and stubborn. (This disorder is something with which all of us with a philological background can identify, and even applaud. We excuse it with such descriptors as 'the rigors of the philological life'.)

I mention this apparent illness here not so much to try to argue that Rufus' thinkers are victims of this condition or that obsessive compulsive sufferers are necessarily melancholic, but rather to suggest that the illness as it is described by the DSM-IV-TR sounds rather like something Rufus would have understood. There can be no affiliation between the DSM-IV-TR and Rufus, but instead it seems better to suggest that the link

between thinking and melancholy is one that is endlessly and independently rediscovered, or reinvented, because it is not so much basic to the human psyche as it is one of those simple stereotypes that easily and fruitfully reassert themselves. Rufus, or the tradition to be associated with his name, taps into a basic element of intellectual psychology. The DSM-IV-TR demonstrates how other witnesses can independently tap into this tradition. Such an observation makes more comprehensible Persius' adaptation of this theme before Rufus seems to have constituted it.

Conclusion

Rufus idea, or at least the 'big' idea that will be inevitably attached to his name, is to link thinking with a proneness to depressive melancholy. This is a very simplistic and stereotypical way of viewing certain human types. Within the history of the diagnosis and description of mental illness in antiquity, Rufus' idea seems both crude and vulgar when compared with those of physicians such as Aretaeus of Cappadocia. It seems to me that Rufus' tendency is to shift all mental difficulty under the rubric of melancholy. Contemporary physicians such as Aretaeus were moving in the opposite direction and were looking for subtypes, such as mania, melancholy, and phrenitis. The simplistic nature of Rufus idea is made also clear by the interesting congruity between Rufus' speculation and that of the DSM-IV-TR on Obsessive Compulsive Personality Disorder. No doubt this 'big' idea, furthermore, is one with a considerable prehistory (something, for example, that is indicated by the philosophers in Persius). This is something for which Rufus perhaps should not to be allowed to claim authorship. But the tradition associating him with this idea now has a life of its own.

This linking of thought and depressive melancholy is, however, an idea of enduring fascination. As we have seen, there is a persistent tendency to link the two and this link is not accidental, but something that occurs, as we have seen, through direct filiation. It also occurs without affiliation as we have seen in the cases of Persius and the DSM-IV-TR. It might be as well, however, to summarise the strands that have been isolated in this essay. The first of the two strands that appears to derive from Rufus links depressive melancholy with the geometer and the architect. It can be traced through the case histories attributed to Rufus, Miskawaih, Dürer, Sironi and any number of modern painters. Marsilio Ficino seems to revive the second strand that links depressive melancholy with thinking of an interpretative or scholiastic mode. Ficino is echoed by Burton, George Eliot, Sebald, Pamuk, and many many others. How does this

strand link to the tradition of the Aristotelian *Problem* 30.1? Melancholy in the *Problem* is bipolar, with its stress far more on mania than on depression. Its exemplars are creators or public leaders, statesmen, not interpreters or mathematicians. The *Problem* has fed easily into a Romantic tradition (and we are all still Romantics, as Lars Svendsen perceptively points out) that values individualist, creative, original, novel, and irrational modes of behaviour. Whether it is Kay Redfield Jamison's manic depressive creative figures or Andy Warhol on boredom ('Sometimes I like to be bored and sometimes I don't – it depends on what kind of mood I'm in.' – SVENDSEN 2005) the lineaments remain the same.

But these are not those of Rufus. His is a rag bag of a tradition. I am of two minds whether we should think of it as a tradition at all, given the utter selectivity that we have had to exercise, and given the likelihood that Rufus would not have recognised what he saw in Burton or in George Eliot. But, as I have stated, I am not sure that traditions are what their 'originators' necessarily envisaged. (The history of 'hysteria' is perhaps a case in point.) But if there is anything in this tradition it does inject a very neat alternative way of seeing things to that of Aristotle and the Romantic, individualist *Problem* 30.1. It provides as well a very striking link into antiquity for thinkers such as Burton, who, like Rufus, tend to subsume all forms of mental disturbance under the heading of melancholy.

Rufus' Legacy in the Psychopathological Literature of the (Early) Modern Period

THOMAS RÜTTEN*

After we had applied to him a moistening diet and soothed his sadness, the affliction subsided.

Rufus of Ephesus, *Case Histories*¹

Rufus of Ephesus' *On Melancholy* reached the Early Modern period via Galen, ar-Rāzī, Ishāq ibn 'Imrān, and Constantine the African.² Rufus' name is mainly associated with three phenomena. Firstly, he revived the link between melancholy and the efforts of the intellectual. Secondly, he introduced the so-called 'two substance theory', saying that melancholy can be caused by both black bile and yellow bile. He thereby laid the foundations for the tradition of 'burnt melancholy' (*melancholia adusta*, also known as *melancholia combusta*). And thirdly and most importantly, he shaped our understanding of so-called hypochondriac melancholy.³ Rufus' only wholly original idea in this context is the two substance theory, which Galen sums up succinctly in *On the Affected Parts* iii. 9.⁴ As far as the link between melancholy and intellectual work is concerned, Rufus stands in a tradition that goes back to the pseudo-Aristotelian

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¹ **F67** § 22.

² On Rufus, see Nutton, above, pp. 139–41; and Swain, above, pp. 113–14. Older literature includes ILBERG 1930; SIDERAS 1994, esp. 1181–2; THOMSEN, PROBST 1994, esp. 1265; ULLMANN 1994, esp. 1316–17. Ishāq's treatise has been edited and translated by GARBERS 1977.

³ KLIBANSKY et al. 1990, 101–10. In view of Klibansky's revisions to every single translation of this book, it would seem advisable to consult more recent editions. The last translation that KLIBANSKY himself revised and furnished with an updated bibliography is the Italian one, published by Einaudi in 2002. The present essay consistently uses the term 'hypochondria' in its pre-Early Modern sense; see FISCHER-HOMBERGER 1986; JACKSON 1986, 274–310. Some medieval authors such as ar-Rāzī even claim that Rufus wrote exclusively on the hypochondriac form of melancholy (**F5** § 7, **F38** §§ 2–4), but this seems to be an erroneous interpretation; see above pp. 5–6.

⁴ See below, Appendix 1, p. 267; cf. KLIBANSKY et al. 1990, 106–7. MEHNERT 1978, 93–4 highlights the longevity of this theory, still found in Baudelaire (d. 1867).

Problem 30.1, although he put his own medical stamp on this link.⁵ The author of the *Problem* 30.1 (possibly Theophrastus) saw intellectual and artistic achievement as a result of an essentially ennobling melancholic disposition which is held in delicate balance. Rufus, however, viewed melancholy as the decompensation of the overworked scholar.⁶ He is not primarily concerned with melancholic disposition as a *prerequisite* for cultural achievement, but rather with the manifest ailments that *result* from intellectual endeavours. The intellectual is not melancholic *by nature*, but *becomes* melancholic owing to permanent mental exertion and the unhealthy life-style that goes with it. Ficino would still distinguish between those who *are* melancholics and those who *become* melancholics.⁷

Even if Rufus undoubtedly made a contribution to the history of the link between genius and insanity, his greatest impact lay elsewhere: his concept of hypochondriac melancholy profoundly influenced the subsequent tradition.⁸ As a practising and pragmatic physician, Rufus took an interest in the scholar's unhealthy life-style – lack of exercise, lack of sleep, unbalanced diet, sexual abstinence – chiefly insofar as it affected the digestive system. In this way, Rufus conceived of hypochondriac melancholy as the prime paradigm of melancholy.

⁵ See the exemplary study by KLIBANSKY et al. 1990, 55–92, as well as FLASHAR 1966, 60–72; GRAVEL 1982; PIGEAUD 1984a; GARCÍA GUAL 1984; RÜTTEN 1992, 74–80; THEUNISSEN 1996. *Problem* 30.1, which was regarded as seminal to the history of melancholy until well into the twentieth century, has, over recent decades, been made available in numerous translations, and with popularising effect: FLASHAR 1962; ANGELINO, SALVANESCHI 1982; BRILLI 1982, 159–67; PIGEAUD 1988; VAN DER EIJK 2001a.

⁶ A concrete example can be found in the third of Rufus' *Case Histories* (F 68); see above, pp. 18–20 for a discussion of their authenticity. For the *longue durée* of the notion of scholarly melancholy, see KÜMMEL 1989.

⁷ FICINO 1975, 246. This, however, is not to say that Rufus, as Aëtius knew (F 11 § 22), was not also familiar with a non-acquired form of melancholy, which he distinguished from the acquired one. See also FLASHAR 1966, p. 97 and n. 28. For parallels and differences between Ficino's and Rufus' views on melancholy, see GRANADA 1984, 65–7.

⁸ For the link between genius and melancholy, see KLIBANSKY et al. 1990, and Toohy, above, pp. 221–43, and F 33. Admittedly, however, explicit references to Rufus are very rare in this tradition. The history of Rufus' influence on the discourses on melancholy remains yet to be written. Therefore such statements ought to be, for the time being, regarded with some caution. What is striking, however, is that Rufus' name is mentioned only once in a virtually encyclopaedic book on the history of the idea of genius in the Italian Renaissance, where Rufus merely appears in a footnote to a chapter entitled 'The seeding of a theory of melancholy genius'; see BRANN 2002. It seems, however, that Rufus' contribution to the history of the hypochondriac melancholy is still recognisable in E. Kraepelin's 'hypochondria gastrica' as described in his highly influential textbook on psychiatry. See KRAEPELIN 1893, 309 (on the basis of ALT, 1892).

This notion of hypochondriac melancholy put Rufus on the map of discourses on psychopathology during the (Early) Modern period. The present essay will illustrate this fact by three distinct examples from seventeenth-century England, eighteenth-century France, and twentieth-century Germany. Taken with a pinch of salt, they can also be read as reception phenomena of a text by Aëtius.⁹ His two chapters 'On Melancholy', which contain **FF 11, 37, 39** from Rufus, but also passages from Galen and Posidonius, were transformed into a fully-fledged treatise on melancholy.¹⁰ This treatise was printed separately, both in the original Greek and in Latin translation. It is therefore perhaps not surprising that all three readings of Rufus' ideas about melancholy under discussion here also relate to Aëtius.

Before turning to the Early Modern period, it is, however, useful to give a brief sketch of the core concept of hypochondriac melancholy as it appears in classical sources. Diocles of Carystus (*fl.* 4th cent. BC) can serve as a paradigm, as he described the hypochondriac disease, at least according to Galen, for the first time as tentatively linked to melancholy.¹¹ Some modern scholars have identified Diocles' hypochondriac syndrome as 'stomach ulcer' or 'duodenitis', but such retrospective diagnoses remain problematic.¹² Rufus, Galen and many other writers incorporated it into their tripartite concept of melancholy as the disease's hypochondriac form. The ancient authors felt all the more justified in doing so as Diocles had explicitly noted that some call this syndrome 'melancholic'.¹³ In this context, the term 'hypochondriac' refers to the region just below the ribs, where the troubling symptoms manifest themselves to those affected (and to their doctors). And 'flatulent' refers to observable symptoms of gastro-intestinal distress: a habitual response to ingestion that manifests itself in eructation, a distended belly, stomach rumblings, a stinging pain in the stomach area or severe pain in the upper abdomen,

⁹ Aëtius vi. 9–10; see the commentary to **F 11** for further discussion.

¹⁰ In his sixteen *Medical Books*, Aëtius copied most of his sources and their mediators pretty faithfully. The early manuscripts of this text, penned, for the most part, by Byzantine authors, already cite Archigenes, Dioscorides, Herodotus, Philagrius, Philumenus, Posidonius, Rufus, and Soranus among these sources. Cf. HEIBERG 1927, 35–7; FLASHAR 1966, 84–7 (Rufus), 118–25 (Posidonius), and above, p. 13.

¹¹ Cf. van der Eijk, above, pp. 167–9 and Appendix 1, below, p. 279. MANDEVILLE 1730, 90, attests to the fact that Diocles was indeed occasionally seen as the founding father of a hypochondriac melancholy that proceeded from the intestines. Cf. JACKSON 1986, 289.

¹² 'stomach ulcer': CODELLAS 1948, 88; 'duodenitis': VAN DER EIJK 2001a, 218. For a critique of retrospective diagnosis, see LEVEN 1998.

¹³ Galen, *On the Affected Parts* iii. 10 (viii. 186 K), quoted below, Appendix 1, p. 279; see van der Eijk, above, pp. 167–8.

occasionally coupled with pain radiating into the back or vomiting. Diocles is reported to have cited an ‘inflammation of the pylorus’ as a possible cause for this disease.¹⁴ Diocles does not elaborate on the question why the condition was also referred to as melancholic. Galen, however, retrospectively sanctions this usage by linking the Hippocratic *Aphorism* vi.23, and the psychological symptoms cited therein, with the physical symptoms described by Diocles; in doing so, he arrives at a description of hypochondriac melancholy. As, above all, the Arabic fragments collected in this volume show, it was Rufus who eventually reinforced the hitherto rather loose nexus established between flatulence and melancholy in Diocles’ book *Affection, Cause, and Treatment*. Rufus thus firmly inscribed hypochondriac melancholy into the discourse on the disease – a discourse that has since been virtually unimaginable without him. Yet, Rufus’ treatise *On Melancholy* was lost probably some time in the Late Middle Ages.¹⁵ The fragments that did survive remained scattered and often circulated under the names of other authors. Only the publication of Daremberg’s and Ruelle’s edition of Rufus of Ephesus’ *Complete Works (Œuvres complètes)* in 1879 made them more easily accessible for the first time. All of these circumstances have, to this day, prevented Rufus’ achievements from being properly recognised. The following three examples are exceptions that prove this rule.

Hubertus Tellenbach (1914–94)

The Heidelberg psychiatrist and philosopher Hubertus Tellenbach’s international renown stems chiefly from his monograph on melancholy, which was translated into five languages and published in the original German in four consecutively expanded editions.¹⁶ His book takes a phe-

¹⁴ VAN DER EIJK, 2001a, 220–21.

¹⁵ In the seventh or ninth century, that is, the presumed life time of Paulus of Nicaea, Rufus’ treatise *On Melancholy* was still well known, as is shown by a passage from his medical compendium edited and translated into Italian by IERACI BIO 1996, 79 and 259, respectively. Constantine the African (d. before 1099) clearly still had access to the Arabic translation of Rufus’ work; see above, p. 15.

¹⁶ TELLENBACH 1980. The German original of this book was first published in 1961. A second edition followed in 1974, a third in 1976, and a fourth in 1983. Tellenbach himself explains the melancholic phenomena of inclusion in terms of the characteristics of the pre-melancholic personality that society explicitly sanctions and promotes: ‘Those who are familiar with the melancholic type – with his fixation with orderliness and his anxious worrying about avoiding any guilt or debt relating to the high standards he applies to his own efforts: those familiar with this type will recognise the pre-morbid personality as virtually the ideal type within any achievement-oriented society.’ Cf. TELLENBACH 1981, 303. See also PELICIER 1981.

nomenological and anthropological approach. In an introductory chapter entitled 'History of the Problem', Tellenbach relies heavily on the study of classical concepts of melancholy by the Munich professor of Ancient Greek, Hellmut Flashar.¹⁷ The historically well-read and well-versed psychiatrist expresses his appreciation in no uncertain terms:

In studying Flashar's book one can only be amazed at the powers of inspection and observation characteristic of the physicians of antiquity. This also applies to the expositions of Diocles of Carystus, in which 'vital disturbances [*Vitalstörungen*]' (in the sense of Kurt Schneider [d. 1967]) [i.e., disorders affecting the vital functions of the body such as eating and sleeping] were first observed, and which – ever since Rufus of Ephesus and Galen – have been firmly established in the repertory of the forms of melancholy as *epigastric melancholy*.¹⁸

Such amazement was not simply the result of Tellenbach's perusal of Flashar's book, but had rather grown out of a sustained interdisciplinary exchange between the two men. This is apparent from Flashar's preface to his own book on melancholy, where he remembers 'personal encounters with the assistant medical director of the Psychiatric and Neurological University Hospital at Heidelberg, Prof. Dr. Hubert Tellenbach'. The ensuing exchanges, Flashar writes, had made apparent to him 'that a philological exploration of the material was, from a medical perspective, not only desirable in terms of its historical interest', but would also 'contribute to clarifying, to a degree, certain factual issues relating to the problem.' 'Tellenbach himself,' Flashar continues, 'also suggests as much in his book on melancholy, which was published in the second half of 1961, but which I had, in large part, been already acquainted with in manuscript form.'¹⁹

The 'vital disturbances' mentioned by Tellenbach already give some indication of the kinds of 'issues' that might be clarified by consulting classical sources on melancholy – Diocles, Rufus and Galen among them. Similarly, Flashar's afterword to his book signals how the exchange across disciplines could lead to a reappraisal, or rather a re-evaluation, of classical authors on melancholy:

Among the purely medical accounts, the one by Rufus has, in our view, proved foremost in terms of scope, importance, wealth of observation and diverseness of commentary. Had the text survived complete, it would probably be even more apparent that Galen's account stands, in its entirety, in the shadow of Rufus' treatise and offers little that is new in terms of factual information. As to the other writings on melancholy, three important theories ought to be noted for being of particular consequence. The first, initially documented in Diocles of Carystus, is the idea of the melancholic's stomach trouble, which, in Diocles, still appears rather one-sided and

¹⁷ FLASHAR 1966.

¹⁸ TELLENBACH 1980, pp. 216–17, n. 30 (translation slightly modified).

¹⁹ FLASHAR 1966, 5.

unfinished; since Rufus, however, it has had, as ‘epigastric melancholy’, its undisputed place within the overall discourse on melancholy, and Galen in particular systematically relates it to the psychological symptoms of the condition.²⁰

Given the general slant of the available literature on the history of psychiatry, contemporary readers of this passage may well have been surprised to find Rufus not only prominently mentioned here, but virtually assuming pride of place in the pantheon of melancholy scholarship.²¹ If I am not very much mistaken, Flashar even gives Rufus’ concept of melancholy modern contours, not least by repeatedly labelling it as ‘epigastric’ rather than ‘hypochondriac’.²² This raises questions regarding the academic discourse to which both Tellenbach and Flashar allude here – a discourse they link to their view of history, mobilise in their writings, and which, in turn, they influence, without, however, uncritically projecting modern ideas back onto the past.

The year 1966, when Flashar’s book appeared, saw a major debate within psychiatry first emerge which was to dominate the discipline in the 1970s and 1980s, only to disappear again in the 1990s. It concerned the diagnostic entity of hidden or smiling depression, a depressive disorder masked by physical complaints.²³ These complaints included ‘localised pain or the perception of pressure, potentially manifesting in any given part of the body, or malfunctions of, for example, the digestive tract (dryness of the mouth, flatulence, obstipation), the cardiovascular system (palpitation, stenocardia [i.e., angina pectoris]), or the urogenital system’.²⁴ In other words, a wide variety of the symptoms cited by Rufus

²⁰ *ibid.*, 135.

²¹ Rufus’ work on melancholy is not mentioned in any of the relevant general surveys on the history of psychopathology, a state of affairs that has, even since the publication of Flashar’s and Tellenbach’s groundbreaking studies, remained more or less unchanged: CREUTZ 1934, 1966; ROBACK 1961; LEIBBRAND, WETTLEY 1961; SIMON 1978; PORTER 2002; GOODWIN, JAMISON 2007. Giuseppe ROCCATAGLIATA’s *History of Ancient Psychiatry* devotes whole chapters to Hippocrates, Celsus, Soranos, Aretaios, Galen, and Caelius Aurelianus; Rufus, by contrast, only occupies half a page within a chapter entitled ‘Vitalistic Psychopathology’ (ROCCATAGLIATA 1987, 155). SCHNECK 1960, 23, similarly treats of Rufus in a single sentence. FRIEDREICH 1830 shows that there is a certain tradition to this kind of underexposure. Apart from Flashar’s book, the works of KLIBANSKY et al. 1964, SCHINGS 1977, and PIGEAUD 1981, 1984a and 1984b have successfully broken with this tradition.

²² See the reviews by MÜRI 1966, 255 and PHILLIPS 1967, 395, who both highlight the importance of Flashar’s work for contemporary psychiatry.

²³ As early as 1971, PETERS and GLATZEL, on p. 1637, commented that the term hidden depression was ‘currently on everyone’s lips’. The first monograph on the subject was, according to PETERS and GLATZEL, W. WALCHER’s 1969 study.

²⁴ I here follow BSCHOR 2002, 208. I am grateful to Dr BSCHOR for sending me an off-print of his essay, as well as for his expert advice on some of the issues discussed in

in connection with hypochondriac melancholy could now be subsumed under the new heading of hidden depression, a diagnostic entity that gained almost inflationary currency during the period in question. Put another way: Rufus allowed the new diagnosis to be historically legitimised, as it were – a not unimportant factor given hidden depression's problematic conceptualisation. Or to put it yet another way: in view of the apparent revival of hidden depression – the concept had already briefly reared its head in the 1930s –, Diocles and Rufus seemed way ahead of their time. Flashar ventures to bridge the gap between antiquity and the twentieth century towards the end of his chapter on Diocles:

If we stay with melancholy in the broader sense for a moment and ask what Diocles might have got right in his account of the physical complaints of melancholic patients, we soon happen upon the area of the so-called 'vital disturbances (*Vitalstörungen*)'. These are physical manifestations of depression such as tightness of the chest or the hypochondrium, or the so-called *globus melancholicus*²⁵, as well as nausea and, occasionally, vomiting. These organic complaints are, however, not organic in origin; rather, they are psychologically induced impairments of the vital functions. Diocles had probably correctly observed such phenomena in melancholics, but he misinterpreted them and, above all, did not class them with complaints that had psychological causes.²⁶

According to Flashar, it was Rufus' achievement to set the record straight by correctly interpreting the symptoms already observed by Diocles. In the notes to the passage just quoted, Flashar cites Tellenbach in support of this hypothesis; moreover, both Flashar and Tellenbach refer to the same essay by Kurt Schneider (1887–1967).²⁷ The debates about hidden depression thus subconsciously influenced the two when they decided to focus their inquiries on Rufus; or, to speak with Hayden White, the psychopathological research climate prefigured the historical field.²⁸ Notably, Schneider's essay not only distinguishes between endogenous and reactive depression, but also accords diagnostic importance to the 'vital disturbances' in depression similar to the importance accorded to the primary symptoms in the diagnosis of schizophrenia.²⁹ Tellenbach's and Flashar's dialogue occurs on the threshold of a renaissance of clinical psychopathology as suggested by Kurt Schneider, that is, on the

the present chapter.

²⁵ 'Globus melancholicus' refers to the sensation of having a round object ('globus') stuck in one's throat during bouts of melancholy.

²⁶ FLASHAR 1966, 59.

²⁷ SCHNEIDER 1920.

²⁸ WHITE 1973.

²⁹ Cf. JASPERS 1973, 92: 'Kurt Schneider views altered vital sensations as lying at the heart of cyclothymic depression. The unhappiness of this vital depression is localised in the limbs, the forehead, the chest, and the stomach area.'

threshold of increasing attention being paid to somatic symptoms of incipient psychosis. The fact that such discursive constellations inspired (rather than prejudiced or, even less, dominated) the study of classical medical authors benefited Rufus above all. The cross-fertilisation between the books by Tellenbach and Flashar did not damage the high level of scholarship which each one of them represented in their respective field; rather, it resulted – to borrow from corporate jargon for a moment – in the creation of interesting new synergies.³⁰

Anne Charles Lorry (1726–83)

The following two examples shall serve to illustrate that there is, in fact, a certain tradition to bringing Rufus into contemporary focus as a pioneer of, above all, hypochondriac melancholy.³¹

In 1765, the French physician Anne Charles Lorry published a two-volume study of melancholy.³² In it he set out to vindicate the melancholic humour – already written-off by his contemporaries – as a pathological substrate of melancholy.³³ He distinguished between a pathology

³⁰ In 1984, when I was a student of medicine about to embark on a doctoral dissertation on the history of melancholy, I contacted Professor Flashar for some advice. He not only met my request with the utmost kindness, but also urged me not to leave Munich without also consulting Professor Tellenbach. This latter recommendation, which I gladly followed and which resulted in a most memorable meeting with Professor Tellenbach and his wife, was less owed to the nature of my particular topic – I had been planning to research the conceptual history of melancholy in the Hippocratic writings –, but rather to Professor Flashar's fond and vivid memories of a fruitful and inspiring interdisciplinary exchange twenty years earlier. It was not least this exchange between Flashar and Tellenbach that had contributed to Flashar's book on melancholy becoming the most widely reviewed and most frequently cited German language publication on ancient medicine. I would also like to take this opportunity to express my heartfelt thanks to my brother Ulrich for arranging my meeting with Professor Flashar, his then academic mentor. As students, my brother and I also corresponded about a handful of Rufus' fragments on melancholy contained in *ar-Rāzī*, an exchange I remember with fondness and much gratitude.

³¹ FLASHAR 1966, 58, had already hinted at such historical dimension when he referred to GEIGER 1651, one of the pinnacles of Early Modern literature on hypochondria. On Geiger, see BACHMANN, HOFMEIER 1999, 42–61. Friedrich Hoffmann's 'symptomatic melancholy' could also be mentioned in this context. See HOFFMANN 1783, ii. 301.

³² LORRY 1765. In survey-style books on medical history, Lorry, if mentioned at all, is mostly noted as a pioneer of dermatology or referred to in terms of his flourishing practice that allowed him access to the Paris salons of his day.

³³ On the eighteenth-century debate on melancholy, cf. JACKSON 1986, 116–46 and 296–308; JACKSON 1983; MAUZI 1960; LEPENIES 1972, esp. 76–114; SCHINGS 1977; MAUSER 1981; RIHA 1986; and MOHR 1990.

of humours, in which digestive malfunctions dominate, and a 'nervous melancholy', in which the homotony (or uniform tension) of the nerves has been upset.³⁴ When Lorry turns to Rufus in a chapter on ancient conceptions of melancholy, he mentions that Galen, although normally rather sparing with his praise, had called Rufus the best author on melancholy. Rufus 'had hardly left out anything about the origin, source and effects of this humour'.³⁵

A few pages later, Lorry addresses the issues of Rufus' lost text on melancholy in a little more detail³⁶:

Galen attests that Rufus of Ephesus wrote extremely well, and at great length, on the subject of melancholy and black bile. But of Rufus' own works, those that survive are less worthy of the attention of posterity than those which are sadly lost. Aëtius, however, states that he copied from Rufus what he himself has written on melancholy. And yet this author [i.e., Rufus] does not talk about this humour and its ill effects as much as Galen. For everything which he says of melancholy is to be understood as referring to the black humour [*succus niger*] rather than to black bile [*atra bilis*]. He does not regard this substance [i.e., black humour] as a natural humour [*succus naturalis*], but as the cause of raving madness [*insanum delirium*]. Nor does he add so much as a word on the subject of its effects in diseases. He believes that this humour is released into the blood; or that it is carried to the brain to remain there; or that it oppresses the patient around the hypochondria and the diaphragm; or that it casts darkness with vile vapours over the seat of the senses. It thus follows that all effects of bitterness cease, and only dense and thick [things] remain: they [the patients] are only 'relaxed (*atoni*)' and 'slack (*laxi*)' (to use the terminology of more recent authors). He therefore infers black bile from its black colour and compares it to darkness. He states that it can only engender weak and feeble things, bringing with it the vision and terrors familiar to people who are in utter darkness. For this reason, he attacks the humour, generated by raw food and badly digested, with thinning and digestive remedies. He describes at length how this causes madness. He recommends the lead hat of Philotimus to those who believe that they do not have a head.³⁷ He distinguishes melancholic insanity [*dementia melancholica*] from cynanthropy [*dementia canina*] and lycanthropy [*dementia lupina*]³⁸, both de-

³⁴ LORRY 1765. On this book and its author, see STAROBINSKI 1960, 51–4; KLIER 2002, 166; FRIEDREICH 1830, 410–30. S. W. JACKSON'S highly commendable study (JACKSON 1986) does not mention Lorry at all (nor does JACKSON 1983).

³⁵ LORRY 1765, i. 204. Cf. F3, which is echoed here.

³⁶ LORRY 1765, i. 209–10.

³⁷ See above, p. 87.

³⁸ Lorry implies that Aëtius distinguished between melancholic insanity (discussed in vi. 9–10) on the one hand, and cynanthropy and lycanthropy on the other. He defines the latter two conditions at the beginning of chapter vi. 11 as follows (151, 21–4 ed. OLIVIERI): 'Those suffering from so-called cynanthropy or lycanthropy during the month of February go out at night and imitate dogs or wolves in all aspects; they hang around graves until daybreak (οἱ τῇ λεγομένη κυνανθρωπία ἤτοι λυκανθρωπία νόσφ κατεχόμενοι κατὰ τὸν Φεβρουάριον μῆνα νυκτὸς ἐξίασι τὰ πάντα μιμούμενοι λύκους ἢ κύνας καὶ μέχρις ἡμέρας περὶ τὰ μνήματα μάλιστα διατρίβουσι).' For

scribed fully by Marcellus and Aretaeus, even though the latter regards it as attributable to melancholy, as did, among later generations, Sennert who talked about it at length. But let us dwell no longer on this author, who adheres to common [sc. opinions] in everything.

The fact that this passage sits amidst others that describe Hippocrates', Galen's and Aretaeus of Cappadocia's opinions on melancholy reinforces the impression that Lorry intended it, in its entirety, to be read as referring to Rufus. Space does not permit to trace the pieces of this sketch back to their classical sources or to the intermediary texts used by Lorry. Suffice it to say that Lorry offers a paraphrase of Aëtius' chapter on melancholy; he attributes to Rufus not only those passages which modern scholarship does indeed ascribe to him (**FF 11, 37, 39** in this volume), but also those that are not by him.³⁹ The story of Philotimus, the physician who put a lead hat on a patient labouring under the illusion that his head was missing, properly belongs with the Posidonius passages of Aëtius' treatise on melancholy.⁴⁰ Similarly, the extract on cynanthropy and lycanthropy⁴¹ follows on from the chapter on melancholy in Aëtius and does not cite Rufus, but rather Marcellus as its source. It thus seems that Lorry is minded to ascribe rather larger portions of Aëtius' treatise to Rufus. He possibly even regards the extracts from Galen's *On the Affected Parts* in Aëtius as derivative and effectively going back to Rufus. Lorry thus anticipated modern scholarship which views many ideas developed in the chapters on melancholy in Galen's *On the Affected Parts* (contained in Appendix 1 below) as ultimately belonging to Rufus. But why, we should ask, does Lorry accord Rufus such pride of place in his chapter on ancient concepts of melancholy? Galen's recommendation aside, three reasons would seem to account for this fact.

Firstly, in Rufus' concept of melancholy, Lorry found a classical model that seemed to forestall the doubts which Lorry's contemporaries harboured about humoral theory. In particular, Rufus writes about a form of melancholy that is caused by the burning of yellow bile. While the yellow bile is being burnt, this results in irritability, quarrelsomeness and a whole host of misdeeds being committed. Yet once the burning has subsided and the trouble spot has cooled down, sadness, dejectedness and anxiety ensue.⁴² This 'thermodynamic ambivalence', this change from

'cynanthropy', see also ROSCHER 1896, 1898.

³⁹ As a comparison with FLASHAR 1966, 105–7, demonstrates.

⁴⁰ Even though, as **F 11** § 5 and **F 55** demonstrate, Rufus was certainly familiar with this kind of delusion.

⁴¹ Aëtius, *Medical Books*, vi. 11 (151, 21–152, 12 ed. OLIVIERI).

⁴² Cf. **F 11** §§ 24–5.

warm to cold occurring in yellow bile,⁴³ breaks the mould of the theory of the four primary qualities, according to which black bile is cold, whereas yellow bile is warm. Moreover, it also upsets the theory of the humours itself, which categorically differentiated between yellow and black bile and regarded both as distinct natural entities. Rufus thus created the choleric melancholy, one acquired through an unsuitable diet and originating in the epigastrium; from there, principally by means of rising vapours, it blurs the senses and clouds the mind. This choleric melancholy survives as a concept even at a time when there is considerable doubt about the very existence of black bile as the fourth natural humour.⁴⁴ Not least in view of the slant towards Pneumatism discernible in Rufus' model, Lorry probably read Rufus' choleric melancholy as a forerunner of the 'vapeurs' and 'spleens' that virtually became the signature ailment of the eighteenth century. He regarded Rufus as the herald of the hypochondriac melancholy which had dominated the discourse on melancholy from the seventeenth century onwards and still enjoyed great currency throughout the eighteenth century.⁴⁵ As a physician to the Paris high society, Lorry was intimately acquainted with what went on underneath laced-up corsets and powdered wigs – in the (hypochondriac) lower level of the human psyche, as it were. Hypochondriac melancholy was, after all, endemic in Parisian high society. He may well have found in Rufus, the 'Greek doctor of the Trajanic age', an ancient predecessor.⁴⁶

Secondly, and what is more, Lorry presents Rufus as pioneering a theory of qualities that emphasises the dense and thick ('*spissum et crassum*') nature of black bile. In chapter 9 of his *On the Affected Parts*, Galen had mentioned a form of melancholic blood containing thick and crude residue resulting from a certain constitution or the transformation

⁴³ KLIBANSKY et al. 1990, 81. The author of *Problem* 30.1 still relates it to black bile.

⁴⁴ Lorry here draws on the medical chemistry (or 'chemiatry') of his day, which, according to him, had not been able to detect any trace of the 'melancholic particles (*partes melancholicae*)' in the blood. He therefore accepts the conclusion that *natural* melancholic humour does not exist, saying that 'melancholic humour ... cannot exist in the natural world and the healthy state [of the body] (*humorem melancholicum ... in rerum natura & conditione sanâ existere non posse*)' (1765, i. 224). Yet he insists that the *unnatural* 'black bile is produced by the sick body (*atram bilem vitiatî corporis esse sobolem*)' and ought to be considered a cause of melancholy – as it was in Antiquity – in order to achieve a better treatment (1765, i. 225).

⁴⁵ It would make for an eminently rewarding research project to study the implicit and explicit references to Rufus contained in the countless treatises on hypochondriac melancholy produced, mostly in the form of dissertations, during the sixteenth, seventeenth and eighteenth centuries. For an overview of the material to be considered, see FRIEDREICH 1830.

⁴⁶ Both Lorry and Rufus seem to have had access to royal courts; see SWAIN, above, pp. 114–17 and 124–6; and ILBERG 1930.

of certain foodstuffs in the bloodvessels. He distinguished this form of melancholic blood from another containing thinner and more acrid black bile, and compared it to yeast in wine. Its pathophysiology could, in turn, be read in analogy to Rufus' hypochondriac (i.e. pathological and diet-induced) melancholy. Its symptoms could, in line with Galen, be explained mechanistically (obstruction of the bloodvessels, congestion, etc.) – a figure of thought that would no doubt have appealed to the seventeenth- and eighteenth-century proponents of iatromechanics. Moreover, Lorry links these 'qualities' with the *status atonus* ('loose state') of nervous melancholy. Rufus thereby becomes the trailblazer for this avant-garde form of melancholy. Future research will have to determine in how far the reception of the classical Methodists and their conception of flux (*status laxus*) and stricture (*status strictus*) also played a part in all of this; and to what extent Lorry's contemporaries (and possibly Lorry himself) viewed Rufus as belonging to the Methodists.

Thirdly, Rufus proved highly topical and modern, since for him, as for Lorry, humoral melancholy first and foremost corresponded to a digestive or stomach complaint. The appeal of this view becomes particularly clear when we recall the various debates about the pathopsychology of melancholy. During the eighteenth century, the stomach was only one possible locus of the disease under discussion; other candidates included the liver, the gallbladder, the spleen, the portal veins, the mesenteric vessels, the precordium, the diaphragm, and so on. Experts were in agreement only insofar as the epigastrium was – *pace* Descartes – seen as the place where the physical and the mental, the higher bodily functions and the lower faculties of the soul, converged and interacted with one another. Far less agreement existed about what ought to be regarded as the anatomical correlative of this zone from which 'fits of the vapours' and wild imaginings emanated as the Other of reason – reminding one of the dangers threatening both human nature and the Enlightenment project as such. 'Van Helmont [1579–1644]', Lorry writes, 'imagined [melancholy] as an archer with his sight trained on the brain, lying in hiding'.⁴⁷ His exact hiding place was, however, a contentious issue.⁴⁸ As an experienced physician, Lorry favoured the stomach, and here, too, he saw Rufus as a congenial champion. Could it be that the royal and aristocratic banquets, which ran decidedly counter to medical dietary advice, provided the two men with common experiences calling their professional attention to the stomach?

⁴⁷ LORRY 1765, i. 222.

⁴⁸ Cf. F7, where Ibn Sīnā already discusses the portal veins (Galen), the stomach and liver (Rufus), and the mesenteric veins (others) as possible originary organs.

Mechanistic, vitalistic, and neurophysiological explanations of hypochondriac affections formed an arsenal from which Lorry could pick and choose when interpreting his pathological findings and clinical observations (documented in his book *On Melancholy* by numerous case studies). Lorry attempted to relate the animal nature of man to the human intellect without recourse to metaphysical speculation, that is, without theoretical or theological support. In order to explore this relationship against the backdrop of his medical experience, Lorry mobilises not only the experimental and dissective findings of his own time, but also large parts of the classical and Early Modern tradition on melancholy; he did, however, remain somewhat prejudiced against medieval writings on the subject. Within this scheme, Rufus seems to enjoy pride of place wherever clinical findings can be brought into accord with the descriptions of symptoms cited by Lorry. To put it in pathophysiological terms: Lorry favours Rufus wherever the stomach is able to eclipse other epigastric contenders for being the point of origin whence the hypochondriac vapours rise. Aëtius' chapters on melancholy and lycanthropy, which Lorry largely ascribes to Rufus, essentially justify Lorry in interpreting Rufus in this way. Our final case study will show that Aëtius, who, as we have seen, already played a prominent role in Flashar's book on melancholy, was also pivotal for the reception of Rufus' concepts of melancholy during the seventeenth century.

Robert Burton (1577–1640)

Rufus features explicitly as one of the classical authorities on melancholy in Burton's bestselling book *The Anatomy of Melancholy*. It was first published in 1621 and expanded, revised and reissued in no fewer than four subsequent editions during its author's lifetime alone.⁴⁹ Closer inspection shows that Burton, too, is familiar with Rufus primarily in terms of his status as an expert on hypochondriac melancholy.⁵⁰ Burton's source is the Antwerp physician Matthaeus Theodorus Melanelius.⁵¹

⁴⁹ BURTON 1989–2000. The lasting impact of this seminal work on the history of Early Modern psychiatry can hardly be overestimated. Moreover, the book remains a bestseller to this day, even beyond the English-speaking world, as the following translations show: BURTON, tr. FRANCI 1983; BURTON, tr. KOPPELFELS 1988; BURTON, tr. HORSTMANN 1988; BURTON, tr. HOEPFFNER, GOFFAUX 2000.

⁵⁰ Burton may, however, have also been acquainted with other material stemming from Rufus' treatise *On Melancholy* as mediated by, for example, ar-Rāzī; see Toohy, above, p. 230. Nevertheless, Burton only explicitly mentions Rufus in relation to hypochondriac melancholy and its therapies.

⁵¹ MELANELIUS 1540a. On Melanelius, see AZOUVI 1979, 114–15; DURLING 1961,

Melanelius had, according to Burton, followed Galen, Rufus and Aëtius in his description of melancholy as a ‘bad and peevish disease, which makes men degenerate into beasts.’⁵² Among the hypochondriac symptoms described by Melanelius, Burton cites ‘continuall, sharpe, and stinking belchings, as if their meat in their stomacke were putrified, or that they had eaten fish, dry bellies’, coupled with ‘absurd and interrupt dreames, and many phantasticall visions about their eyes, vertiginous, apt to tremble, and prone to Venery.’⁵³ Burton argues that although Melanelius derives his information mainly ‘out of Galen, Ruffus, Aëtius, by Rhasis, Gordonius, and all the Juniors’⁵⁴, he essentially draws on Hippocrates. For Hippocrates had already furnished the world with the following catalogue of symptoms: ‘leane, withered, hollow-eyed, looke old, wrinkled, harsh, *much troubled with winde, and a griping in their bellies, or belly-ake, belch often, dry bellies* and hard, dejected lookes, flaggy beards, singing of the eares, vertigo, light headed, little or no sleepe, and that interrupt, terrible and fearefull dreames’.⁵⁵ Burton relies

242, 246, 262, 282. DURLING recalls Melanelius as the translator of the pseudo-Galenic *Whether That Which Is Contained in the Womb is a Living Being (An animal sit id quod est in utero)*. Cf. MELANELIUS 1540b. An annotated modern translation of this treatise is provided by COLUCCI 1971.

⁵² BURTON 1989–2000, i. 162, lines 15–16; *ibid.*, note b, quotes MELANELIUS 1540a, sig. Aii v: ‘a most evil and tenacious illness, which forces men to degenerate into beasts (*pessimum & pertinacissimum morbum, qui homines in bruta degenerare cogit*)’. (This and the following references to MELANELIUS 1540a are taken from the modern commentary contained in BURTON 1989–2000, vols. iv–v.). Burton thus draws on Rufus as a source for his notion of morbid, dangerous, and occasionally life-threatening melancholy. If Schleiner is right in observing the ‘relative insignificance of genial melancholy and melancholic enthusiasm in Burton’s *Anatomy*’, this would chime with Burton’s preferring medical to Aristotelian sources on melancholy in his work; see SCHLEINER 1991, 123.

⁵³ BURTON 1989–2000, i. 382, lines 11–15; *ibid.*, note i, quotes MELANESIUS 1540a, sig. Aiii v: ‘Frequent and acid burping, which brings back [the odour of] stinking food and a smell of fish caused by indigestion, even if nothing like this was eaten. They suffer from a dry stomach, little sleep which is mostly interrupted, very strange and disturbing dreams, bodily trembling, heaviness of the head, noise in their ears, and hallucinations; and they are eager to have sex. (*Assiduae eaeque acidae ructationes, quae cibum virulentum pisculentumque nidorem, etsi nil tale ingestum sit, referant ob cruditatem. Ventres hisce aridi, somnus plerumque parvus & interruptus, somnia absurdissima, turbulenta, corporis tremor, capitis gravedo, strepitus circa aures, & visiones ante oculos ad venerem prodigi*).’ The statement that some melancholics ‘are afraid of their dearest and nearest friends’ (BURTON 1989–2000, i. 386, lines 18–19) is also taken from MELANESIUS 1540a, sig. Aiii r, quoted *ibid.*, note n: ‘One fears the dearest, another fears all men without distinction (*Ille charissimos, hic omnes homines citra discrimen timet*)’.

⁵⁴ BURTON 1989–2000, i. 382, lines 11–12.

⁵⁵ BURTON 1989–2000, i. 382, lines 6–9 (emphasis added); *ibid.*, note g again quotes

here on a text that he claims to have found under the title *On Madness and Melancholy* (*De insania et melancholia*) in Marco Fabio Calvo's Latin edition of the *Hippocratic Corpus*.⁵⁶ This origin may have suggested to Burton that the text in question was Hippocratic. In actual fact, however, this Latin text is a translation of the chapter on melancholy from Aëtius' *Medical Books*, which also contains **FF 11, 37, 39**.⁵⁷ But does this mean that Calvo effectively passes off Aëtius' chapters on melancholy as Hippocratic?⁵⁸ Given that the excerpt in question explicitly mentions Rufus, Archigenes, and Themison, it seems unlikely that Calvo could have regarded it as Hippocratic, especially since it did not appear in the Hippocrates manuscripts which he had consulted in the Vatican Library. There may, however, be yet another explanation for the fact that we find nearly identical texts in both Kühn's reprint of Galen and Calvo's edition of Hippocrates.⁵⁹ The fact that *On Madness and Melancholy* (*De insania et melancholia*) precedes the *Hippocratic Letters* – of which Calvo explicitly says that they 'have no medical application (*ad rem medicam non faciunt*)' (p. 701) – furnishes us with an important clue.⁶⁰

Melanelius: 'Their eyes become hollow; wind and acid burping occurs in the area of the midriff, and their stomach is fairly dry. They suffer from vertigo, ringing in the ears, little sleep, and frightening and broken dreams. (*Oculi his excavantur, venti gignuntur circum praecordia & acidi ructus, sicci ferè ventres. Vertigo, tinnitus aurium, somni pusilli, somnia terribilia & interrupta.*)'. The modern commentary (BURTON 1989–2000, v. 35 ad loc.) calls this 'quotation' a 'tesselation of phrases from *De atrae bilis agitatione, melancholiave* [*On the Effect of Black Bile, or Melancholy*] in Calvus' translation.'

⁵⁶ CALVO 1525. The text here entitled *On the Effect of Black Bile, or Melancholy* (*De atrae bilis agitatione melancholiave*) can be found on pp. 690–96. On Marco Fabio Calvo, see MERCATI 1917; FONTANA 1975; GUALDO 1993.

⁵⁷ **F 11** – except for the final two sentences – corresponds to the passage running to p. 693, line 12 in Calvo's edition of Hippocrates; **F 37** to p. 693, lines 4–8; **F 39** seems to have been reduced to its final sentence in Calvo (p. 696, lines 6–8).

⁵⁸ A possible candidate for the Greek source text of Calvo's translation would be Venice, Biblioteca Nazionale Marciana, MS gr. 279, fols 269a–271b, commonly dated to the 15th century. Cf. FORMENTIN 1978, 90; DIELS 1906/1970, 114, who cites *De atra bile ex Galeno, Rufo ...* (*On Black Bile, from Galen, Rufus, ...*) as an independent title. ROSA 1999, 482, and others have shown that the codex is an apograph of Paris, Bibliothèque nationale de France, MS 1849 fonds grec, and served as a template for Paris, Bibliothèque nationale de France, MS 2164 fonds grec, which, among other manuscripts, in turn served as the source for Andreas Asulanus' first edition of the *Galenic Corpus* of 1525.

⁵⁹ xix. 699–720 K. See also FLASHAR 1966, p. 85, n. 4.

⁶⁰ Separated only by three very short non-Hippocratic texts entitled *On the Signs or Indications of Urine* (*De lotii notis signisve*), pp. 696–7; *On Weights and Measures* (*De ponderibus et mensuris*), pp. 698–9; and *On the As* [the smallest remainder one in division] (*De asse*), pp. 700–701. On the *Hippocratic Letters*, cf. the following editions:

Calvo places this important text of the post-Hippocratic tradition on melancholy before the *Letters*. He thus creates a context in which one reads this medical tradition into the *Letters*. In good humanist fashion, the *Letters* are understood to form a Hippocratic treatise on melancholy, which ought to be included in any collection of medical (i.e., ‘Hippocratic’) texts. This arrangement guides and manipulates future readers and disposes them to understand the *Letters* in the light of *On Madness and Melancholy* (*De insania et melancholia*).

In order to understand more fully how this intellectual interplay manipulated readers like Burton in their reception of the *Letters*, we need to consider the plot of the most substantial part of them (10–23). It contains an apocryphal epistolary novel, and its basic story-line can roughly be summarised as follows. Abdera in Thrace (Northern Greece) at the turn of the 5th to the 4th century BC: one of its citizens retreats to a hermitage. There he researches the nature of the bile (*cholê*) and writes a treatise on madness (*manía*). This eccentric choice of abode and his strange behaviour—he laughs at everything—lead the citizens of Abdera to conclude that he himself has gone mad. They decide that he is in urgent need of medical attention and call in Hippocrates of Cos, the greatest medical authority of the day. Informed by letter of his new patient’s curious symptoms, Hippocrates arrives at Abdera and visits the reputed lunatic. After mutual introductions and some observation on the part of the doctor, a private conversation ensues between the two men. The supposed madman converts Hippocrates to a stoic-cynical view of the world, the hallmark of which is laughter at mankind’s folly and self-deception. The man to whom Hippocrates owes this conversion is Democritus of Abdera.

Crucially, it was this story – and only this story – that allowed Burton to commend himself to his readers as Democritus Junior. He claims to quote, ‘verbatim almost’ (i. 33), from the Hippocratic *Letters* and reports that Hippocrates had chanced upon the supposedly mad Democritus while the latter was engaged in dissecting animals to discover the origins of ‘Madness, and melancholy’ (ibid.). According to this account, Democritus had performed his dissections in order ‘to finde out the seat of this atra bilis or Melancholy, whence it proceeds, and how it was engendered in mens bodies’ (i. 6). The results were supposed to feed into a study on

SAKALIS 1989; SMITH 1992. The epistolary narrative in question comprises letters 10–23 from the Hippocratic pseudepigrapha and was edited by HERSANT 1989 and ROSELLI 1998, 32–95. On the reception history of these *Letters*, see RÜTTEN 1992. On Burton’s creative appropriation of these *Letters*, see RÜTTEN 1992, 181–6; LÜTHY 2000, 461–5. Pigeaud (in BURTON 2000, iii. 1880) puts it most succinctly when he writes that Burton ‘brings together the three strands constituting melancholy: Hippocrates’ *Aphorism* vi. 23; Aristotle’s *Problem* 30.1; and the *Letters* attributed to Hippocrates.’

'Melancholy and madnesse' (ibid.), a kind of writerly self-therapy for Democritus, whom Hippocrates is said to have described as 'a little wearish old man, very melancholy by nature, averse from company in his latter days, and much given to solitarinesse' (i. 2). Democritus had promised to send Hippocrates this treatise once it was completed, but, according to Burton, this never happened. Hence, it has now fallen to Burton himself to revive, pursue and complete the project 'as a successor to Democritus (*quasi succenturiator Democriti*)' (i. 6). In Burton's account, the Hippocratic *Letters* portray Democritus as a melancholic who studies his own ailment. This study, a form of self-therapy, further justifies Burton in embarking on a similar project. It is hardly surprising, then, that Burton, alias Democritus Junior, adorns the third edition of the *Anatomy* (1628) with a frontispiece that portrays his role model as a melancholic Democritus, his head resting on his hand and his figure placed under the sign of Saturn outside an enclosed garden (*hortus conclusus*).⁶¹ For the fourth edition, Burton adds a poem to this frontispiece that serves as an unequivocal key to the way in which he intends us to read this imagery – as the depiction of a melancholic. Burton, with the help of his engraver Le Blon, thus provides the first instance of a melancholic Democritus in the history of Western iconography.⁶²

Yet, Burton quoted the Hippocratic *Letters* neither faithfully nor 'verbatim almost', as he claimed. On the contrary: nowhere in the *Letters* do we encounter melancholy as an explicit topic of discussion, at least not in their Greek source text. In a dazzling montage of pieces from Calvo's *On Madness* and the *Letters*, Burton creates an image of Democritus which reflects his own ideas and allows him to style himself as a 'new Democritus', suffering from melancholy and treating his ailment by studying it.⁶³ To offer but one example: when Hippocrates asks Democritus about the topic of his research, he replies (in the Greek original) 'about mania (*perì maníēs*)'; Calvo, however, translates this as 'about anger, madness (*insania*), and melancholy (*de furore, & insania, melancholia*)' (p. 713). In his 'quotation', Burton changes this into 'about anger, mania, melancholy (*de furore, mania, melancholia*)' (i. 33, note o). His English 'translation' gives us 'madnesse, and melancholy'. In this way, Burton sees the Hippocratic *Letters* through the prism of a Renaissance interpretation and transforms them into a text on melancholy.⁶⁴ When Calvo included Aëtius' chapters on melancholy in his Latin Hippocrates,

⁶¹ See also above, pp. 201–2.

⁶² RÜTTEN, JACOBS 1998.

⁶³ RÜTTEN 1993.

⁶⁴ On the history of the Hippocratic epistolary narrative being read as a text on melancholy, see. RÜTTEN 1990 and RÜTTEN 1994.

and placed them before the letters, he also contributed to a medical reading of the *Letters* as describing not just madness in general, but melancholy in particular. The excerpt from Aëtius, repeatedly cited by Burton, and its rather substantial references to Rufus, also serves to place Rufus, the best of all classical authors on melancholy and Burton's classical counterpart, right at the conceptual heart of Burton's literary world. The passages from Rufus' *On Melancholy* contained in Aëtius contribute to this process: they are part of the material which allows Burton to read the *Letters* as a text talking about melancholy. Both Calvo and Melanelius are instrumental in allowing Rufus to condition Burton's reading of the apocryphal *Letters*. He is thus able to represent himself as the melancholic 'Democritus Junior', a melancholic of the sanguine type (*typus melancholicus sanguinicus*). In the process, he elevates Hippocrates to the status of an authority on melancholy and condenses the passages on melancholy scattered across the *Hippocratic Corpus* into a consistent theory, which in its essence goes back to Rufus. Only in this manner is he able to produce a complete and unbroken reading of the apocryphal *Letters* – which Burton may or may not have regarded as authentically Hippocratic – as a text on melancholy. It is beyond debate that Calvo had already prepared the ground, which also explains why Burton, almost a hundred years later, still preferred Calvo's edition of Hippocrates to more recent and philologically more reliable ones. Rufus is, at least as far as *explicit* references to his writings are concerned, relatively and perhaps surprisingly absent from Burton's monumental work. Yet his *implicit* presence in Burton's oeuvre appears to be much greater when we consider the references to the treatise *On Madness and Melancholy*, that is, to Aëtius' chapters on melancholy. This state of affairs points to a fundamental problem in the history of Rufus' impact and reception. Many of Rufus' achievements in the area of melancholy have been buried in the vast array of authors who copied him without acknowledgement. Moreover, his ideas tended simply to be subsumed under the Hippocrates heading. This in itself is a great accolade for Rufus, which has all too often been overlooked. The present volume will no doubt do much to rectify this imbalance.

Appendices

Appendix 1: Greek Text, and Arabic and English Translations of Galen's *On the Affected Parts* iii. 9–10

PHILIP J VAN DER EIJK, PETER E PORMANN

In his seminal work *On the Affected Parts*, Galen discusses melancholy in the context of diseases affecting the brain. His long outline proved particularly popular with later Greek, Latin, and Arabic authors. Yet, as we have argued, many of the key notions found in this chapter – the tripartite division of melancholy, the two kinds of black bile, etc. – already occur in Rufus. It is therefore possible that the following passage is little more than a Galenic summary of Rufus' ideas on the topic without proper acknowledgement.

The Greek text given here is that by Kühn, although we modernised his quaint Greek orthography and eliminated the hypercorrect forms. Occasionally, we quote manuscript variants from an unpublished collation of Durling which Stefania Fortuna had the kindness of making available to us. We add the Arabic translation because of its importance for the subsequent tradition, but also since it occasionally can help with the interpretation of the Greek text; it is based on two manuscript kept in the Wellcome Trust Library for the History and Understanding of Medicine: WMS 401, fol. 85b, 9–92b, 3 *ab imo* (abbr.: **A** or ʾ); and MS Arabic 14a, fol. 72b, 11–79a, 3 (abbr.: **B** or ب).¹ Whilst the Arabic version is mainly the responsibility of Peter E Pormann, Philip J van der Eijk produced the English translation of the passage, based on the Greek text. The section on Diocles (viii. 185, line 14–189, line 2 Kühn) has previously been published in VAN DER EIJK 2000a, 188–95, and is slightly modified here.

The passage stands in the context of Galen's account of the diseases of the head, especially the brain. He believes that the reasoning faculty is located in the brain, and that when it is affected by disease, this results in failure of cognitive functions such as thinking and memory. He does, however, repeatedly point to the possibility of such cognitive malfunctioning arising from diseases that occur in other parts of the body with which the brain is connected through the nerves; in such cases, he speaks of 'co-affection' (*sumpátheia*). From the beginning of chapter 9, he has been discussing epilepsy. It can take different forms and be accompanied by various kinds of delirium depending on the cause and, in particular, on the kind of humour that generates the condition. Galen first examines the influence of phlegm, and then turns to the role of black bile or, as he prefers to put it, 'the melancholic humour' (*melancholikòs chumós*).

¹ See SERIKOFF 2005, no. 401 and ISKANDAR 1967.

ὡσαύτως δὲ καὶ ὁ μελαγχολικός χυμὸς ἐν τῇ συστάσει σαφεῖς ἔχει τὰς διαφορὰς, ὁ μὲν οἶον τρυξ αἵματος, ἐναργῶς φαινόμενος ἰκανῶς παχὺς, ὡσπερ ἡ τοῦ οἴνου τρυξ· ὁ δὲ πολλῶ μὲν τούτου λεπτότερος κατὰ τὴν [177] σύστασιν, ὄξυς δὲ καὶ τοῖς ἐμέσασιν αὐτὸν φαινόμενος καὶ τοῖς ὁσμωμένοις· οὗτος καὶ ξύει τὴν γῆν, ἐξαιρῶν τε καὶ ζυμῶν καὶ πομφόλυγας ἐγείρων, οἶαι τοῖς ζέουσι ζωμοῖς ἐφίστανται· ὃν δ' ἔφην εἰκέναι παχεῖα τρυγί, τὴν τε ζύμωσιν οὐκ ἐργάζεται κατὰ τῆς γῆς ἐκχυθεῖς, πλὴν εἰ μὴ πάνυ σφόδρα τύχοι τότε κατοπτηθεῖς ἐν διακαεῖ πυρετῶ, καὶ ἥκιστα μετέχει ποιότητος ὄξειας, ἥνικα καὶ καλεῖν αὐτὸν εἰώθα μελαγχολικὸν χυμὸν ἢ μελαγχολικὸν αἶμα, μέλαιναν γὰρ χολὴν οὐδέπω δικαίῳ τὸν τοιοῦτον ὀνομάζειν. γεννᾶται δ' ὁ χυμὸς οὗτος ἐνίοις πολλὺς, ἢ διὰ τὴν ἐξ ἀρχῆς κρᾶσιν, ἢ δι' ἔθος ἐδεσμάτων εἰς τοιοῦτον χυμὸν ἐν τῇ κατὰ τὰς φλέβας πέψει μεταβαλόντων.

ὡσπερ δ' ὁ παχὺς χυμὸς τοῦ φλέγματος, οὕτω καὶ οὗτος παχὺς χυμὸς ὁ μελαγχολικός ἐπιληψίας ποτ' ἐργάζεται κατὰ τὰς ἐκροὰς τῶν ἐν ἐγκεφάλῳ κοιλιῶν ἰσχύμενος, ἥτοι τῆς μέσης, ἢ τῆς ὀπισθεν· ὅτ' ἂν δ' ἐν αὐτῷ πλεονάσῃ τῷ τοῦ ἐγκεφάλου σώματι, μελαγχολίαν ἐργάζεται, καθάπερ ὁ ἕτερος χυμὸς τῆς μελαίνης χολῆς, ὁ κατωπτημένης [178] τῆς ξανθῆς χολῆς γενόμενος, τὰς θηριώδεις παραφροσύνας ἀποτελεῖ χωρὶς πυρετοῦ τε καὶ σὺν πυρετῶ, πλεονάζων ἐν τῷ σώματι τοῦ ἐγκεφάλου. καὶ διὰ τοῦτο τῆς φρενίτιδος ἢ μὲν τίς ἐστὶ μετριωτέρα, τὴν γένεσιν ἐκ τῆς ὠχρᾶς ἔχουσα χολῆς· ἢ δὲ τις σφοδροτέρα, τῆς ξανθῆς ἔγγονος ὑπάρχουσα· καὶ τις ἄλλη θηριώδης τε καὶ μελαγχολικὴ παραφροσύνη γίνεται, κατοπτηθείσης τῆς ξανθῆς χολῆς. ὅσαι

وعلى هذا المثال نجد الخلط السوداوي مختلف القوام له أصناف ظاهرة فبعضه يراه رؤية بينة شبيهة بثقل الدم وعكوه وهو غليظ غاية الغلظ بمنزلة دردي الشراب وبعضه أرق قواما من هذا كثيرا ونجده عيانا حامض المذاق ومن يقياه ومن يشتمه وهذا الصنف إذا وقع على الأرض جردها وجرثها وذلك أنه ينفخها وينفشها بمنزلة الخمير ويحدث فيها فقاخات شبيهة بالنفاخات الحادثة في الأوراق التي تغلى فأما الصنف الذي قلت إنه يشبه العكر الغليظ فإنه لا يحدث في الأرض إذا انصب عليها انتفاخا شبيها بالانتفاخ الحادث عن الخمير إلا أن يعرض له [٨٦ أ] في وقت من الأوقات أن يكون قد احترق احتراقا كثيرا جدا في حمى محرقة ويكون مع هذا قليل الحموضة جدا أو لا يكون حامض الطعم أصلا وإذا كان [٧٣ أ] كذلك فمن عاداتي أن أسميه خلطا سوداويا أو دما^١ سوداويا لأن ما كان في هذا الحد فلم يستحق بعد أن تسمى مرة سوداء على طريق العدل والإنصاف وهذا الخلط يتولد في بعض الناس تولدا كثيرا إما بسبب المزاج في أول الأمر وإما بسبب اعتياد الأطعمة التي تتغير وتستحيل إلى مثل هذا الخلط عند انهضامها في العروق

وكما أن خلط البلغم الغليظ قد يحدث عنه الصرع كذلك هذا الخلط أيضا قد يحدث عنه في بعض الأوقات الصرع عندما يحتمس ويقف في منافذ بطون الدماغ إما في منفذ البطن الوسط وإما في منفذ البطن المؤخر فما متى غلب وكثر في نفس جرم الدماغ فإنه^٢ الذي يحدث عنه الوسواس السوداوي كما أن الخلط الآخر الحادث من المرة السوداء الذي يتولد عندما تحترق المرة الصفراء يحدث عنه الوسواس والاختلاط الذي يكون معه حرارة وإقدام كإقدام السباع ويكون ذلك إما مع حمى أو بلا حمى عندما يكثر ويفرط في نصف جرم الدماغ فلذلك صار أحد أنواع السرسام الحار أسكن وأهدأ وأخف وهذا النوع هو الذي يحدث عن المرة الصفراء ونوع آخر منه أشد وأقوى وهو النوع الذي يتولد عن المرة الحمرة^٣ ونوع آخر منه يكون الاختلاط فيه اختلاطا سبغيا سوداويا [٨٦ ب] وذلك عندما تحترق المرة

^١ دما] coni. (cf. gr. αἶμα); codd.: دمويا ^٢ فإنه] coni.; codd.: فإن ^٣ الحمرة] codd.; fort. leg. الحمراء; gr. ἐκ τῆς ὠχρᾶς ... χολῆς

The melancholic humour: variations in its composition

Likewise the melancholic humour clearly shows different kinds of composition. One kind is like the sediment of blood and clearly manifests itself as quite thick, similar to the lees of wine. The other kind is much thinner in composition than that, [177] and it appears acid to those who vomit or smell it; this also corrodes earth, it raises, ferments and stirs up bubbles like those that come to the surface of a boiling soup.² The one which I said resembles thick sediment does not produce the fermentation when it is poured out over the earth, unless it happens to have been burnt very intensely during a state of burning fever, and it only has very little share in the quality of acidity. Hence I am used to calling it melancholic humour or melancholic blood, for I think that it is not yet proper to call it black bile. For that humour is generated in some people in large quantity either as a result of their initial mixture³ or by a habit of eating foods that change into this during the digestion within the blood vessels.

Diseases in the head caused by the melancholic humour

Just like the thick phlegmatic humour, this thick melancholic humour likewise sometimes causes instances of epilepsy, because it is contained in the places where the cavities of the brain, whether the middle or the posterior cavity, have their exit channels. But when it is present in excess in the very body of the brain, it causes melancholy, just as the other kind of humour of black bile, the one that has arisen as a result of the burning [178] of yellow bile, results in bestial hallucinations⁴, both without fever and with fever, when it fills the brain excessively. This is also why one kind of phrenitis, namely that arising from pale-yellow bile (*ōchrà cholē*), is more moderate, whereas the other one which arises from yellow bile (*xanthè cholē*) is more severe. There is yet another kind of delirium, both bestial and melancholic, which arises from the burning of yellow bile. In cases of delirium that arise at peak moments of fever the

² For this distinction of two different kinds of 'melancholic humour' see also Galen, *On the Natural Faculties* ii. 9 (p. 200,6 ff. HELMREICH, ii. 136 K)

³ I.e. their natural constitution or 'temperament (*krâsis*)'.

⁴ Cf. Galen, *Commentary on Hippocrates' Prorrheticon I* (xvi. 562 K and xvi. 780 K), where this is characterised as 'hallucinations in which the patient walks, tramples with his feet, bites and rages because he holds anyone approaching him to be an enemy.'

δ' ἐν ταῖς ἀκμαῖς τῶν πυρετῶν γίνονται παραφροσύναι, κατὰ συμπάθειαν αὐταὶ πάσχοντα τὸν ἐγκέφαλον, οὐ κατ' ἰδιοπάθεισαν ἔχουσιν· καὶ διὰ τοῦτο παραπαῖσαι μὲν καὶ παραφρονῆσαι καὶ παρακόψαι τούτους οὐ μόνον οἱ ἰατροὶ λέγουσιν, ἀλλὰ καὶ ἰδιῶται, φρενιτικούς δ' οὐκ ὀνομάζουσιν, οὐ γὰρ συναποκαθίστανται ταῖς ἀκμαῖς τῶν πυρετῶν αἱ φρενιτικαὶ παραφροσύναι. καθάπερ οὖν ὁ τῶν φρενιτικῶν πυρετὸς ἔν τι τῶν συμπτωμάτων τῆς ἐγκεφάλου διαθέσεώς ἐστίν, οὕτω τῶν διακαῶν πυρετῶν ἢ παραφροσύνη, πολλῶν ἀτμῶν θερμῶν ἀναφερομένων εἰς αὐτόν.

παραπλησία δ' ἐστὶν τῆδε καὶ τῶν ὁμοίων τοῖς ὑποχαιομένοις συμπτωμάτων γενέσεις, ἐκ τῶν τῆς γαστρὸς ὀρμωμένη διαθέσεων· ἢ τε γὰρ κοιλία τῆ κεφαλῆ [179] καὶ ἢ κεφαλὴ τῆ κοιλίας μεταδίδωσι τῶν παθημάτων, διὰ τὸ μέγεθος τῶν ἐξ ἐγκεφάλου καθηκόντων νεύρων εἰς τὸ στόμα τῆς γαστρὸς, ὑφ' ὧν καὶ τὸ περιττὸν τῆς αἰσθήσεως ὑπὲρ τὰλλα μέρη τοῦ σώματος ὑπάρχει τῷ μορίῳ τῷδε. καὶ διὰ τοῦτο τοῖς κατὰ τὴν κεφαλὴν κατάγμασιν, ὅσα πρὸς τὰς μήνιγγας ἐξικνεῖται, χολεμεσίαι παρακολουθοῦσι· καὶ τοῖς ὀπωσοῦν γενομένοις ἀλγήμασι τῆς κεφαλῆς ἀνατροπὴ τε τοῦ στομάχου καὶ δῆξις ἐνίστε· τοῖς δὲ ὑποχονδριακοῖς καὶ φουσώδεσιν ὀνομαζομένοις πάθεισιν δυσθυμίαι μελαγχολικαί, καὶ γὰρ καὶ τοῦτο τοιοῦτόν ἐστίν, ὅποιον ἢ τοῖς ὀξέσι πυρετοῖς ἐπιγινόμενη παραφροσύνη, καὶ τισὶ διαθέσεσιν τοῦ στόματος τῆς κοιλίας ἢ τῶν τοῖς ὑποχαιομένοις ὁμοίων συμπτωμάτων. οὕτω δὲ καὶ τοῖς νευρώδεσι μορίοις φλεγμῆναςιν ἐτοιμότερον ἢ τοῖς ἄλλοις ἐπιγίνονται παραφροσύναι, ποτὲ μὲν αὐτῆς μόνης τῆς θερμασίας κατὰ τὸ συνεχὲς ἐπὶ τὴν κεφαλὴν ἀνερχομένης, ποτὲ δὲ πνεύματος ἀτμῶδους, ἢ καπνώδους, ἢ αἰθαιλώδους.

الحمرة فأما الاختلاط الذي يكون عند منتهى الحميات فحدوثها إنما هو من طريق مشاركة الدماغ لغيره في العلة لا من طريق أن العلة تخصه في نفسه ولذلك تجد هؤلاء يقال لهم قد اختلطوا وإنهم يهدون ولا يدرون ما يعملون وليس يقول فيهم ذلك الأطباء فقط لكنه يقوله فيهم أيضا عوام الناس ولا تجدهم يسمونهم مسرسمين لأن الاختلاط الحادث من قبل السرسام الحار لا يسكن إلا مع انقضاء منتهى الحمى وغايتها وكما أن الحمى في أصحاب السرسام الحار إنما هي واحد من الأعراض التابعة للعلة التي في الدماغ كذلك الاختلاط إنما هو عرض من أعراض الحميات المحرقة تحدث عندما تصعد إلى الدماغ بخارات كثيرة حادة

والحال في هذا شبيهة بالحال في كون الأعراض الشبيهة بالأعراض الحادثة فيمن الماء في عينيه وهي الأعراض التي أصلها ومبدأ كونها من علل تكون في المعدة لأن المعدة تشترك الرأس في علله والرأس يشترك المعدة في عللها وذلك بسبب عظم مفادير العصب المنحدر من الدماغ إلى فم المعدة وهو العصب الذي بسببه صار هذا العضو أعني فم المعدة له فضل حس يفوق به سائر الأعضاء التي للبدن ولذلك صار يتبع ما يعرض في الرأس من الكسر الذي يبلغ إلى غشائي الدماغ فيء مراري وكثيرا ما يتبع صداع الرأس كيفما كان الغثي وتقلب النفس وتلذع المعدة ويتبع العلل التي تعرف بعلم مراق البطن وبالعلل النافخة خبث النفس السوداء في أن هذا أيضا شيء الحال فيه شبيهة بالحال في الاختلاط التابع للحميات الحادة والحال في كون الأعراض التابعة لبعض علل المعدة مما هو شبيهة بالأعراض العارضة لمن ينزل الماء في عينيه وعلى هذا السبيل أيضا متى يورم عضو عصابي ورما حارا كان إتباع⁴ الاختلاط له أسرع من إتباعه لغيره من الأعضاء ويكون ذلك في بعض الأوقات لأن الحرارة وحدها تصعد إلى الرأس صعودا متصلا وفي بعضها لأن شيئا من ریح بخارية أو دخانية غليظة أو دخانية لطيفة يصعد إليه

⁴ كا. إتباع; B: كا. إتباع; A: conī. Koetschet; [كان. إتباع]

brain is also suffering through co-affection (*sumpátheia*), not proper affection (*idiopátheia*). This also explains why these people [who suffer from this disease] lose their wits, are delirious and beside themselves, as is affirmed not just by doctors but also by lay people. They do not, however, call them phrenitics, for instances of phrenetic delirium do not subside when the fever peaks. Just like fever in the case of phrenitics is one of the symptoms of a condition of the brain, likewise derangement is one of the symptoms of burning fevers, [happening] when a large quantity of hot vapours rises to the brain.

Melancholic conditions arising from co-affection

Very similar to this, too, is the occurrence of symptoms resembling cataracts which have their starting point in conditions of the stomach. For the belly passes its affections on to the head [179] and the head to the belly owing to the large size of the nerves leading down from the brain into the mouth of the stomach. These nerves give it a sensitivity that is greater than that of the other parts.⁵ For this reason, vomiting accompanies fractures in the skull that extend to the membranes; people suffer from any kind of headache experience an upset and irritation of the stomach; and those called hypochondriac or flatulent experience instances of melancholic despondency⁶, for this is similar to the delirium that accompanies acute fevers. Moreover, certain conditions of the mouth of the stomach are accompanied by the occurrence of symptoms similar to cataracts. In this way bodily parts consisting of nerves that are affected by inflammation are more easily affected by delirium than other parts, sometimes when only the heat itself rises through the adjacent parts to the head, sometimes through a vapourlike, smoky or sooty breath.

⁵ Here we find Galen's anatomical underpinning for his assumption of the co-affection of stomach and brain that is vital to his own explanation of hypochondriac melancholy. Rufus makes a very similar case in **F 8**.

⁶ This is the first allusion to the hypochondriac type of melancholy discussed further down.

[ch. 10] "Ὡσπερ δ' ἐν τοῖς κατὰ συμπάθειαν οὐ σμικρὰ διαφορὰ γίνεται τοῖς πάθεσι τῆς κεφαλῆς, οὕτω καὶ [180] ἐν αὐτοῖς τοῖς κατὰ πρωτοπάθειαν. οἱ γοῦν κατ' αὐτὴν τὴν οὐσίαν τοῦ ἐγκεφάλου πλεονάσαντες παχεῖς χυμοὶ ποτὲ μὲν ὡς ὀργανικῶ μορίῳ λυμαίνονται, ποτὲ δὲ ὡς ὀμοιομερεῖ· κατὰ μὲν τὰς ἐμφράξεις τῶν πόρων ὡς ὀργανικῶ μορίῳ, κατὰ δὲ τὰς ἀλλοιώσεις τῆς κράσεως ὡς ὀμοιομερεῖ. καὶ διὰ τοῦτο καὶ ἥδε ἡ λέξις ἐπὶ τῇ τελευτῇ γέγραπται τοῦ ἔκτου τῶν ἐπιδημιῶν·

οἱ μελαγχολικοὶ καὶ ἐπιληπτικοὶ εἰώθασιν γίνεσθαι ὡς ἐπὶ πολὺ καὶ οἱ ἐπιληπτικοὶ μελαγχολικοί· τούτων δ' ἕκατερον μᾶλλον γίνεται, ἐφ' ὀπότερον ἂν ῥέψη τὸ ἄρρώστημα· ἦν μὲν εἰς τὸ σῶμα, ἐπίληπτοι· ἦν δὲ εἰς τὴν διάνοιαν, μελαγχολικοί.

κατὰ ταύτην τὴν ῥῆσιν πρῶτον μὲν ὅτι μὴ διὰ παντός, ἀλλ' ὡς τὸ πολὺ μετὰπτωσις εἰς ἄλληλα γίνεται τοῖς πάθεσιν ἐδήλωσεν· οὐ γὰρ ὑπὸ μελαγχολικοῦ χυμοῦ μόνον, ἀλλὰ καὶ φλεγματικοῦ τῆς ἐπιληψίας ἀποτελουμένης, ἢ μὲν ὑπὸ τοῦ μελαγχολικοῦ χυμοῦ γινομένη μεταπίπτει ποτὲ εἰς μελαγχολίαν, ἢ δ' ὑπὸ τοῦ φλεγματικοῦ πρὸς ἄλλο μὲν τι μεθίσταται πάθος, ὑπὲρ οὗ μικρὸν ὕστερον ἐρῶ, μελαγχολίαν δὲ οὐκ ἐργάζεται.

δεύτερον δ' ἐπὶ [181] τῷδε θεώρημά τι περιέχεται κατὰ τὸν εἰρημένον ὑφ' Ἰπποκράτους λόγον οὐ σμικρόν. ἐπεὶ γὰρ ἥτοι κρᾶσις ἐστὶν ἡ ψυχὴ τῶν δραστικῶν ποιότητων, ἢ ὑπὸ τῆς κράσεως αὐτῶν ἀλλοιοῦνται, τὴν μὲν ὡς ὀργανικῶ μορίῳ τῷ ἐγκεφάλῳ λυμαινομένην χολὴν ἐπὶ τὸ σῶμα τετράφθαι φησὶ τοῦ ἐγκεφάλου, γίνεται δὲ τοῦτο κατὰ τὰς ἐμφράξεις· τὴν δ' ὡς ὀμοιομερεῖ τὴν κρᾶσιν ἀδικοῦσαν ἐπὶ τὴν διάνοιαν.

وكما إن علل الرأس في العلل التي تكون على طريق المشاركة [٧٤ أ] تكون لها أصناف وفصول ليست بالقليلة كذلك الأمر في العلل التي تكون على طريق العلل التي تحدث في نفس العضو حدوثاً أولياً. من ذلك أن الأخلاط الغليظة التي تفرط وتكثر في نقيس جوهر الدماغ مرة تكون مضرتها له من طريق أنه⁵ عضو من الأعضاء الآلية ومرة تضره من طريق أنه عضو متشابه الأجزاء أما إذا سدت منافذه فمضرتها له تكون من طريق أنه عضو من الأعضاء الآلية وأما إذا غيرت مزاجه فمضرتها له من طريق أنه عضو متشابه الأجزاء ولهذا بعينه كتب أبقراط في آخر المقالة السادسة من إبيديميا هذا القول قال أبقراط:

أصحاب الوسواس السوداوي من شأنهم على أكثر الأمر أن يصبروا إلى الصرع وأصحاب الصرع إلى الوسواس السوداوي والأولى بكل واحد من هؤلاء أن يكون [٨٧ ب] حيث يميل المرض من كليهما هذين فإن هو مال إلى البدن صاروا إلى الصرع وإن هو مال إلى العقل صار إلى الوسواس السوداوي

وقد علمنا أبقراط في هذا القول أولاً أن هاتين العلتين ليس تنقلب إحدهما إلى الأخرى ولا يعقبها دائماً بل على الأكثر وذلك أنه لما كان الصرع ليس يكون من الخلط السوداوي فقط بل قد يكون أيضاً من الخلط البلغمي صار الصرع الذي يكون من الخلط السوداوي يتغير ويستحيل في بعض الأوقات إلى الوسواس السوداوي وصار الصرع الذي يكون من الخلط البلغمي يتغير ويستحيل في بعض الأوقات إلى علة أخرى أنا ذكرها بعد قليل فاما الوسواس السوداوي فلا يكون من كيموس البلغم البتة

وفي هذا القول بعد هذا المعنى الأول معنى آخر ثانٍ ليس بصغير⁶ وهو أن النفس لما كانت لا تخلو من أن تكون إما مزاجاً من الكيفيات الفاعلة أو يكون يمكن فيها أن تتغير من مزاج هذه الكيفيات قال أبقراط في المرة التي تضر بالدماغ من طريق أنه عضو من [٧٤ ب] الأعضاء الآلية إنما تميل إلى نفس جرم الدماغ وذلك أمر نجده يكون في السدد وقال في المرة التي تفسد مزاج الدماغ من طريق ما هو عضو متشابه الأجزاء بها يميل إلى العقل

⁵ أنه] conii. Koetschet; codd.: أن [بصغير⁶ om. A.

Melancholic conditions arising from primary affection

Just as there is no small variation between affections of the head arising as a result of co-affection (*sumpátheia*), likewise this is also [180] the case with those arising from primary affection (*prōtopátheia*). For instance, thick humours that are present in excessive quantity in the very substance of the brain sometimes cause damage to it as an organic part, sometimes as to a homogeneous part: in the form of obstruction of the blood vessels as to an organic part, in the form of qualitative change of the mixture as to a homogeneous part. For this reason, it has been written at the end of the sixth book of the *Epidemics*:

Melancholics usually become epileptic and epileptics usually become melancholic. Either of these is more likely to happen, depending on the inclination of the disease: if it tends to affect the body, they become epileptic; if it tends to affect the mind, they become melancholics.⁷

According to this passage, [Hippocrates] made it clear first of all that the transition from one disease to the other happens not in all cases, but for the most part; for epilepsy is brought about not only by the melancholic humour, but also by the phlegmatic humour, and therefore epilepsy caused by the melancholic humour sometimes changes into melancholy, but epilepsy caused by the phlegmatic humour can change to a different affection (on which we will speak a little later) but it does not lead to melancholy.

The melancholic humour segregated in one part of the body

There is also a second [181] consideration pertaining to this and conveyed in what Hippocrates says, which is of no small importance. Since the soul is either a mixture of active qualities or undergoes alteration as a result of the mixture of these qualities, what he means is that bile damaging the brain as an organic part tends to affect the body of the brain, and this takes place in the form of obstructions, whilst bile that affects it as a homogeneous part tends to affect the mind.

⁷ Hippocrates, *Epidemics* vi. 8.31 (v. 354–6 L).

ἀλλ' ἐκεῖνό γε διορίσασθαι πρότερον ἀναγκαῖον εἶναί μοι δοκεῖ τὸ παραλελειμμένον τοῖς ἰατροῖς· ὥσπερ γὰρ ἐν τοῖς φαινομένοις μέρεσι τοῦ σώματος ἐνίοτε μὲν ἅπασιν ἢ αὐτῇ φαίνεται κρᾶσις, ὡς ἐν ἰκτέροις τε καὶ κατὰ τὸν καλούμενον ἐλέφαντα καὶ τοὺς ὑδέρους, ἔτι τε καχεξίας, καὶ πρὸς ταύταις ἐν ἡπατικάις τε καὶ σπληνικάις ἀχροίαις, ἐνίοτε δ' ἐν τι μόριον ἦτοι πικρόχολον ἢ φλεγματικὸν ἢ μελαγχολικὸν ὑποδεξάμενον χυμὸν αὐτὸ μόνον ἐξαλλάττεται τὴν κρᾶσιν, οὕτως ἐγχωρεῖ καὶ τὸν ἐγκέφαλον ἐνίοτε μὲν, ἅπαντος τοῦ κατὰ τὰς φλέβας αἵματος μελαγχολικοῦ γενομένου, τῷ κοινῷ λόγῳ τῆς βλάβης καὶ αὐτὸν βλαβῆναι· καθ' ἕτερον δὲ τρόπον ἀπαθοῦς διαμένον[182]τος τοῦ καθ' ὅλον τὸν ἄνθρωπον αἵματος, ἀλλοιωθῆναι τὸ κατὰ μόνον τὸν ἐγκέφαλον, καὶ συμβῆναι τοῦτο διττῶς, ἢ ῥυέντος εἰς αὐτὸν ἐτέρωθεν, ἢ γεννηθέντος ἐν τῷ τόπῳ τοῦ μελαγχολικοῦ χυμοῦ· γεννᾶται δ' ὑπὸ θερμασίας πολλῆς ἐγχωρίου, κατοπτώσης ἦτοι τὴν ξανθὴν χολήν, ἢ τὸ παχύτερόν τε καὶ μελάντερον αἶμα.

διαφέρει δ' εἰς τὴν θεραπείαν οὐ σμικρὸν ὁ διορισμὸς οὗτος· ὅτ' ἂν μὲν γὰρ ὅλον τὸ σῶμα μελαγχολικὸν ἔχη τὸ αἶμα, τὴν ἀρχὴν τῆς θεραπείας ἀπὸ φλεβοτομίας προσήκεν ποιεῖσθαι· ὅτ' ἂν δὲ τὸ κατὰ μόνον τὸν ἐγκέφαλον, οὐ χρήζει φλεβοτομίας ὁ κάμνων, ὅσον γε ἐπὶ τῇ διαθέσει ταύτῃ, κατ' ἄλλο γάρ τι δυνατὸν ἐστὶ χρήζειν αὐτόν. ἢ δ' οὖν διάγνωσις ἀπὸ τῶνδ' εἰς σοι γινέσθω, πότερον ὅλον τὸ σῶμα μελαγχολικὸν ἔχει χυμὸν, ἢ κατὰ μόνον τὸν ἐγκέφαλον ἤθροιστάι τις τοιοῦτος, καὶ ἀξιῶ σε πρῶτον μὲν ἐπισκέψασθαι τὴν τοῦ σώματος ἕξι ὅποια τίς ἐστίν, μεμνημένον, ὡς οἱ μὲν ἀπαλοὶ καὶ λευκοὶ καὶ πίνονες ἦκιστα μελαγχολικὸν ἴσχουσι χυμὸν, οἱ δ' ἰσχυροὶ καὶ μελάντεροι καὶ δασεῖς καὶ φλέβας εὐρείας ἔχοντες, ἐπιτηδειότατοι πρὸς ταύτου

فأنا أحسب أن أهم الأشياء وأشدّها اضطراباً أن أميز وأفصل أولاً الشيء الذي أغفله الأطباء فأقول إنه كما أننا نجد في الأعضاء المصورة من أعضاء البدن مرة يكون تغير المزاج فيها كلها تغيراً واحداً بعينه بمنزلة ما نجد ذلك في اليرقان وفي الجذام وفي الاستسقاء [٨٨ أ] وفي سوء حال البنية ونجده أيضاً مع هذه في اللون الحائل بسبب الكبد أو بسبب الطحال ومرة يكون عضواً واحداً ينصب إليه خلط من جنس المرة الصفراء أو من جنس البلغم أو من جنس السوداء فيتغير مزاج ذلك العضو وحده كذلك قد يمكن في الدماغ أن يكون في بعض الأوقات جميع ما في البدن من الدم سوداء ويكون الدماغ أيضاً تناله المضرة من طريق الضرر العام ويكون في وقت آخر يتغير جميع ما⁷ في البدن من الدم على حاله لا يتغير ويتغير الدم الذي يكون في الدماغ وحده ويكون ذلك على ضربين إما بأن خلطاً سوداويًا انصب إليه من موضع آخر وإما بأنه تولد من الموضع نفسه وتولده يكون من حرارة في الموضع كثيرة تشبث وتحرق إما للمرة الصفراء وإما لدم أغلظ وأشدّ سوداء

وفي هذا التمييز منفعه في المداواة ليست باليسيرة وذلك أنه إذا كان الدم السوداوي موجوداً في البدن كله فينبغي أن يبتدىء بالمداواة من فصد العرق وإذا كان الدم الذي هو على هذه الصفة إنما هو في الدماغ وحده فلا حاجة بالمريض إلى فصد العرق بسبب هذه العلة خاصة وأما بسبب شيء آخر فقد يمكن أن يحتاج إلى فصد العرق وليكن [٧٥ أ] تعرفك للحال في الخلط السوداوي هل هو في البدن كله وإنما هو مجتمع في الدماغ فقط بهذه الأشياء التي أصفها لك وأول هذه الأشياء إنني أشير عليك أن تثبت في بنية البدن ما حالها بعد أن تكون ذاكرة لأمر الأبدان فإن من كان بدنه لنا [٨٨ ب] أبيض مسمناً فقل ما يتولد فيه الخلط السوداوي ومن كان بدنه قضيماً شديداً الأدمة أزب وكانت عروقه واسعة فهو من أوفق شيء تولد مثل هذا الخلط وربما كان من بدنه أحمر اللون جداً يتغير بغية إلى المزاج السوداوي

⁷ في البدن in A post [أيضاً تناله... جميع ما⁷

But a point which seemed to me necessary to specify first, since it was omitted by physicians, is the following. Sometimes the same mixture appears to be present in all visible parts of the body, as in the case of jaundice and so-called elephantiasis and in dropsy, and also in kachexia and in addition to that also in paleness caused by the liver and the spleen. Yet sometimes just one part takes in either the choleric, phlegmatic, or melancholic humour, and therefore undergoes alteration in its mixture. In the same way sometimes, when all the blood in the blood vessels has become melancholic, the brain, too, can be damaged for the same reason as as the rest of the body. Yet, conversely, when the blood remains unaffected [182] throughout the human body, it can be altered in the brain alone. And this may happen in two ways: either because the melancholic humour flows into it from elsewhere, or because it has been generated within that space [the brain]. It is generated by an abundance of local heat, which burns it [the blood] either into yellow bile or into thicker and darker blood.

Consequences for treatment

For the treatment, this distinction is of no small importance: when the blood becomes melancholic throughout the whole body, it would be appropriate to start the treatment with venesection; but when only the brain is affected, the patient does not require venesection, at least not on account of this condition (for it is possible that he requires it on other grounds). Your diagnosis should be based on this criterion: does the whole body have the melancholic humour in it, or is it just gathered around the brain. I think it important first to examine the condition of the body, bearing in mind that people who are soft, pale and fat have least melancholic humour, whereas those who are lean and darker and hirsute and with protruding veins are most prone to the generation of this very

[183] τοιούτου χυμοῦ γένεσιν ὑπάρχουσιν, ἔσθ' ὅτε δὲ καὶ οἱ ἐξέρυθροι τὴν χρόαν ἄνθρωποι μεταπίπτουσιν ἀθρόως ἐπὶ τὴν μελαγχολικὴν κρᾶσιν· ἐφεξῆς δ' αὐτῶν οἱ ξανθοὶ, καὶ μάλιστα' ὅταν ἐν ἀγρυπνίαις καὶ πόνοις πλείοσι καὶ φροντίσι καὶ λεπτῇ διαίτῃ προδεδιτημένοι τύχωσιν. ὁμογενῆ δὲ τούτοις ἐστὶ καὶ τὰ τοιαῦτα γνωρίσματα· πότερον ἐπέσχηταί τις αἰμορροῖς, ἢ καὶ τις ἄλλη συνήθης αἵματος κένωσις, ἢ καταμήνια ταῖς γυναιξί·

καὶ τούτων ἐφεξῆς ὁποῖαις ἐχρήσατο τροφαῖς, ἄρα γε ταῖς μελαγχολικὸν αἷμα γεννώσαις, ἢ ταῖς ἐναντίαις· λέγω δὲ μελαγχολικὸν μὲν αἷμα γεννῶν αἰγείων καὶ βοείων ἐδωδὴν κρεῶν, καὶ μᾶλλον ἔτι τῶν τραγείων τε καὶ ταυρείων, ἔτι δὲ μᾶλλον ὄνειων τε καὶ καμηλείων, ἐσθίουσι γὰρ ἔνιοι καὶ τούτων, ὥσπερ γε καὶ ἀλωπέκων τε καὶ κυνῶν. οὐχ ἥκιστα δὲ καὶ ἡ τῶν λαγῶν ἐδωδὴ τοιοῦτον αἷμα γεννᾷ, καὶ πολὺ μᾶλλον ἢ τῶν ἀγρίων συῶν· καὶ οἱ κοχλῖαι δὲ μελαγχολικὸν αἷμα γεννῶσιν, εἴτις ἐν αὐτοῖς πλεονάσειεν, καὶ πάντα τὰ ταριχευθέντα κρέα τῶν ἐπιγείων ζώων· ἐνύδρων δὲ τὰ τε τῶν θύνων καὶ φαλαίνης καὶ φώκης καὶ δελφίνος καὶ κυνὸς [184] καὶ τῶν κητῶδων ἀπάντων· τῶν δὲ λαχάνων σχεδὸν ἡ κράμβη μόνη τοιοῦτον αἷμα γεννῶν πέφυκεν, ὥσπερ γε καὶ τῶν δένδρων οἱ βλαστοὶ δι' ἄλμης καὶ ὀξάλμης συντιθέμενοι, σχίνου λέγω καὶ τερμίνθου καὶ βάτου καὶ κυνοσβάτου· καὶ μὲν τοι καὶ τῶν ὀσπρίων ἢ τε φακὴ μελαγχολικώτατον ἐστὶν ἔδεσμα καὶ μετὰ ταύτην οἱ πιτυρίται καλούμενοι τῶν ἄρτων, οἳ τε ἐκ τῆς τίφης καὶ τῶν μοχθηρῶν σπερμάτων, οἷς ἀντὶ πυρῶν ἔνια τῶν ἐθνῶν χρῆται, διώρισται δὲ περὶ αὐτῶν ἐν τῷ πρώτῳ τῶν περὶ τῶν ἐν ταῖς τροφαῖς δυνάμεων. ἀλλὰ καὶ τῶν οἴνων οἳ τε παχεῖς καὶ μέλανες ἐπιτηδειότατοι γεννηῖσαι τὸν μελαγχολικὸν

وبعد هذا صاحب البدن الأشقر وأكثر ما يتفق هذا إذا كان أصحاب هذه الأبدان فيما سلف من تدبيرهم فقد تعبو أكثر مما ينبغي ولزمتهم الهوموم والنعوم واستعملوا التدبير اللطيف وما يدخل في جنس هذه العلامات ويجري مجراها تنظر هل احتبس دم كان يجري من أسفل أو غير ذلك من استقراغ دم كان يستقراغ بالعادة أو احتبس الطمث في أبدان النساء ومن بعد هذه العلامات أيضا النظر في الأغذية أي صنف منها كان يستعمل أكانوا يستعملون الأغذية التي تولد الدم السوداوي أم الأغذية المخالفة لهذه

وأعني بالأغذية التي تولد دما سوداويا لحوم المعز والبقر ولا سيما الثيران من البقر والتبوس من المعز وأكثر من هذه أيضا توليدا للدم السوداوي لحوم الحمير والجزور فإن في الناس قوما يأكلون لحوم هذه⁸ أيضا كما أن قوما يأكلون لحوم الثعالب والكلاب ومما يولد أيضا مثل هذا الدم توليدا ليس بدون ما وصفت لحوم الأرانب ولحوم الخنازير البرية والحلزون أيضا يولد دما سوداويا متى أكثر الناس من أكله وكذلك جميع اللحوم [٧٥ ب] المملوحة من لحوم الحيوان الذي ماواه البر ومن لحوم الحيوان الذي ماواه الماء أيضا لحم التنين ولحم الفالانا ولحوم الفوقا ولحم الدلفين ولحم الكلب ولحم جميع الحيوان المسمى قيطودي وأما من البقول فالكرنب وحده يكاد أن يكون من [٨٩ أ] شأنه توليد مثل هذا الخلط كما يفعل ذلك القضبان الرطبة ومن قضبان الأشجار وأطرافها التي تكبس بالملح وحدها مفردة ومع الخل أعني قضبان وأطراف شجرة العليق وشجرة عليق الكلب وأما من الحبوب فالعدس في غاية التوليد للخلط السوداوي وبعده الخبز الذي ليس يتقى من النخالة والخبز الذي يتخذ من الحنطة الصغيرة التي يقال لها طيفي [τίφη] ومن البزور الرديئة التي يستعملها أفراد من الأمم بدل الحنطة وقد فصلت هذه وميزتها في المقالة الأولى من كتابي في الأغذية ومن أنواع الشراب أيضا ما كان غليظا أسود فهو من أوفق شيء لتوليد الخلط السوداوي متى أكثر الإنسان منه

⁸ om. A. [توليدا للدم السوداوي لحوم الحمير والجزور فإن في الناس قوما يأكلون لحوم هذه

[183]humour; and sometimes people who have an extremely red skin change to a melancholic mixture all at once. Next to them are those who are of a fair complexion, especially when they suffer from sleeplessness, profound tiredness and worries, and when they happen to have had a very light regimen before. Similar to them in kind are the following indications: whether there has been a suppression of haemorrhage, or of some other kind of normal loss of blood, or menstruation in the case of women.

Next, you should consider what kind of food they have taken, whether foods that generate melancholic blood or opposite foods. By foods that generate melancholic blood I mean the meat of goats and cattle – especially that of he-goats and bulls – and even more so that of donkeys and camels, for some people eat these, too, just as [they eat] the meat of foxes and dogs. Not least also the meat of hare generates such blood, and even more so that of wild boar. Snails, too, generate melancholic blood, if one eats them in large quantities, and so does all the pickled meat of terrestrial animals; of water animals, so do the tuna, the whale, the seal, the dolphin, the dog shark [184] and all the cetacea. As for vegetables, cabbage is virtually the only one that naturally produces such blood, as do the sprouts of trees prepared in brine or in a combination of brine and vinegar, for instance, the sprouts of mastich, terebinth, bramble and white rose. Of pulses, the lentil is the food that gives most rise to melancholic blood, and after that the so-called wheatbreads and those made of one-grained wheat and inferior seeds which some peoples use instead of wheat. Specifications on this have been given in the first book of *On the Powers of Foods*.⁸ But among wines, too, those that are thick and dark are most prone to generate melancholic blood, when someone indulges in

⁸ *On the Powers of Foods* i. 18 (vi. 526 K, 528 K); i. 36 (vi. 551).

χυμόν, ἄν τις ἐν αὐτοῖς πλεονάζων ὑπὸ περιστάσεώς τινος ἐν θερμασίᾳ πλείονι τὸ σῶμα σχῆ· καὶ οἱ παλαιοὶ δὲ τυροὶ ῥῶστοι γεννήσαι τὸν τοιοῦτον χυμόν, ὅτ' ἂν ἐν τῷ σώματι τύχωσιν ὑπερθερμανθέντες.

εἰ μὲν οὖν ἐν τοιαύτῃ διαίτῃ πρὸ τοῦ νοσεῖν ὁ ἄνθρωπος εἴη γεγενημένος, ἔξεστι κακὴ ταύτης στοχάσασθαι τι πλέον· εἰ δ' ἐν εὐχύμοις ἐδέσμασιν, ἐπισκέπτεσθαι περὶ τε τῶν γυμνασίων αὐτοῦ καὶ [185] λύπης καὶ ἀγρυπνίας καὶ φροντίδος· ἔνιοι δὲ καὶ κατ' αὐτὰ τὰ πυρετώδη νοσήματα, καθότι προεῖρηται, τὸν μελαγχολικὸν ἴσχουσι γινόμενον χυμόν. εἰς δὲ τὴν βεβαιοτέραν διάγνωσιν οὐ σμικρὰ συντελεῖ καὶ ἡ ὥρα τοῦ ἔτους καὶ ἡ γεγενημένη τε καὶ οὖσα κατάστασις, ἔτι τε τὸ χωρίον, ἢ τε τοῦ κάμνοντος ἡλικία.

ταῦτα πάντα προδιασκεψάμενος, ὅτ' ἂν ἐλπίσης ἐν ταῖς καθ' ὅλον τὸ σῶμα φλεψὶ μελαγχολικὸν αἷμα περιέχεσθαι, τὴν βεβαιοτάτην ἐπάγαγε διάγνωσιν ἐκ τοῦ τέμνειν τὴν κατ' ἀγκῶνα φλέβα· βέλτιον δὲ τὴν μέσην τέμνειν, ἐπειδὴ κοινὴ πρὸς ἀμφοτέρας ἐστὶ, τὴν τε ὠμιαίαν ὀνομαζομένην καὶ τὴν διὰ τῆς μασχάλης ἐπὶ τὴν χεῖρα φερομένην· εἶτα εἰ μὲν μὴ φαίνοιτο μελαγχολικὸν εἶναι τὸ ρέον, ἐπίσχευς εὐθέως· εἰ δὲ τοιοῦτον φαίνεται, κένωσον ὅσον ἂν ὑπολάβῃς αὐταρκες ἔσεσθαι τῇ τοῦ πάσχοντος ἔξει σώματος.

ἔστι δὲ καὶ τρίτη τις διαφορὰ μελαγχολίας, ὡσπερ ὅτ' ἂν ἐπιληψία τὴν ἀρχὴν ἀπὸ τῆς κοιλίας ἴσχει· καλοῦσι δὲ ἔνιοι τῶν ἰατρῶν ὑποχονδριακὸν τε καὶ φουσῶδες νόσημα τὴν αὐτὴν διάθεσιν. ἀρκέσει δέ μοι παραθέσθαι τὰ ὑπὸ Διοκλέους γεγραμμένα συνεδρεῦειν αὐτῷ συμπτώματα, κατὰ τὸ βιβλίον ὃ ἐπιγράφεται, [186] πάθος, αἰτία, θεραπεία· κατὰ τοῦτο γὰρ ὁ Διοκλῆς ἔγραψεν αὐτοῖς ὀνόμασιν οὕτως·

ثم أزداد بدنه فضل حرارة بسبب عارض يعرض له والجبن العتيق أيضا أكثر موافقة لتوليد مثل هذا الخلط متى عرض للمتناول له أن يسخن بدنه فضل سخونة

فمتى كان الإنسان قد سلك في تدبيره هذا المسلك قبل أن يعرض أممكك من هذا الوجه أن تعرف أمره بالحدس تعرفا زائدا على التعرف من غيره وأما إن الإنسان قد استعمل أغذية تولد خلطا جيدا فينبغي لك أن تبحث عن حاله في الرياضة والتعب وعن هم أو غم أم سهر إن كان عرض له فيما سلف وبعض الناس على ما وصفت قد يتولد فيه الخلط السوداوي في الأمراض التي من جنس [٧٦ أ] الحميات ومما ينتفع به أيضا انتقاعا ليس باليسير في استقصاء التعرف تعرف الوقت الحاضر [٨٩ ب] من أوقات السنة وحال مزاج الهواء فيما تقدم وحاله الحاضرة في ذلك الوقت وكذلك البلد وسن المريض

فبعد أن تبحث عن هذه الأمور كلها إن ظننت أن في جميع البدن خلطا سوداويا محتمنا فاتبع تلك الأبواب باب آخر أبلغ وأشفا في التعرف وهو فصد العرق من المأبض⁹ والأجود أن تقصد العرق الأوسط وهو الأكلل لأن هذا العرق مشارك لذئبق العرقين كليهما أعني العرق الكتفي وهو القيظال والعرق الذي يأتي الدماغ¹⁰ بالإبط وهو الباسليق ثم انظر فإن كان الدم الذي يجري من الفصد ليس بسوداوي فاقطعه وامنع على المكان وإن رأيته سوداويا فأخرج منه بمقدار ما تظن أن بنية بدن المريض تكفي به

ومن الوسواس السوداوي صنف آخر ثالث يكون ابتداءه من المعدة مثل ابتداء الصرع وقوم من قدماء الأطباء يسمون هذه العلة مرض مراق البطن ومرضا نافخا وحسي أن أصف لك من علامات هذه العلة الأعراض التي وصف ديوقلس أنها تتبعه في كتابه المعنون بالعلة والسبب والمداواة فإن ديوقلس قال في ذلك الكتاب هذا القول

⁹ gr.: κατ' ἀγκῶνα ¹⁰ gr.: εἰς τὴν χεῖρα.

them and his body is exposed to great heat as a result of the environment. Old cheeses also easily give rise to this humour when people's bodies are overheating.

If, then, the person has been following such a regimen prior to falling ill, it is possible to make further conjectures on this basis; but if he has been having foods which produce good humours, you should examine his exercises and [185] his pain, his sleeplessness and worries; some have acquired the humour that has become black bile as a result of diseases accompanied by fevers, as we have said earlier.⁹ Further contribution to a more secure diagnosis is provided by the season of the year and the weather situation, both the one that has taken place and that is currently present, and furthermore the place and the age of the patient.

When you have examined all this in advance, and when you suspect that melancholic blood is present in the blood vessels throughout the body, the most secure diagnosis is brought about by cutting the vein near the elbow; it is best to cut the middle one, since this is common to [i.e., connected with] both [other] veins, the one called humeral ('of the shoulder') and the one that extends through the armpit to the hand. Next, if what flows out is evidently not melancholic, stop immediately; but if it looks like it, empty as much as you think will be sufficient for the condition of the body of the patient.

Melancholy arising from the stomach: Diocles' account

There is also a third different kind of melancholy, which like epilepsy has its origin in the stomach. Such a condition is called by some of the ancient doctors a hypochondriac and a flatulent disease. It will suffice for me to set forth the symptoms that have been described by Diocles as accompanying it, according to his book entitled [186] *Affection, Cause, Treatment*; for in that work Diocles wrote as follows, and I quote:

⁹ viii. 178 K.

ἄλλο δὲ γίνεταί μὲν περὶ τὴν κοιλίαν, ἀνόμοιον¹¹ δ' ἐστὶ τοῖς προειρημένοις, καλοῦσι δ' αὐτὸ οἱ μὲν μελαγχολικόν, οἱ δὲ φυσῶδες. ἔπονται δὲ τούτῳ μετὰ τὰς ἐδωδάς, καὶ μάλιστα τῶν δυσπέπτων τε καὶ καυστικῶν, ὄξυρεγμίαι, πτύσεις ὑγραὶ καὶ πολλαί, πνεῦμα, καῦμα πρὸς ὑποχονδρίοις, ἐγκλύδαξις οὐκ εὐθὺς, ἀλλ' ἐπισχοῦσιν· ἐνίοτε δὲ καὶ πόνοι κοιλίας ἰσχυροὶ, διήκοντες ἐνίοις εἰς τὸ μετὰφρενον· πραῦνονται δὲ πεφθέντων τῶν σιτίων, πάλιν τε μετὰ τὸ φαγεῖν τὰ αὐτὰ συμβαίνει, πολλακίς δὲ καὶ νήστεσιν καὶ μετὰ τὸ δεῖπνον ἐνοχλεῖ, καὶ ἐμοῦντες ὡμὰ τὰ σιτία ἐμοῦσι, καὶ φλέγματα ὑπόπικρα καὶ θερμὰ καὶ ὀξεῖα, ὥστε καὶ τοὺς ὀδόντας αἰμωδιάν. καὶ τὰ πολλὰ γίνεται τούτων εὐθὺς ἐκ νέων, μηκύνει δὲ ὅπως ἂν γένηται πᾶσι.

ταῦτα προειπὼν ὁ Διοκλῆς ἐφεξῆς αὐτοῖς προσέθηκε τὴν αἰτίαν ὡδέ πως γράψας·

τοὺς δὲ φυσῶδες καλουμένους ὑπολαμβάνειν δεῖ πλεῖον ἔχειν τὸ θερμὸν τοῦ προσήκοντος ἐν ταῖς φλεβὶ ταῖς ἐκ τῆς γαστρὸς τὴν τροφὴν δεχομέναις, καὶ τὸ [187] αἷμα πεπαχύνθαι τούτων. δηλοῖ γὰρ ὅτι μὲν ἐστὶν ἔμφραξις περὶ ταύτας τὰς φλέβας, τὸ μὴ καταδέχεσθαι τὸ σῶμα τὴν τροφήν, ἀλλ' ἐν τῇ γαστρὶ διαμένειν ἀκατέργαστον, πρότερον τῶν πόρων τούτων ἀναλαμβάνοντων, τὰ δὲ πολλὰ ἀποκρινάντων εἰς τὴν κάτω κοιλίαν· καὶ τὸ τῇ δευτεραίᾳ ἐμείν αὐτοὺς, οὐχ ὑπαγόντων εἰς τὸ σῶμα τῶν σιτίων. ὅτι δὲ τὸ θερμὸν τοῦ κατὰ φύσιν πλεῖόν ἐστι, μάλιστ' ἂν τις κατανοήσειεν ἔκ τε τῶν καυμάτων τῶν γινομένων αὐτοῖς καὶ τῆς προσφορᾶς· φαίνονται γὰρ ὑπὸ τῶν ψυχρῶν ὠφελοῦμενοι σιτίων, τὰ δὲ τοιαῦτα τὸ θερμὸν καταλύχειν καὶ μαραίνειν εἴωθεν.

ἐφεξῆς δὲ τούτων καὶ τᾶλλα προσέγραψεν ὁ Διοκλῆς ἐν τῇδε τῇ λέξει

وهنا علة أخرى تحدث لهم في المعدة وهي علة شبيهة بالعلل التي قدمت ذكرها وبعض الناس يسمي هذه العلة علة سوداوية وبعضهم يسميها علة نافخة تبع هذه العلة من نفخة مراحية بعد تناول الطعام وخاصة إذا كان طعاما عسر الانهضام بحر [٩٠] جشاء حامض وبزاق رطب كثير المقدار وحرقة في ناحية ما دون الشراسيف [٧٦ ب] وقرقة لا تحدث على المكان لكن من بعد أن يلبثوا وقتا ما وكثير ما يكون ذلك مع وجع في البطن شديد يبلغ في بعضهم إلى الظهر وهذا الوجع يسكن عندما يستمر الطعام ثم من بعد ما¹² يأكون يعرض لهم ذلك بعينه وقد يتأذون أيضا مرارا كثيرة قبل الطعام وبعد العشاء وإذا تقيؤوا قذفوا بالقيء طعامهم نيا على حاله ويقذفون أيضا بالقيء بلغما يميل إلى المرارة حارا حامضا حتى ان أسنانهم تضرس وهذه العلة تعرض لهم على أكثر الامر منذ وقت الصبا ثم تطول بهم كلهم كيف ما كانت

وبعد أن قال ديقلس هذا القول أتبع ذلك بعده بذكر الأسباب في ذكر هذه الأشياء التي وصفها فقال

فأما من أصابته العلة التي تقال لها النافخة فينبغي لك أن تعلم أن في عروقها التي تقبل الغذاء من المعدة حرارة مجاوزة للمقدار الذي ينبغي وان دمه قد غلظ والدليل على أن علته في هذه العروق ان الغذاء لا يصل إلى بدنه لكن يبقى في المعدة غير منهضم لأن هذه المجاري هي التي كانت قبل ذلك تقبل الغذاء وتدفع أكثره إلى البطن الأسفل وبقية طعامهم في اليوم الثاني من قبل أنه لا ينفذ ولا يذهب إلى البدن ويمكن الإنسان أن يفهم أن الحرارة زائدة في هؤلاء على المقدار الطبيعي من الحرارة التي تعرض لهم ومن الأغذية التي يتناولونها وذلك اننا نجدهم عيانا ينتمعون بالأغذية الباردة وما كان من الأغذية [٩٠ ب] كذلك فشأنه ان يبرد ويطفى الحرارة

ثم إن ديوقلس زاد أشياء أخر ذكرها بهذا اللفظ¹³

¹¹ ἀνόμοιον] v.l.: ὅμοιον; cf. tr. ar.: 'et morbus similis est (wa-hiya 'illatun šabḥatun)'

¹² B; A: عندما يستمر الطعام من بعد ما; عندما يستمر الطعام ثم من بعد ما
non redditis¹³ conl. e gr. τῇ λέξει; codd.: اللطف

Another [affection] occurs in the region of the belly, but it is not like¹⁰ the ones discussed before; some call it melancholic, others flatulent. It is accompanied by the following: after consumption of foods, especially foods that are difficult to digest and that are burning, there are sour eructations, much watery spitting, flatulency, a burning feeling near the hypochondrium, and a gurgling [which happens] not immediately but to people who wait a while. Sometimes also strong pains occur in the belly, which in some people extend to the broad of the back. These [symptoms] are alleviated when the foods have been digested, and after eating the same [symptoms] occur again. Often the disturbance occurs to people both on an empty stomach or after dinner. When vomiting they vomit raw foods and phlegms that are somewhat bitter, hot and sharp, so that also their teeth are set on edge. Most of these [symptoms] occur immediately from youth onwards, but in whatever way they occur, they last for a long time in all [cases].

Having said this first, Diocles continues by adding to these the cause, describing it somehow as follows:

One must suppose that those who are called flatulent have more heat than is appropriate in the blood vessels that receive the food from the stomach, and that [187] their blood has thickened. That there is an obstruction in the region of these blood vessels is shown by [the fact] that the body does not take in the food, but it remains untreated in the stomach, whereas previously [before the affection arose] these passages received [the food] and secreted most of it into the lower [part of the] belly. [This is also shown] by [the fact] that on the second day the patients vomit, because the foods are not absorbed into the body. That the heat is greater than is natural one may grasp best both from the burning feelings that they experience and from the administration [of food]; for evidently they benefit from cold foods, and such [foods] usually cool and extinguish the heat.

Following these, Diocles added the rest, too, in the following words:

¹⁰ A variant reading, followed by the Arabic translation, has 'it is like'.

λέγουσι δέ τινες ἐπὶ τῶν τοιούτων παθῶν τὸ στόμα τῆς γαστρὸς τὸ συνεχές τῷ ἐντέρω φλεγμαίνειν, διὰ δὲ τὴν φλεγμονὴν συμπεφράχθαι καὶ κωλύειν καταβαίνειν τὰ σιτία εἰς τὸ ἔντερον τοῖς τεταγμένοις χρόνοις· τούτου δὲ γιγνομένου, πλείονι χρόνῳ τοῦ δέοντος ἐν τῇ γαστρὶ μένοντα, τοὺς τε ὄγκους παρασκευάζει καὶ τὰ καύματα καὶ τὰλλα τὰ προειρημένα.

ταῦτα μὲν οὖν ὁ Διοκλῆς ἔγραψε, [188] παραλιπὼν ἐν τῷ καταλόγῳ τῶν συμπτωμάτων τὰ κυριώτατα τῆς ὅλης συνδρομῆς, ὅσα τὴν τε μελαγχολίαν χαρακτηρίζει καὶ τὸ φυσῶδες καὶ ὑποχονδριακὸν πάθος· καί μοι δοκεῖ, διότι ταῦτα ἐκ τῆς προσηγορίας τοῦ νοσήματος ἐνδεικτικῶς ἐδηλοῦτο, παραλελειπέναι, μεμαθηκότων γ' ἡμῶν ὑφ' Ἴπποκράτους,

ἦν φόβος καὶ δυσθυμίη πολὺν χρόνον ἔχοντα διατελέη, μελαγχολικὸν τὸ τοιοῦτο.

διὰ τί δὲ ἐν τῇ τῆς αἰτίας ἀποδόσει τῶν μὲν ἄλλων συμπτωμάτων ἔγραψε τὰς αἰτίας, αὐτοῦ δὲ τοῦ βλάπτεσθαι τὴν διάνοιαν οὐκ ἔγραψεν, ζητῆσαι ἄξιον. εἴτε γὰρ τὸ θερμὸν ἐν ταῖς κατὰ τὴν γαστέρα φλεψὶ πλέον ἐπ' αὐτῶν ἐστίν, εἴτε φλεγμονὴ τῶν κατὰ πυλωρὸν μερῶν, διὰ τί τούτοις ἀκολουθεῖ τὰ μελαγχολικὰ συμπτώματα, παραλέλειπται, τὸ μὲν γὰρ ἐμπιπλάσθαι τὴν γαστέρα φυσῶδους πνεύματος, εἴτα ταῖς ἐρυγαῖς αὐτοῦ κουφίζεσθαι, καὶ προσέτι τοῖς εἰρημένοις ὑπὸ τοῦ Διοκλέους ἐμέτοις, εὐδελόν ἐστι, κἂν ἐκεῖνος μὴ λέγῃ· τὰ δὲ τῆς μελαγχολίας ἴδια, δύσκολον ἦν αὐτῷ συνάψαι τῇ κατὰ τὴν γαστέρα λελεγμένη διαθέσει. προσθῶμεν οὖν ἡμεῖς τοῦτο, τὴν διὰ[189]θεσιν τῆς γαστρὸς ὁποῖα τις ἐν τοῖς τοιοῦτοις γίνεται πάθεισιν ἐρμηνεύσαντες σαφῶς.

ثم أن بعض الناس يقول إن في مثل هذه العلل يكون منفذ المعدة اللاصق بالأمعاء وارما وربما حارا دمويا ويكون بسبب الورم مسدودا ولانسدادها [٧٧] تمتع الأغذية من الانحدار إلى المعاء في الأوقات المقدرة لها فإذا كان ذلك كذلك ومكثت الأغذية في المعدة وقتا أكثر من الوقت الذي ينبغي حدوث النفخ والحرقه وسائر الأعراض التي وصفناها

وهذا مما قال ديوقلس في كتابه وقد نقص في تعديده الأعراض أولاها بالعلة وأحقها بالدخول في جملة الأعراض المهيئة للعلة النافخة المرقية وأنا أرى أنه إنما ترك هذه ونقصها من عداد الأعراض لأنها أعراض كانت تعرف من اسم المرض ويستدل عليها به لأننا قد تعلمنا من أبقراط أنه

متى كان بإنسان فزع وخبث نفس ودام به ذلك مدة طويلة فعلة علة سوداوية

فأما السبب الذي من أجله لما ذكر أسباب الأعراض وصف أسباب سائر الأعراض ولم يذكر سبب ما يعرض للعقل من المضرة فهو¹⁴ مما يستحق أن يبحث عنه وذلك أن هؤلاء إن كانت الحرارة في العروق فيهم أكثر وإن كان بهم ورم حار دموي فيما يلي منفذ المعدة إلى أسفل في الموضع المعروف بالبواب وهو على حال قد ترك أن يخبرنا بالسبب الذي من أجله تعرض لهم الأمراض السوداوية والأمر في أن معدهم تمتلئ رياحا نافخة وأنهم يجدون للجشاء خفا وكذلك يجدون للقيء الذي ذكره ديوقلس أمر [٩١] ظاهر ظهورا حسيا ولو أنه هو لم يقله فأما الأعراض الخاصة بالسواس السوداوي فكان الأمر في ضمها إلى العلة التي يقال لها إنما في المعدة عسر عليه وإذا كان هذا قد عسر عليه فلنزدده ونلحقه نحن ونشرح الحال في علة المعدة كيف يكون في مثل هذه الأعراض شرحا واضحا

¹⁴ وهو [conii.; codd.: فهو]

Some people say that in cases of such affections the mouth of the stomach, which is continuous with the gut, is inflamed, and because of this inflammation it is obstructed and it prevents the foods from going down into the gut at the regular times. When this happens, the foods remain in the stomach longer than they ought to, and they bring about the swellings and burnings and the other [symptoms] mentioned before.”

This is what Diocles wrote, [188] but in his list of symptoms he omitted the most important symptoms of this whole syndrome, which are characteristic of melancholy and of the flatulent and hypochondriac affection. Indeed I think that he has omitted them because they were made clear by indication from the name of the disease; at least we have learned from Hippocrates that

if there is fear and depression which last for a long time, such a thing is melancholic.¹¹

But why did Diocles, in his account of the cause, describe the causes of the other symptoms without describing [the cause] for the actual disturbance of the mind; this is worth asking. For whether the heat in the blood vessels in the region of the stomach is too great in their cases, or whether [there is] an inflammation of the parts near the lower opening of the stomach, he has omitted to point out through what cause these are accompanied by the melancholic symptoms. For that the stomach is filled by flatulent breath and that after that it is relieved by the eructations, and also by the vomitings which Diocles does mention, is clear enough even if he does not say so. But as for the [symptoms] peculiar to melancholy, it was difficult for him to connect these with the condition of the stomach mentioned above. Let us, therefore, supply this [189] by giving a clear explanation of what kind of condition of the stomach occurs in such [affections].

¹¹ *Aphorisms* vi. 23 (iv. 568 L).

ἔοικε μὲν γὰρ εἶναι τις ἐν αὐτῇ φλεγμονή, τὸ δ' ἐν τῷ φλεγμαίνοντι μορίῳ περιεχόμενον αἷμα παχύτερον τε καὶ μελαγχολικώτερον ὑπάρχειν. ὥσπερ οὖν ἐπὶ τοὺς ὀφθαλμοὺς ἀναφερομένης ἐκ τῆς γαστρὸς αἰθαλώδους τινὸς ἢ καπνώδους ἀναθυμιάσεως, ἢ ὅλως ἀτμῶν τινῶν παχέων, ὅμοια τοῖς ὑποχθεομένων γίνεταί συμπτώματα, κατὰ τὸν αὐτὸν λόγον καὶ νῦν ἐπὶ τὸν ἐγκέφαλον ἀναφερομένης τῆς μελαγχολικῆς ἀναθυμιάσεως, οἷον αἰθαλώδους τινὸς ἢ καπνώδους ἀναθυμιάσεως, τὰ μελαγχολικὰ γενήσεται περὶ τὴν διάνοιαν συμπτώματα. καὶ μὴν καὶ συνεχέστατα θεώμεθα τὴν κεφαλὴν ὀδυνωμένην ἐπὶ τῇ ξανθῇ χολῇ κατὰ τὴν γαστέρα περιεχομένην, καθάπερ γε καὶ παραχρῆμα γινομένην ἀνώδυνον, ἐμθεισῆς τῆς χολῆς· καὶ τὰ γε τοιαῦτα τῶν ἀλγημάτων δακνώδη τέ ἐστιν καὶ διαβρωτικά, καθάπερ ἄλλα μὲν τινα μετὰ βάρους, ἄλλα δὲ μετὰ τάσεως ἢ καταφορᾶς ὁρᾶται γινόμενα.

συμπεφώνηται δὲ τοῖς ἀρίστοις ἰατροῖς, οὐ ταῦτα μόνον ἀπὸ τῆς γαστρὸς τῇ κεφαλῇ συμπίπτειν, ἀλλὰ καὶ τὴν ἐπιληψίαν. αἰεὶ μὲν οὖν [190] οἱ φόβοι συνεδρεύουσι τοῖς μελαγχολικοῖς, οὐκ αἰεὶ δὲ ταῦτὸν εἶδος τῶν παρὰ φύσιν αὐτοῖς γίνεταί φαντασιῶν, εἶγε ὁ μὲν τις ὀστρακοῦς¹⁵ ὤετο γεγονέναι, καὶ διὰ τοῦτ' ἐξίστατο τοῖς ἀπαντῶσιν, ὅπως μὴ συντριβεῖ· θεώμενος δὲ τις ἄλλος ἀλεκτρούνας ἔδοντας, ὥσπερ ἐκεῖνοι τὰς πτέρυγας προσέκρουον πρὸ ᾧδῆς, οὕτω καὶ αὐτὸς τοὺς βραχίονας προσκρούων ταῖς πλευραῖς ἐμιμῆτο τὴν φωνὴν τῶν ζώων. φόβος δ' ἦν ἄλλω, μὴ πως ὁ βασιτάζων τὸν κόσμον Ἄτλας ἀποσεισῆται κεκμηκῶς αὐτόν, οὕτως τε καὶ αὐτὸς συντριβεῖ καὶ ἡμᾶς αὐτῷ συναπολέσειεν· ἄλλα τε μυρία τοιαῦτα φαντασιοῦνται.

فنفول إنه يشبه [٧٧ ب] أن يكون في المعدة شيء من الورم الحار الدموي والدم المحقن في الموضع الوارم أشد غلظا وأقرب إلى السوداوية فكما أنه إذا صعد إلى العين من المعدة بخار دخاني لطيف أو دخاني غليظ أو بالجملة شيء من البخار الغليظ وأحدث فيها أعراض شبيهة بالأعراض العارضة لمن ينزل في عينيه الماء وكذلك ههنا على هذا القياس بعينه إذا صعد إلى الدماغ بخار سوداوي شبيه بالدخان اللطيف أو الدخان الغليظ حدث عنه في العقل أعراض الوسواس السوداوي ونجد أيضا عيانا وجودا متصلا أن الرأس يصعد¹⁶ بسبب المرة الصفراء إذا كانت محتقنة في المعدة كما أننا نجد صداعا على المكان إذا تقيا صاحب الصداع تلك المرة وما كان من الصداع على هذه الصفة فوجعه يكون وجعا لذاعا ألالا كما قد نجد أوجاعا آخر من أوجاع الصداع يكون الواحد بعد الواحد منها مع ثقل وأوجاع آخر مع تمدد أو مع سبات

وقد اتفق جميع ذوي الفضل من الأطباء على أن ليس هذه فقط تعرض من قبل المعدة لكن الصرع¹⁷ أيضا [٩١ ب] قد يعرض من قبلها وأصحاب الوسواس السوداوي لا يزال الفرع لازما لهم دائما فاما نوع الخيالات الخارجة عن الطبع التي يتخيلونها فليس نوعا واحد بعينه لأن واحدا منهم ظن أنه قد صار خرفا فكان بهذا السبب يتباعد عن كل من يلقاه كيما لا ينكسر وآخر منهم لما رأى ديوكا تزرق وتصفق بأجنحتها واحدا بالآخر جعل يتشبه بها ويصفق جنبه بعضديه ويشبه صوته بصوتها وآخر كان يخاف أن يزول أطلالوس الحامل للعالم إذا هو أعياء فيتططحع هو مع العالم ويهلكا نحن ويطحطحنا معه وأصحاب [٧٨ أ] الوسواس السوداوي يتخيلون عشرة ألف شيء آخر من أمثال هذه الأشياء

¹⁵ ὀστρακοῦς] v.l.: ὀστράκινος

¹⁶ [صعد] con. e gr. ὀδυνωμένην; codd.: يصعد ¹⁷ [الصرع] suppl. e gr. τὴν ἐπιληψίαν; om. codd.

Melancholy arising from the stomach: Galen's interpretation

It seems that there is a kind of inflammation present in the stomach, and the blood contained in the inflamed part is rather thick and melancholic. When a sooty or smoky vapour, or more generally thick vapours, rise from the stomach to the eyes, they give rise to symptoms similar to cataracts. Likewise here, too, and for the same reason, when a melancholic evaporation rises upwards to the brain, like some kind of sooty or smoky vapour, the melancholic symptoms affect the thinking faculty. Indeed, we observe that the most persistent suffering of the head takes place in cases of yellow bile being blocked in the stomach, just as we see it [the head] suddenly become painless when bile has been vomited. Such pains are biting and devouring, just as some are accompanied by heaviness, others by tension or sleepiness.

The best physicians agree that not only these symptoms but also epilepsy can occur as a result of the stomach. [190] Fears always accompany melancholic people, but they do not always get the same kind of unnatural imaginations. For instance, the one thinks that he is a piece of pottery so that he avoids those who approach him in order not to be broken. Another one saw cocks crowing, just as they flapped their wings before crowing. Like them, he would beat his arms against his side and imitate the animals' voice. Another feared that somehow Atlas, who carries the world, would get tired and shrug it off, and thus he would be crushed and he would cause us all to perish with him; and innumerable other of such imaginations.

διαφέρονται δὲ ἀλλήλων οἱ μελαγχολικοὶ, τὸ μὲν φοβεῖσθαι καὶ δυσθυμεῖν καὶ μέμφεσθαι τῇ ζωῇ καὶ μισεῖν τοὺς ἀνθρώπους ἅπαντες ἔχοντες, ἀποθανεῖν δ' ἐπιθυμοῦντες οὐ πάντες, ἀλλ' ἔστιν ἐνίοις αὐτῶν αὐτὸ δὴ τοῦτο κεφάλαιον τῆς μελαγχολίας, τὸ περὶ τοῦ θανάτου δέος· ἐνιοὶ δὲ ἀλλόκοτοὶ σοὶ δόξουσιν, ἅμα τε καὶ δεδιέναι τὸν θάνατον καὶ θανατᾶν. ὥστε ὀρθῶς ἔοικεν ὁ Ἱπποκράτης εἰς δύο ταῦτα ἀναγαγεῖν τὰ συμπτώματα αὐτῶν πάντα, φόβον καὶ δυσθυμίαν· ἐπὶ γέ τοι τῇ τοιαύτῃ δυσθυμίᾳ [191] μισοῦσιν πάντας, οὓς ἂν βλέπωσιν, καὶ σκυθρωποὶ διὰ παντός εἰσι, δειμαίνοντες, ὥσπερ ἐν σκότῳ βαθεῖ τά τε παῖδιά φοβεῖται καὶ τῶν τελείων οἱ ἀπαίδευτοι. καθάπερ γὰρ καὶ τὸ ἔξωθεν σκότος εἰς φόβον ἄγει σχεδὸν ἅπαντας ἀνθρώπους, πλὴν τῶν ἥτοι πάνυ φύσει τολμηρῶν, ἢ πεπαιδευμένων, οὕτως καὶ τῆς μελαίνης χολῆς τὸ χρῶμα παραπλησίως σκότῳ τὸν φρονούντα τόπον ἐπισκιάζον ἐργάζεται τοὺς φόβους. ὅτι γὰρ οἱ τε χυμοὶ καὶ ὄλως ἢ τοῦ σώματος κρᾶσις ἀλλοιοὶ τὰς ἐνεργείας τῆς ψυχῆς, ὡμολόγηται τοῖς ἀρίστοις ἰατροῖς τε καὶ φιλοσόφοις, ἐμοὶ τε δι' ἐνὸς ὑπομνήματος ἀποδέδεικται, καθ' ὃ ταῖς τοῦ σώματος κρᾶσεσιν ἀκολουθούσας ἀπέδειξα τὰς τῆς ψυχῆς δυνάμεις· ὅθεν οὐδὲ γράψαι τι περὶ μελαγχολίας ἐτόλμησαν οἱ τῶν χυμῶν δύνάμιν ἀγνοήσαντες, ἐξ ὧν εἰσι καὶ οἱ περὶ τὸν Ἐρασίστρατον. ἄξιον δὲ ἐστὶ κἀν τούτῳ θαυμάσαι τὰς κοινὰς ἐννοίας τῶν ἀνθρώπων, ὥσπερ καὶ τὰλλα πολλὰ δόγματα, περὶ ὧν ἠγνόησαν οὐκ ὀλίγοι φιλοσόφων τε καὶ ἰατρῶν· ἅπαντες γοῦν ὀνομάζουσιν τὸ πάθος τοῦτο μελαγχολίαν, ἐνδεικνύμενοι διὰ [192] τῆς προσηγορίας τὸν αἴτιον αὐτοῦ χυμόν. ἐὰν μὲν οὖν ἄρξηται γε πρῶτα τὰ κατὰ τὴν γαστέρα συμπτώματα, καὶ μείζουσιν αὐτοῖς γινομένοις ἀκολουθήσῃ τὰ μελαγχολικὰ πάθη, κουφίζηται τε ταῖς διαχωρήσεσιν καὶ τοῖς ἐμέτοις καὶ ταῖς κάτω φύσεσιν καὶ ταῖς ἐρυγαῖς ὁ ἄνθρωπος, ὑποχονδριακὸν μὲν ὀνομάσομεν οὕτως γε καὶ φουσῶδες τὸ νό-

تخالف بعضها بعضا إلا أن تفرغهم وكآبتهم وحزنهم ومذمتهم للحياة وبعضهم للناس أمر يعم جميعهم فأما الشهوة للموت فليس في جميعهم بل بعضهم يكون جنونه الفزع من الموت وبعضهم يكون أمره أعجيبا بديعا حتى يظن به أنه يفزع من الموت ويشاق إليه معا فأبقراط قد أصاب في حصره جميع أعراضهم وأصنافها إلى هذين الأمرين أعني إلى الفزع وإلى خبث النفس وذلك أنهم بسبب يعضون جميع ما يرونه ويكونون دائما مكثبين يفزعون كما يفزع الصبيان ومن لا أدب له من المستكلمين في الظلمة الدماء وكما أن الظلمة التي من خارج تكاد أن تجلب للناس كلهم الفزع خلا من هو في طبعه كثير الشجاعة والتجدة أو من [٩٢ أ] هو أدب كذلك لون المرة السوداء إذا غشى موضع العقل على مثال الظلمة وغمره أحدث الفزع وقد أجمع أفاضل الأطباء والفلاسفة على أن الأخلاط وبالجملة بنية البدن تغير أفعال النفس وبينت ذلك أنا أيضا في مقالة تامة بينت فيها أن قوى النفس تابعة لمزاج البدن ومن ههنا لم يجترئ أحد أن يعرف قوة الأخلاط أن يثبت ذكر الوسواس السوداوي منهم في كتابه إلا أن أراسيسترطس[†] وهذا أيضا مما يستحق أن يتعجب منه من تعارف الناس عامة واتفاقهم على الأمور التي لا خلاف فيها فيما بينهم كما لا يختلفون في آراء أخر كثيرة مما لم يعرفه كثير من الفلاسفة ومن الأطباء من ذلك أن جميعهم يسمون هذه العلة علة سوداوية فيدلون بهذا الاسم على الخلط الذي هو سبب [٧٨ ب] العلة فمتى كانت الأعراض الحادثة في معدة هي التي تبدئ أولا ثم إذا هي تفاقمت وعظمت تبعها العلة السوداوية وكان الإنسان إنما يجد الخفة والراحة بالقىء والبراز ويجوده الاستمراء والجشاء فتحن نسبي هذه العلة علة مراقبة وعلة نافخة وتقول أن خبث النفس والفزع إنما هما أعراض لها فأما متى

Different manifestations of melancholy

The melancholics differ from each other: while all have fear, are despondent, and find fault with life and hate people, not all of them want to die. For some of them the main characteristic of melancholy by which they are affected is the fear of death. Others will appear very bizarre to you, as they both fear death and long to die. Hippocrates was therefore correct when he reduced all these symptoms to these two, fear and despondency. In the case of such despondency, [191] they hate all people they see, they are shy and afraid, just as children and uneducated adults are afraid in the dark. For just as darkness outside causes fear in all people, except in those who are excessively audacious or well educated, likewise the colour of black bile very similarly casts a shadow over the place where thinking is located, and produces fears. For the best doctors and philosophers are agreed that the humours and in general the mixture of the body cause alteration to the activities of the soul. I myself demonstrated this in one treatise, in which I showed *That the Faculties of the Soul Follow the Mixtures of the Body*.¹² This is why those who do not know the power of the humours do not dare to write on melancholy, among whom are the followers of Erasistratus.¹³ In this case, too, one rightly marvels at the common opinions of people, just as one does at other [generally held] doctrines which many philosophers and physicians do not know. All of them call this affection melancholy, indicating [192] by this name the humour that is its cause. If, then, the first symptoms start in the stomach and if, once they become stronger, they are accompanied by melancholic affections, and if the patient derives relief from these by laxatives, emetics, breaking wind, and belching, we call this dis-

¹² This is the title of one of Galen's works (*Quod animi mores*).

¹³ See Galen, *On the Natural Faculties* ii. 8, *passim*; *On the Doctrines of Hippocrates and Plato* viii. 5.24 (v. 686 K); *On Black Bile* 1 (v. 104 K).

σημα, συμπτώματα δὲ εἶναι φήσομεν αὐτοῦ τὴν τε δυσθυμίαν καὶ τὸν φόβον· ὅταν δὲ τὰ μὲν τῆς μελαγχολίας ἴδια συμπτώματα φαίνεται μεγάλα, κατὰ δὲ τὴν κοιλίαν ἦτοι μηδὲν, ἢ σμικρά, τὸν ἐγκέφαλον ἠγητέον ἐπὶ τούτων πρωτοπαθεῖν, ἠθροισμένης ἐν αὐτῷ μελαίνης χολῆς.

ἐξ ὧν δὲ χρὴ διορίζεσθαι, πότερον ἐν αὐτῷ μόνῳ τῷ ἐγκεφάλῳ περιέχεται τοιοῦτός τις χυμὸς, ἢ καθ' ὅλον ἐστὶ τὸ σῶμα, λέλεκται μικρὸν ἔμπροσθεν· ἀναμιμνήσκω δὲ τοὺς ἰδόντας ἐταίρους διὰ τε λουτρῶν πολλῶν καὶ διαίτης εὐχύμου τε καὶ ὑγρᾶς τὴν τοιαύτην μελαγχολίαν ἐκθεραπεύοντά με χωρὶς ἐτέρου βοηθήματος, ὅταν γε μήπω διὰ τε χρόνου μήκος δυσεκκένωτος ἦ ὁ λυπῶν χυμὸς· ὡς ὅταν γε ἤδη κεχρονικὸς ὑπάρχη τὸ νόσημα, μειζόνων ἐτέρων ἐπὶ [193] τοῖς εἰρημένοις δεῖται βοηθημάτων. ἐπιγίνεται δὲ ἡ τοιαύτη μελαγχολία προηγησαμέναις θερμαῖς διαθέσεσι τῆς κεφαλῆς, ἦτοι γε ἐξ ἐγκαύσεως, ἢ φλεγμονώδους ἐν αὐτῇ γενομένου πάθους, ἢ καὶ φρενίτιδος· ἐπιγίνεται δὲ καὶ φροντίσι καὶ λύπαις μετ' ἀγρυπνιῶν. περὶ μὲν οὖν μελαγχολίας ἱκανὰ καὶ ταῦτα.

كانت الأعراض الخاصة بالوسواس السوداوي توجد عيانا ظاهرا عظيمة وكانت المعدة إما أن لا توجد فيها أعراض أصلا وإما أن توجد فيها أعراض بسيرة فينبغي لنا أن نعزّم من أمر هؤلاء على أن الدماغ هو المعتل [٩٢ ب] علة حدثت فيه حدوثا أوليا بسبب مرة سوداء مجتمعة فيه

وأما الأشياء التي يبغي لنا أن نميز الخلط الذي هو على هذه الصفة هل هو محتقن في الدماغ وحده أم هو أيضا في جميع البدن كله فقد ذكرتها قبل هذا بقليل وأنا الآن مذكر بذلك أصحابي هؤلاء الذين قد علموا أنني مكثت أدوي مثل هذا الوسواس السوداوي بالاستحمام المتوالي مرارا كثيرة وبالتدبير وبالغذية المولدة للخلط الجيد الرطب من غير أن أحتاج في ذلك إلى شيء مما يتداوى بها هذه العلة وذلك ما دامت العلة لم تطل فيصير الخلط الفاعل لها عسر الانتقاع والخروج من موضعه بسبب طولها وأما إذا كانت العلة قد طالت وعتقت فإنها تحتاج إلى مداواتها مع هذه الأشياء التي ذكرتها إلى أشياء أخر أبلغ منها وأعظم وهذا الضرب من الوسواس السوداوي إنما يحدث عقيب علة حارة تكون في الرأس إما من قبل احتراق من شمس وإما عند ما يحدث فيه علة [٧٩ أ] من جنس الورم الحار الدموي أو يكون مع ذلك سرسام حار ويكون أيضا في عقيب الهوموم والغوموم التي يكون معها سهر وقد أتينا من ذكر الوسواس السوداوي بما فيه كفاية.

ease hypochondriac and flatulent. We will say that its symptoms are despondency and fear. Yet when the symptoms characteristic of melancholy manifest themselves to a great extent, whilst there is little or no suffering in the stomach, one must assume that the brain is primarily affected, since black bile has gathered there.

The indications on the basis of which one must distinguish whether this humour is contained in the brain only or spread over the rest of the body have just been mentioned. I refer to friends who saw me treating such melancholy by means of many baths and a moist, juicy diet, without any other remedy, when the harmful humour had not yet become difficult to remove as a result of lapse of time. For when the disease has become chronic, there is a need for remedies greater than the ones mentioned. [193] This kind of melancholy occurs in addition to preceding hot conditions of the head, either as a result of burning fever, or because of an inflammatory affection within the head, or because of phrenitis; it also supervenes following worries and grief accompanied by sleeplessness. Let this suffice as far as melancholy is concerned.

Appendix 2

Ishāq ibn Imrān on ‘Scholarly Melancholy’

PETER E PORMANN

Rufus of Ephesus is famously associated with scholarly melancholy (see, e.g., Toohey, above, pp. 221–43). In his account of the psychic causes of melancholy, Ishāq ibn Imrān gives an eloquent and interesting account of how too much study causes melancholy. Constantine the African translated large parts of Ishāq’s book into Latin and passed the resulting work off as his own *On Melancholy* without any reference to the original author (see above, p. 15). Since Ishāq draws heavily on Rufus in his work (see pp. 191–3), and since this passage had a great impact on subsequent generations of physicians and philosophers (see, e.g., above p. 212), it is edited and translated into English here for the first time. GARBERS 1977 has previously translated this text into German and published a facsimile of the unique manuscript (Munich, Bayerische Staatsbibliothek, MS arab. 805), on which the present edition is based.

وقد رقينا إلى هذا الموضوع بمقالنا في أسباب مرض المالتخوليا من الأسباب الجسمانية. وبقي [94a] علينا أن نذكر السبب المحدث له في النفس من جهة العوارض والآلام النفسانية. فنقول للنفس عوارض تنقلب عليها في كل وقت من سخط أو رضا أو جنون أو فزع أو حياء وزمع أو ما يشبه ذلك وهذه عوارض للنفس الحيوانية خاصة. فاما عوارض نوع النفس الناطقة فمثل الفكر القوي أو الحفظ والدراسة والبحث والإخالة والفحص عن معاني الأمور أو التوهم أو التظن أو التخيل أو الرأي المصيب أو الرديء¹. فإن كل هذه الأحوال التي بعضها قوى وبعضها أعراض إذا تعمقت النفس نحو واحد منها ودانت عليه كثيرا ما يخرجها إلى الداء المعروف بالمالتخوليا ويسهل لها الوقوع فيه بسرعة. فإنا نجد كثيرا من النساء والصالحين يقعون في الوسواس السوداوي بكثرة خوفهم من الله وفرعهم من عقابه أو من شدة تشوقهم إليه حتى أن ذلك يستولي على النفس ويغلب عليها فلا يكون لها كلف ولا شعغف ولا لعب إلا تذكره ومراقبته جل وعز. فيقعون في مثل ما يقع فيه المشتاق من القلق والهيمن حتى تفسد أعمال النفس وأفعال الجسد جميعا إذا كان البدن يتبع النفس في أفعالها والنفس تتبع البدن أيضا في أحداثه. فاما المكيون على قراءة الكتب الفلسفية أعني كتب الطب وكتب المنطق وكتب النظر في جميع الأشياء وكتب الناظرين في أصول الحساب وعلمه المسمى باليونانية الأرثماطقي والنظر في علل الفلك والكواكب وهو علم التنجيم المسمى باليونانية الأسطرنوميا والنظر في علم الهندسة والمساحة ويسمى علم الخطوط بالعربية ويسمى بالرومية الجومطريا² فاما النظر في علم التأليف الذي هو النغم [94b] واللحون الذي يسمى باليونانية الموسيقى فإن هذا من علم النفس لأن النفس مستخرجتها ومستتبطتها وعلمها في النفس مركز

¹ الرديء coni. Garbers; cod.: الرأي ² lacuna?

In our discussion of the corporeal causes of melancholy we have reached this point [i.e. finished with it]. It remains for us to discuss the psychic affects and ailments in the soul which cause it. We thus say the following. The soul is subject to affects [*‘awāriḍ*] because of which it is altered at all times; they include, for instance, displeasure, contentment, madness, fear, shame, agitation [*zama‘*], and the like. These affects are particular to the animal soul [*an-naḥs al-ḥayawānīya*]. The affects of the rational kind of soul are things such as excessive thinking, learning by heart, study, research, doubting, and exploring the meaning of things; or suspicions, conjectures, fantasies, and correct or incorrect opinions. When the soul plunges into one of any of these states—some of which are faculties [*quwan*] and others accidents [*a‘rād*]—, and draws close to it, then this often brings about the disease known as melancholy, and one easily succumbs to it. We find many ascetics [*nāsiks*] and pious men [*ṣāliḥs*] succumb to melancholic delusion [*waswās saudāwī*], because they greatly fear God and are afraid of his retribution; or because they passionately desire Him [*min šiddati ta‘aššuqihim ilaihi*]. Consequently this [desire] seizes and conquers the soul, so that it [the soul] ardently longs and desires only to remember [*ḍikr*] and observe Him—great and exalted is He. They succumb to worry and frantic desire similar to that of someone in love [*muštāq*], so that the activities of the soul and the functions of the body are completely corrupted. For the body follows the soul in its functions, and also the soul the body in its actions. Those devoted to reading philosophical books, namely books on medicine and logic; books investigating all things; books by those looking at the fundamental principals of calculation and the science called *arithmētiké* in Greek; [books] investigating the causes of the celestial sphere and the stars—this is the science of astronomy [*tanḡīm*], called *astronomía* in Greek; [books] investigating the science of geometry [*handasa*] and geodesy [*misāḥa*], called the science of lines [*‘ilm al-ḥuṭūṭ*] in Arabic, and *geōmetría* in Greek ...¹ Investigating the science of composition, that is, melody [*naḡam*] and tunes [*luḥūn*], called *mousiké* in Greek, [also] is a science of the soul, for the soul discovers and invents it [music], and knowledge about it is concentrated in the soul.

¹ There is either a lacuna here in the text, or we have an anacoluthon. One would expect the general idea of ‘those devoted to reading books ... succumb to melancholy’. We do not, however, have the *fa*-clause after the preceding *ammā*.

كالذي حكى جالينوس عن أفلاطون الفيلسوف إنما نذكر في عقولنا فنعلم الحكمة تذكيراً يريد أن النفس إنما تذكر بتعلم العلم وهي مرتبطة بالجسم ما كانت تعلمه قبل أن تركب في الجسم وهي <في>³ عالم العقل.

فإنهم والله أعلم قريبون من الوسواس السوداوي لكثرة الإخالة⁴ والتفكير وشدة البحث والتميز لأنهم بمثابة إبتاعهم وإتباعهم خواطرهم وأسفهم على ما يفوت عقولهم من درك البرهان المسمى لديهم أفودكسيس وبلوغ الحقيقيات واستخراج الكلام المستحسن المأخوذ من المعنى المسمى بالرومية سولوجسموس وهي صحة الفكر مع الخبر يحزنهم ذلك وتوقعهم⁵ في مرض المالنخوليا.

ولما هو عند أنفسهم كذلك فكيف بمن أفضت به الحال منهم وأصارته إلى هذا المرض الخبيث بكلال الذهن وفشل النفس وضعف الفكر والخاطر وما يداخل عقولهم من التعب كما قال أبقراط في المقالة السادسة من أفيزيميا إن تعب النفس فكرة النفس كما أن التعب الجسماني يوقع في أمراض صعبة أيسرها الإعياء كذلك التعب النفساني يوقع في أصعب الأمراض وأشرها وهو مرض المالنخوليا.

وتوقدهم: cod.: con.; cod.: الإحالة⁵ | الإحالة: cod.: conieci; cod.: الإحالة⁴ | supplevi <في>³

Just as Galen reported on the authority of the philosopher Plato², ‘In our intellect [*‘aql*] we only remember and have knowledge through instances of recollection.’ He means that when the soul learns a science whilst being connected to the body, it only remembers things which it knew before mounting the body, whilst being in the world of the intellect.

They—God knows best—are truly close to melancholic delusion because they frequently doubt and think, and excessively search and distinguish. For they—through zealously pursuing their ideas, and regretting things which escape their intellect such as grasping the proof [*burhān*] which they call ‘*apodeixis*’; attaining the true realities [*ḥaqīqīyāt*]; and deducing the valid argument derived from the concept called ‘*sullogismós*’ in Greek, that is to say, soundness of the thought together with the predication—are rendered sad and made to succumb to the ailment of melancholy.

Yet when this is the condition of their souls, then how about those whose condition leads them and brings them to this malicious disease [*hāda l-marad al-ḥabīl*] because their mind is tired, their soul has failed, their thought and ideas are weak, and [because of other] toils which enter the intellect, as Hippocrates said in the sixth book of the *Epidemics*³: ‘The toil of the soul is the thought of the soul’. Just as the toil of the body makes one succumb to difficult diseases, the easiest of which is fatigue, so the toil of the soul makes one succumb to the most difficult and worst of the diseases, namely the disease of melancholy.

² *Phaedo* 72e: ‘for us, learning is nothing else than remembering (ἡμῖν ἡ μάθησις οὐκ ἄλλο τι ἢ ἀνάμνησις τυγχάνει οὐσα)’.

³ *Epidemics* vi.5 (v.316, 8 L): ‘Thought is an exercise of the soul for man (Ψυχῆς περίπατος φροντίς ἀνθρώποισιν).’

Appendix 3: Melancholy in ar-Rāzī's *Book of Experiences*

PETER E PORMANN

This appendix contains the chapter 'On Melancholy' from ar-Rāzī's *Book of Experiences*. It is rare account of actual practice, rather than theoretical description. Despite its importance, it has not previously been translated into any European language. Therefore, an English version is provided here. For more information about this text, see ÁLVAREZ-MILLÁN 2000; and above, pp. 190–91.

Ḥ. ḤARBĪ 2002 provided the first edition of ar-Rāzī's *Book of Experiences*. As this edition makes this important text available to scholars, it clearly deserves praise. The transmission of this work is, however, quite complicated, and ḤARBĪ's text not always satisfactory. Scholars will continue to await eagerly Cristina ÁLVAREZ-MILLÁN's scholarly edition of this work, accompanied by a translation. For the present purposes, I have emended Ḥarbī's text by collating it with a Teheran manuscript. The result, to be sure, can only be preliminary.¹

A young man who had melancholy presented. It was said that he plugged his beard, and amused himself with picking clay from the wall. He [ar-Rāzī] ordered that he [the patient] be phlebotomised at the basilic vein, and blood be drawn, as long as it was black, until its colour changed to red. If it was not black, then one should stop immediately. Twice a month, he should be given the epithyme decoction to drink; his head should be submersed in violet oil; and he should be treated exceedingly well.² It was said that something grain-like had occurred in his testicle. He ordered that this place be covered in a softening dressing; that he be given three dirham of crushed epithyme together with white meat, to be taken at night; and then that he drink the remedy the next day, in order to gain strength.

He ordered a man suffering from a bout of melancholy, [excessive] thinking³, terror, and fear to take the following: black myrobalan from Kabul, the weight of ten dirham; fresh, cooling epithyme, seven dirham; polypody⁴, three dirham; cassidony, four dirham; and white raisins, the seeds of which has been removed⁵, ten dirham. Macerate the myrobalan

¹ ed. ḤARBĪ 2002, 105–7.

² The words 'wa-yuḥsanu ilaiḥ fadlu l-'iḥsāni (and he should be treated exceedingly well)' are missing in Ḥarbī's edition.

³ Reading 'al-fikra'.

⁴ Reading 'al-basfāyiğ'.

⁵ Reading 'zabībun abyadū manzū'u l-nawā'.

and the polypody in a sufficient quantity of water so as to submerged it, after having crushed it, for one day and one night. Pour it into a pot; boil it well, add the cassidony, then the raisins, and the epithyme decoction after having boiled it [the epityme] in a sound fashion. Soak it and filter it. Take two thirds⁶ of a pint (*riṭl*) of it, and mix in it⁷ a dirham of crushed turpeth, half a dirham of agaric, and two *dānaq* of Nabataean⁸ salt. Soak everything well in it⁹, and drink it after having fasted. It is taken twice a month.

On the other days, take the following composition: Take crushed myrobalan from Kabul, fifty dirham; epithyme, ten dirham; amber, five dirham; saffron, two and a half dirham; ground roses, three dirham; nard and doricum, two dirham of each; dry coriander, four dirham; lemon leaves, two dirham; and white akantha seed, and sweat basil, of each three dirham. Mix everything together with honey the foam of which has been skimmed off. Take of it each day the equivalent of a large nut, except one day before and after the day when he takes the decoction. He should especially avoid lentils, salted fish¹⁰, onions, beef; of wine the mixed one; and he should often go to the bath[-house].

He ordered a woman who spoke confusedly whilst laughing at the same time and was red in her face to have her median vein phlebotomised; [to take] the epithyme decoction; and the soporific drug. He said: 'This is safe, because it eases from the blood.'

A boy [*gūlām*] presented who was half mad, had a fixed glaze, did not speak nor answer when called upon. He was described as having been suffering from constipation for five days, and then having developed this condition. Moreover, he did not remain still in one place, but rather wandered about in the streets¹¹. His urine came out involuntarily each night¹². He ordered strong enemas for him, and to put wine vinegar, oil of roses, and rose water onto his head in a linen cloth¹³.

⁶ Reading '*tultai*'.

⁷ Retaining the reading of the manuscripts '*yudāfu*'.

⁸ Reading '*Nabaṭī*'.

⁹ Retaining the reading of the manuscripts '*fīhi*'.

¹⁰ Reading '*an-namaksūdu mina s-samaki*'.

¹¹ Reading '*fī s-sikaki*'.

¹² A variant reading is 'night and day (*fī l-laili wa-n-nahāri*)'.

¹³ 'in a linen cloth (*bi-ḥirqati kuttānin*)' is missing in Ḥarbī's edition.

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