Rufus of Ephesus

*On Melancholy*
Introduction *

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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

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 heroes 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. I 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.

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. 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. Rufus’ treatise was divided into two books (FF 1–2). The first dealt with ‘symptoms and incidents’ (F5 § 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,
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 mélaïna 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 Ḫmrān (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. In a quotation preserved in Ishāq ibn Ḫmrān (F7 § 9), Rufus mentions the hypochondriac type of melancholy ‘and the remaining two types (aş-ṣināni l-bāqyāni)’. 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
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 other 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 suggest, 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 (F63), although not all types are appropriate, and excessive drinking should be avoided (F17 § 13; F40 §§ 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. F11 §§ 14–15, F14 § 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):

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 (FF34–6); melancholics have a craving for sexual intercourse (F60; see also F73); wine is linked to melancholy (e.g. F63); and melancholics are given to foretelling the future (F35).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. F58 mentions sex as beneficial for people suffering from both melancholy and madness. In one of his case histories (F68 § 9), the patient’s melancholy develops into madness and in the end results in his death. Finally, in F51, 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:

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.

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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 ʿImrān’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 ʿUbaidd 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-

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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 fi '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-

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12 The chapter is edited in PORMANN 2007b, 339–44.
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-Ḡazzār 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. 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-Kaskar’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 togeth-

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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.\textsuperscript{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 (qa‘lā)’ 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, rearranged, 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

\textsuperscript{18} See Van der Eijk 2000a, xvii–xviii.
instance, for ar-Rūzī’s Comprehensive Book, or al-Kaskař’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 Koetseth, 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 mamlūda, 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 (Συνοψις πρὸς Εὐσταθίου; 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 F 13 § 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 (Συναγωγὴ ἱατρικῶν), whence F74 is taken.

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 (Ῥοῦφοῦ)’ 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 παιδίων) and his *On Milk* (Περὶ γαλακτοποιίας).23 In *F37* and *F42*, 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 *F13* § 1 which appears nearly verbatim also in Oribasius, as we have just discussed. Likewise, *F35* § 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.

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22 For an instance in Oribasius, cf.ULLMANN 1975; for Aëtius, see the commentary to *F11*.
24 See, for instance, the commentary to *F75*, 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 Ḫmān (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.

*Iṣḥāq ibn Ḫmān*

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

As already mentioned, Iṣḥāq ibn Ḫmān’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 *Gärbers 1977*.

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25 For a discussion of such attempts, see *Pormann 2004a*, 128–32.
26 The text has been reproduced by *Gärbers 1977*; he also discusses Ḫmān’s life on pp. xiii–xiv. More information about Iṣḥāq ibn Ḫmān 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-Mağūsî’s Complete Book of the Medical Art (Kāmil aš-šī‘a‘ at-ṭibbî‘ya), also known as the ‘Royal Book (al-Kitāb al-Malakî’), 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-Musāfīr wa-qūt al-hādhīr).\(^{28}\) Another inhabitant of Kairouan was Ishāq ibn Ṭmrān, 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 Ṭmrān’s On Melancholy (Fi l-Malihāliyā, 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 Muhammad 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)

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\(^{27}\) 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.
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-ʿAmīd (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 F13 (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 Sārābiyūn ibn Ibrāhīm (d. after 1030s) provide new evidence.37

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33 A brief account of his life and main ideas can be found in L. E. Goodmann, art. “al-Rāzī, Abū Bakr Muḥammad b. Zakariyyā”, EI2 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 (F24), Miskawaih (F36), Quṣṭā ibn Lāqā (F46), and Ibn Baiṭār (F57); 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 fi ʿtiḥb*). 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 (FF6, 42).

Al-Qumrī

Another new source is Abū ʿl-Manṣūr al-Ḥasan ibn Nūḥ al-Qumrī. We have very little information about his life. 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). 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. 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-Ginā 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 Rufūs; 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-mālīnḥāliyyā*)’ (cf. commentary to F18), with one occurring in the chapter ‘On epilepsy’ (F23). In the former chapter, al-Qumrī first

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38 See PORMANN 2003. More information about Ishāq 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 ʿUṣaibīʿa (i. 327) reports the following:

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

Master Šams ad-Dīn ʿAbd al-Ḥamīd ibn Ṭas al-Ḥusrušāḥī (d. 1254) told me [Ibn Abī ʿUṣaibīʿa] 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), Ṭābit (ibn Qurra, d. 901), Ibn Sarābiyyūn (fl. c. 870s), Ibn Māsawah (d. 857), and Muhammad ibn Zakarīyāʿ (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 (ft 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).

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 Sarābiyyūn 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-Fusāl al-muhimmā fi ʿtibb al-ʾAʾimma), which is attributed to one Ibn Sarābiyyūn ibn Ibrāhīm, the physician (al-mutaṭabbib). Very little is known about the author; however, he cannot have been the famous Yūḥannā ibn Sarābiyyūn, who lived in the second half of the ninth century, since this Ibn Sarābiyyūn ibn Ibrāhīm quotes authorities such as Ibn Sīnā (d. 1037) which date back to

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42 Ibn Māsawah both wrote a treatise On Black Bile (Ft l-mirra as-saudāʿ), 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.


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. 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. 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 title:

الفصل التاسع في الأمثلة والمعالجات الجزئية لرفيض وغيره للقداماء والحديثين تستخرج وتنستفاد قوانين

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 F66 § 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

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45 See PORMANN 2004b.
47 Hunt. 461, fol 38b, 11–14.
taken from ‘modern physicians’, unless, of course, these modern physi-
cians 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.
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 Krankenjournale] sind aber unter einander im Stil derart gleich […], daß U[lmann] 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 ([…] bleibt 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-Qinā 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

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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*.
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 ma-

nuscript 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

[S]he is black [saudâ‘], [yet] white in her actions,
just as the kernels [hubb] of the eyes excel through light. […]

If I become mad through my love [hubb] for her, this is no innovation,
for the root of madness lies in black bile [saudâ‘].

Taqî ad-Dîn Abû `Abd ar-Rahmân ibn Hamdân al-Ḥanbâlî, ophthalmologist and poet in Cairo (d. 1276/7)58

At the beginning of these two verses, we have a wonderful oxymoron: a
black woman (saudâ‘) who is white (bâidâ‘). 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 (saudâ‘)’ by a reference to
‘black bile (saudâ‘)’. The two are homonymous, and since the latter is rec-
ognised to cause madness, it is no wonder that the former does so too.
The chiastic ring composition with the word ‘black (saudâ‘)’ at the be-
nining and the end of the two verses in different meanings accentuates
the effect. In this way, Greek humoral pathology penetrated not only me-
dieval Arabic medicine, but also poetry, and the popular imagination.59
And this influence endures: even today the word māılıḥoā‘ya means ‘mad-
ess’ 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-Kutubî (ed. ‘Abbâs 1973–4), ii. 98 (des-
cribed 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 despondency 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
**Text**

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


**F2** Ibn Abī Uṣaibī’a, ‘Uyān al-anbā‘ fi tabaqāt al-ṭāibībā‘’, i. 33, 4–2 ab imo


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


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

F1 Ibn an-Nadīm, *Index*


F2 Ibn Abī Uṣaibīʾa, *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 [*baʿd*] of his books, praised him and quoted him. [4] Rufus wrote: The book *On Melancholy*, in two treatises [*maqālas*]; this is his greatest work [*aḡall kutubiḥī*].

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 Isḥāq ibn ʿImrān, *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-ʿilla aš-šarāštīya*], whilst omitting to discuss its other kinds.
Book One
Symptoms and Incidents

F5  Išāq ibn ʿImrān, Fi ʿl-Mālīnḥīliyyā (ed. Garbers 1977), fo. 96a, 7 ab imo–96b, 12

وقد وجدنا رؤوس الطبيب الواضح لكتاب المانخوليا أكثر في المقالة الأولى من كتبه من ذكر الأعراض والأحداث التي تسبب أصحاب المانخوليا حتى إنه بعد أن أطال الكلام وأكثر الإطابيف فيما يعرض لواحد واحد منهم قال لما قطعه: [2] فقد أثبتنا في مكاننا هذا من ذكر الأعراض التي تعرض لأصحاب المانخوليا على ما إن أحسن قال القاري لنا أنها قد أن يفهم كل عارض يعرض لأصحاب هذا الداء مما لم نذكره في هذا الكتاب.


وصفت

[أصال] cong. Ullmann; cod.: suppl. Ullmann; om. cod. 2 طال: صحاب 3 secl. Ullmann
[عفار] cong. Garbers; cod.: sup. Ullmann
[عفار] مراعاة什么样 في المجلة ووضعها وسائطها 5 tr. lat.: Simitier astutias hominum quos possit comprehendere
[أما] cong. secl. Ullmann 8 في إن secl. Ullmann
[إن كان كلامي ... الباقين] in marg.
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.'

By saying this, Rufus, the physician [*hakīm*], 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.

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

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 fī 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. ŞÎRT 1994 (it would be somewhere between pp. 227 and 228)

[1] وهذا قول روفس في كتابه في داء الفالنخوليا، وهو الوسوس السوداوي، يقول:


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


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

[1] Rufus said the following in his book on the ailment melancholy (ma-linḥūliyā), 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 [ṣarāṣṭīs] 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].

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[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-kabīd], 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 [μεσαραίκαι, mesenteric’], together with a swelling […]

[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.
فإنّه أخذ فيه من الفصد بل ربما كان الفصد فيه رديداً لأنه يجعل البدين أشدّ بيسا وحوافة وأصعب.

1[ما] v.l. 2[الرسام.] v.l. 4[الرسام.] v.l. 5[الرسام.] v.l. 6[الرسام.] v.l. 7[الرسام.] v.l. 8[الرسام.] v.l.

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

روفس في كتابه في المانذوليا. النشج الوطلب بمال البطن ربحاً ونكون لذلك علامة رديئة.

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

روفس في المانذوليا، قال إذا عرض مبناً به تندم أن يظن أن بذل مصلى ربحاً فذلك أشرِّ شيء.

F11  أَئْتِيوسُ. Ιατρικών λύρων, vi. 9; CMG viii. 2, 141, 11–151, 2; D-R 70

Περὶ μελαγχολίας ἐκ τῶν Γαληνοῦ καὶ Ῥοῦφου καὶ Ποσειδωνίου.

[...]

[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.

F 9 ar-Rāzī, Comprehensive Book


F 10 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.

F 11 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 pleîsta] 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 [tòn pleîstôn] 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


1 αὐτοὺς] coni.: 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.


1. F13 Rāzi Ḥāwī i. 74, 8–15 [1st ed.]/i. 120, 16–121, 7 [2nd ed.] (D-R 127, 1–5)


[1] Some of them [melancholics] imagine that they do not have a head.


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**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.

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**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-
الطلب ضامر [1] وحركتهم قوية سريعة، لا يقدرون على المهم، في ذكر الأصوات،
أِلسنّتِم سريعة الحركة بالكامل.

١ suppl. Ullmann

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

قال: إذا خفّي عرض المانخوليا، ربما خفّي ابتداؤها إلا على المهرة من الأطباء [2] لأن
الطبيب الحاذق قد يمرّ خبث النفس والقئوطة والغُم العارض في ابتداء المانخوليا من
العارض بسبب آخر يمّا يعرض للناس.

١ اللام

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

قال لا يميز المانخوليا إذا ابتدأ بالإنسان إلا الحداق من الأطباء

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

قال: إذا عرضت في أبدان أصحاب المانخوليا قروح، دل ذلك على موت قريب.
قربة من الجمر فيما يعرض فيه من الحكة وغير ذلك.

١ وعرض المانخوليا للرجال أكثر مما يعرض للنساء [5] غير أنه إذا عرض
لنساء، كان ما ينخبل أخفى وغمّه أقوى; [6] ولا يعرض للصيام; وقد يعرض
للغلام في الندرة والأحداث [7] فاما الكحول والمشاج، فالاختصاص يعرض لهم;
وعبارة المشاج [8] فإن المانخوليا يكاد أن يكون عرضًا لازمًا للشيخوخة، لأن
المشاج بالطبع صيغة الصدور، قليل الفرح، سيئة أخلاقهم، همهم رديء، وفخهم
في النطف كثير [9]. وهذه أعراض المانخوليا.

يطلق البطن ويدب الفصول [12] فاما من لم تطلق الصيف بطنهم فإنه يعج عليه فيه
هيجانا عظيمة شديدة. [13] والموافقة في المانخوليا الآخر من الشراب الغليظ الأسود
والشراب الحريف ٢ واللحم الغليظة لا سيما لحم البقر «والملعّب» ٣ والملؤه ٤ من الطعام
والشراب وترتكب الراضة توقع في المانخوليا [....]

١ vers. lat.: in aestate; v.l. om. ٢ الحديث ٣ الحرف ٤ ورث postponed; v.l. om.; cf. vers. lat. et multa repleto
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.

F15  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 [ḥādiq] physician usually knows how to distinguish a malign state of the soul [ḥubt an-nafs], despair [quntāt] and worry [gamm] occurring at the onset of melancholy from affections caused by something else.

F16  Abū l-Manṣūr al-Ḥasan ibn Nūh al-Qumrī, Book of Riches and Desires

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

F17  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 [gambar] 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 [ḥayağān] during it. [13] During melancholy it is harmful to drink much thick and dark wine, or acrid wine; to eat tough meat, especially that of camels and goats; to fill oneself with food and drink; and to avoid physical exercise.

1 ‘acrid’ variant: ‘new’.
F18  al-Qumrî, Kitâb al-Gînâ wa-l-Mun, O, fols. 17b, paen.–18a, 4; W, fols. 23a, 12–23b, 1

كَانَ أَرَدًا وَأَفْحَشَ [3] وَلَا يَعْرِضُ لِلْفَلَّانِ وَالْخَصُبٍ إِلَّا فِي الْبَنْدَةَ وَيَقِلُ أُيْضًا فِي
الأَحْدَاثِ [4] وَأَما الكَحُولِ وَالْمَشَابِيعِ فَلا يُخْضِصُ مِن قِدْ عَرَضَ لَهُ مِنْهُ وَخَاصَائِشُ المَشَابِيع
بَلْ يُحَمِّلُهُ [5] فَإِنَّ الْمَالُتخُويا يَكَادُ يَكُونُ عَرَضًا لَّا رَمَا لِلسَّيِّهَوَةِ لَنْ أَنْ لِلْمَشَابِيعِ بَلْ يَعْلُم
ضَيْقُ الْصُّدُرِ قَلِيلًا الْفَحُّ أَخْلَاقُهُمُ السَّيِّةُ وَهُضْمُهُمْ رَدًى وَنَفْحُهُمْ فِي الْبَنَٰجِ كَبِيرٍ [6]

وَهَذِهِ أَعْرَاضُ الْمَالُتخُويا.

F19  Râzî Hâwî vii. 227, 11–12 (D-R 250)

[1] رفِّس فِي الْمَالُتخُويا: الْضَّرَبَانِ مِنَ الْإِسْتِسْقاَةِ الْزَّقِيِّ وَالْطَّبِيلِ يَنْهِفُ مِعَهُمَا الْبَدْنِ
فَأَمَّا الْلَّحْمي فَيِعْلُ مَعَهُ

F20  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] οδέ γε Ρωμάφως μελαγχολιας αυτοίς είδος το τοιούτον
[υδροφοβικόν πάθος] ἀπεφήγατο γίνεσθαι τοῦ ιοῦ τὸν χυμὸν ἐκείνον
μημησαμένου, καθάπερ ἐτέρους ἴσμεν μελαγχολικούς ἄλλους ἄλλα
φοβομένους. [2] ἡτίς αἰτία συντρέχει καὶ τοῖς φάσκουσιν αὐτούς
οὐσίας τοῦ δακόντα κόνα ἐν τοῖς ύδασιν εἰκονίζεσθαι.

F21  Râzî Hâwî i. 76, 9–77, 3 [1st ed.]; 124, 2–125, 7 [2nd ed.] (D-R 127, 20b–22)

[1] قَالَ: وَلَوْيْسَ يَظِهَرُ فِي كُلِّ هُوَلِاءِ قَيِّمَ وَأَسْهَمَ مَعَهُ كِيمُوسَ أَسْوَدَ بَلْ رَمَا كَانَ أَكَّرَ
الْوُلْفَمْ مَهْمَ البَلْغِمْ [2] فَإِنَّ يَظِهَرُ فِي الْعِسْطِفَارِ شَيْئٍ، أَسْوَدَ دَلَّ عَلَى غَلْبَةِ ذَلِكَ وَاكِرَة
في أَبْدَاهِنَ [3] وَخَفَّ فِيهِ مَرْضِهِمْ قَلِيلًا، عَلَى أَنَّ مَهْمَ مِنْ يَخْفِهِ مَرْضِهِ بَخْرَجَ البَلْغِمْ
مِنْهُ أُكْرَا مَا يَخْفِ بَخْرَجَ الْخَلْطِ الأَسْوَدِ [4] وَظُهُورُ الْخَلْطِ الأَسْوَدِ فِيهِ يَكُونُ إِمَا
بَالْقِيِّ أوَّلَهُ أوَّلَهُ أوَّلَهُ فِي الْجَسَدِ أوُّهِبَ فَيْقُ كُفِّ أوَّلَهُ أوُّهِبَ فَيْقُ كُفِّ أَوْ جُبَرَ أوْ سَيْلَان
الْبَوْسُسِ، وَمَا أَكَّرَ مَا يَعْرَضُ الدَّوْالِيْهِ لِهِمْ [5] وَالَّذِينَ لَا يَظِهَرُ فِيهِمْ الخَلْطِ الأَسْوَدِ أُعْسَرُ
عَلَاجَ[6] عَلَى أَنَّهُ وَلَا يَخْفِ بَخْرَجَ البَلْغِمْ يَخْفِهِ عَنْهُمْ إِذَا الْغَالِبُ عَلَيْهِمْ الخَلْطِ الأَسْوَدِ
Abū ʾl-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.

ar-Rāzī, Comprehensive Book


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.

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 alphōs], pimples [kalaf] and mange [garab], 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-
فإنما ينبغي أن يقصد بالاستفهام، وليس من كثرة السوداء في البين كأن الغالب في المالتختولا، ولكن إذا كانت منتشرة في الدم كل كألب الذي لا يربس ثلثه، فإنما إذا كانت راسية فإنها وإن كانت كثيرة لا يكون منها ذلك.

 قال فاما إذا تميزت من الدم كيف كان إلى ظاهر البين كان حال في الحرب والبهق الأسود أو خرجت عنه كال حال في البول والبراز الأسود وعظم الدم اللال والدولي لم يكن له المالتختولا.

 خلف. الف.1

 F22 رازى حاى i. 135, 12–13 [1st ed.] 233, 7–8 [2nd ed.] (D-R 131)

 وفي كتابه (أي: روفس) في المالتختولا، قال (2) ظهور البرص في أصحاب السرع دليل عظيم على البرء إذا ظهر خاصة في الرأس والحلق والرقبة. 

 فاما.1

 F23 al-Qumrî, Kîtâb al-Ǧînâ wa-l-Munâ, O, fol. 23b, 5–4 ab imo

 قال روفس ظهور البرص في أصحاب السرع إذا كان في الرأس والردقة دليل عظيم على البرء.

 F24 Muḥammad ibn ʿAlī ibn ʿAbd Allâh at-Tawâhhumî, al-Kitâb al-Wâdiḥ ad-dalîl fi mudâwât al-ʿalî, MS D, fol. 13a, 10–18

 قال روفس أنا كنت واحدة من أصابه هذا الألب (يعني المالتختولا) يسكن حامية. 

 فوقع لها فوق عضو من أعضائه فلم يحس بالذعر (24) فقال: (زداني من نارك) إنها باردة وذلك لطول الحمس (4) وتكر في القروح في ساقه لكنام (6) السواد إلى أسفل البين لكثرة حركة الساقين.

 F25 رازى حاى viii. 34, 13–14 (D-R 233)

 روفس في المالتختولا، قال: قد يعرض لمن به فرحة في أمتعه إسهال الكيموس الأسود وذلك دليل الموت.

 F26 رازى حاى viii. 87, 8–9 (D-R 234)

 روفس في المالتختولا، إنه قد يعرض لمن به فرحة في معاه إسهال كيموس أسود ويبيع 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 [ḡarab] 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 [barāṣ] 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 [barāṣ] 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 Muhammad 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.
Rāzī Ḥāwī xiv. 248, 14–15 (D-R 351)


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


السخنة الدم (Ullmann), sed vers. lat.: caelef sanguis; cf. F 31

F 29 Rāzī Ḥāwī 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)


الاحتلال [الاحتلال] v.l. secl. Ullmann

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

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

[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 superflui[ities]; [10] the effect of these superflui[ities] becomes visible during the spring, so that the blood is heated and dispersed.

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 [ωρηγόμων]; 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.
F 31  Rāzī Ḥāwī xv. 213, 2–3

F 32  Rāzī Ḥāwī xv. 213, 1 (D-R 362)

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

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

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

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

<٦١> suppl. BADAWI
F 31  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.

F 32  ar-Rāzī, *Comprehensive Book*


F 33  ar-Rāzī, *Comprehensive Book*; tr. Rosenthal

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

F 34  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.

F 35  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.

F 36  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


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


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


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

والعلاج قال أساهم بالأشقر والصبر فإنهم مما يُعْطِن إسهامًا يعنُن المدة ویحاتُجُو إلى ذلك لأنهم سيظُو الهضم [2] وأعطهم كل يوم بعد النفخ بهما شياً قليلاً
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-

عنهم بما ذكرت فإنها إذا فعلا ذلك لم تعرض لهم النفع الكبير، ولم يخف طعائهم
 أغذية جيدة وأوجب البعض لهم المشي [7] ومن كان منهم خضوعه دبأ فليس تعلم الحمام
 شرباً أذى باعدال، وليجريوا النخل الثفيف عند النوم [10] ورابطوا في أغذيتهم
 فإن ذلك يعين على جودة النفس وخاصة إذا كان عنصراً [11] وإن أمكن فليفصوا
 وخاصة في ابتكاء هذا السمك [12] وبعد ذلك إذا تراجعت القوة فافض السواد بقوة
بشع الحنطل والخريج الأسود [13] ولا تمنع استعمال الملينة البطن في كل يوم
ليدوم لهم لين لبطن [14] والأفستين أقنع شفيف في ذلك والفتوح والأساور وما
البيج وإدامة الأفستين فإنه قد يبرأ خلق كثير منهم بإدماته [15] ومن كان منهم ضعف
المعدة فتجبى القبيبة [16] وأغذتهم بالأغذية الحميزة ليزمل كชน السميد ولحم
الدجاج والبيض والسمك الصغار الرصاصي [17] وأعَن لهم بتحصين أبابنهم فإنهم
إذا سمعوا أنطولا عن أخلاقهم الرديئة وبروا بها رأها [18] ومكان بينهم يتحمل شرب
الخمر فلا يحتاج إلى علاج سواء فإن فيه وحده جمع ما يحتاج إليه في علاج هذه العلة
 [19] وتنفعهم الأسفار البعيدة المسجدة فإنها تبدل مزاجهم وتهيج هضهم وتسليهم عن
الفكر وتناليهم.

ضيف حال وطفت الدندرين فأوصع عليه بالقدم [22] وأتبع علاجهم مدة ثم عادوه فأنهم
ربما خرجوا من العلة في المدة التي تغير فيها العلاج [23] واندمج العلاج يوم
الطبيعة، [21] وظهور الهيج فيهم علاج قوبة على الصلاح في الصدر والبطل خاصة
والظاهر، وكذلك الجرب المنتصر [25] وعلى بِسْلَان شراشفهم بالتكحم الدائم
ing [nafād] 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 [ṭulṭai 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 [hamīd] and tasty [laḍīd] food such as semolina bread, chicken and kite meat [lahm ad-daḡaḡ wa-l-hidā], 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 (mīzāḡ, krāsis), 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 [ʿidmān al-ʿilāḡ] 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 [garab mutaqarriḥ]. [25] You have to heat their epigastric region by constantly applying warm compresses, in order that the digestion improve
ليوجد هضمه وذنب نفحهم [26] وطلبه بالمياه المملكة للريحان الطبيخ الفونتاج
والمسداب فإن هذه تحلل النفح تعين على الهمض [27] ولكن طبخها بالزيت وامره به [28] وإن طبخها بالماء فاغمس صوفي وضعه على البطن
العلاج فحص ضماد الخردل على البطن فإنه عظم النفح ليستاصل الوجع أصلا
[34] وحذر في أواخر علهم وعندما رأيَت البرء أن تنصب مادة إلى بعض الأعضاء [35] فإنه كثير ما يكون ذلك فيؤدهم [36] الفالح والصرع [37] فإن ظننت شنتا فعليك بقوة الفوضع إن كان شريفا [38] فلا توهم العليل أن به مالخوليا [38] لكن، إنما تعالوج من سوء الهمض فقط وساعده على كثير من رأيه وألهه وفرحه وشغله عن الفكر.


1 codd.; vers. lat.: prohibeatur uominis omnino v.l.
2 om. [المصراني] 3 codd.: convexitatem aut dissolventibus inflatio
4 أوصا في: أواخر علهم وعندما، ثم، ويتبع ما انتهت إلى بعض الأعضاء، فإن كثير ما يكون ذلك فيؤدهم

F 41 al-Qumrī, Kitāb al-Gīnā wa-l-Mūnā, O, fol. 18a, 6–8; W, fol. 23b, 4–8

[1] وقال احذر في أصحاب المراقبة في أواخر علهم: وعندما رأيت البرء أن تنصب
وإن ظننت ذلك فعليك بقوة العضو إن كان شريفا

F 42 al-Kaskarrī, Kunnās fil 1-Tibb, fols. 124b paen.–125a10 [previously ed. & tr. in PORMANN 2003, 236, 244

[1] وذكر أن الأشيامون وجهة ينفعهم أو الصبر وودة أو الدواء المخز بالفونتاج الجبلي
وكل دواء يسهل هذا الخلط السوداوي [2] ويبغي أن يستعمل في أكثر كل إصابات
تسهله بالدواء شرب سراب الأفستين فقط. [3] فإني أعرف من بريء به براء تمامًا
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 (udhw)]. [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 [Rāzi] 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 [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-Kaskar, 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
با استعمالهم الأفستيتيين فقط؛ فإن للأفستييْن في هذا المرض فعلًا عملياً. [4] ويشرب
طيف الفوزن أيضًا لأنه يطرد الرياح ويصفي الدم ويخرج ما فيه من الفضول بإدراره البول.
[5] وي ينبغي أن يصفح هذا المرض الكبدريوس والكبدريوتوس لأنهما يدران
[7] لأنه متي أرداً قطع العرق أدراً البول لأن النقيبة بالعرق والبول هي عم للبدن من
جميع النقيبة بغيرها. [8] ومن هذه الجهة ينتج أصحاب الاستمامات بالعرق والأدوية
المدرة للبول، لأن أصحاب الاستمامات يتفقهم التعرق بفم الموخ بالدهن المخثخ
بالتطور أو يعده البالونج. [9] هذه أجمل ما ذكره رويس في كتابه في داء المانحوليا

F 43 Ishāq ibn ʿImrān, Kitāb fi l-Malihāliyya (ed. Garbers 1977), fo. 112a paen.–
112b, 2

[1] وقد ذكر رويس الطبيب أنه إن أخذ في فصل الرياح في الأفستييْن وزن عشرة دراهم
وهي شربة ناتئة منه ويشرب بالغدة [2] وأسهل إسهالًا واسعا مرة سوداء ولكن ينبغي
أن يكون وهو مسحوق مذوب بالميثخ.

F 44 Rāzī Ḥawī xxiii (1). 280, 13–281, 1 (D-R 341)

ولما ترك علاجهم بروا بعد.

F 45 Aëtius, Iaticorum libri, iii. 116; CMG viii. 1,305, 11–306, 2

[1] Ἱερᾶ Ῥοῦφου ἐκ τοῦ περὶ μελαγχολίας. [2] Κολοκυνθίδος ἐντε-
πιόνης < κ χαμαίπτυνος < τ χαμαιίδρυνος < τ κασσίας < ε ἀγαρικοῦ
πρασιοῦ ἀνὰ < τ ὀποπάνακος < ἡ σαγαπηνοῦ < ε πετροσελίνου < ε ἀριστολοχίας
στρογγύλης < ε πεπέρεως λευκοῦ < ε κιναμίμου < δ ναδροστάχυος
κρόσσος σμύρνης τραγλοδοτικῆς πολίου ἀνὰ < δ. [3]
ἀναλάμβανε μέλιτι καὶ δίδου < δ τὴν τελείαν δόσιν μετὰ μελικράτου
καὶ ἀλῶν. [4] ἔχει τι πρὸς τὴν γνώμην συμφέρων 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.


**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 (*tābiʿa*)], 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.; cassia, 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 πλείστα; [5] ὅθεν ἰλίγγος καὶ καρπηβαρίας καὶ γλαυκώμασι
προμελετομένους ἐπιληπτικοῖς παραλυτικοῖς πάθεις τοῦτο τὸ φάρ-
μακον ἰδίως προσέγγοντες ἱώμεθα, καὶ εἰ δεύτεροι μηνήν ἀνακαλέσα-
σθαι. [6] τῷ δὲ μειλαγχολικῷ οὐ μικρά καὶ ἢ τυχόνεια ὀφέλεια ἐξ αὐ-
φάρμακα ἄλλα ἄλλως σύγκειται καὶ πρὸς ἐτέρα τίνα νοσήματα
ἐπιτιθεῖτε. [9] ὃ δὲν τις χρήσαντι πρὸς τὰ μειλαγχολικά, ἐστὶν
τοῦτον· χρῆσθαι δὲ καὶ ἐκάστης ἡμέρας ὅσον κυάμον πληθεὶς τῆς ἀντι-
δότῳ οὗ καθάρσεως χάριν· [10] μεγάλα γὰρ ὄνημας εἰς τὰς πένες
καὶ τὸ ἄφυσον. [11] δοκεὶ δὲ μοι ἐπὶ τοῖς γενναίοις πάσαις καθάρ-
σεσι συμφέρειν πίνειν μαλαχῆς σπέρματος < β

F46 Qustā ibn Lāqā, Fi l-marār al-‘aswād, Munich, Bayrische Staatsbibliothek, MS arab. 805, fol. 69a, 7–10

[1] فَأَمَّا إِذَا كَانَتِ [العَلَةُ] مِن مَّرَارٍ أَسْوَدٍ مَّحَضٍّ فَأُحْمَدَ مَا يَعَالِجُ بِهِ الْآثِيْمُ
والإِبْراَجاتُ الَّتِي لَيْسَتْ قُوِّيَةَ الْحَدَةَ [2] وَأَفْضِلُ الإِبْراَجاتُ الَّتِي لَيْسَتْ قُوِّيَةَ الْحَدَةَ إِلَى
روَفْسٍ [3] وَهُوَ الَّذِي ذَكَرَ تَرْكِيْبَهُ فِي الْمَقْالَةَ الْثَّانِيَةَ مِن كَاتِبِهِ فِي الْمَانْخُوْلِاءِ وَهُوَ
الَوْسَاءُ السَّوْدَاءُ

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

[1] رَوْفَسُ فِي الْمَانْخُوْلِاءِ ، قَالَ أَوْلَآ كِتَابٌ تِحْتُوُيْهُ إِنْ غَلَبةَ الْبَرْدُ بَيْنَ الْمُعْدَةِ يِهْجُ
الشَّهْوَةَ وَغَلْبَةَ الْحَرَّ يَقُطَّعُهَا ، [2] مَا يِهْجُ الشَّهْوَةَ شَرِبُ الْبَلاِدِ الْبَارِدَةَ وَإِسْقَاطُ الْمَاءِ الْحَارِ
والْمَاءِ الْبَارِدِ يِشْهِي الْطَّعَامَ أَكْثَرَ مِن النَّخْمِ.

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

[1] رَوْفَسُ فِي الْمَانْخُوْلِاءِ : بَوْلِيْمُوسُ بِعْرُضِ الْمَسَاكِينِ فِي الْبَرْدِ الْشَّدِيدِ وَالْبَلاِدِ الْكَبِيرِ،
head it is beneficial to reasoning. [5] This drug is therefore appropriate to be administered in cases of dizziness, headache, and catarracts, 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.

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 (hierās)’ 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-Malinhāliyyā)*, that is ‘melancholic delusion (al-waswās as-saudāwt)’.

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].


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

F49 Rāzī Ḥāwī v. 185, 12–14 [1st ed.]; 203, 10–12 [2nd ed.] (D-R 204)

[1] رُفَنَ في المَالِنخُوْلِيَّةِ: مِن عَرْضِهِ إِفْرَآتِ الشَهْوَةِ يُدْرِي بالمسحات بِالْخَمْرِ وَيَطْعَمُ
ما يَطْعَمُ حَارًا وَيَجِلِّسُ عند النَّارِ، [2] وَلَا يَسْتَقِي الْبَارِدَ لِأَنَّهُ يَهْجُ الشَهْوَة.

F50 Rāzī Ḥāwī v. 70, 6–7 [1st ed.]; 75, 18–19 [2nd ed.] (D-R 195)

والبَلِدُ الْبَارِدُ آَوِعُ عَلَى شَهْوَةِ الطَّعِمِ.

F51 Rāzī Ḥāwī i. 86, 4–5 [1st ed.]/i. 141, 10 [2nd ed.]

[1] رُفَنَ النَّاءِ الفَاتِرَ جَيْدُ لأَصْحَابِ السُّوَٰدَاءِ

F52 Rāzī Ḥāwī v. 120, 19–20 [1st ed.]; 132, 12–13 [2nd ed.] (D-R 192)

[1] رُفَنَ فِي المَالِنخُوْلِيَّةِ، قَالَ فَوَلَا: أَوْجَبَ أَنْ يَغْطِي الْبَلَنَّ بِالْدَّثْرِ وَالْثَّيَابُ فَإِنْ ذَلِكۙ
عُونَ عَظِيمٌ عَلَى جَوَهَةِ الْهُضَمِ.

F53 Rāzī Ḥāwī vi. 115, 5–7 (D-R 219)

[1] رُفَنَ فِي المَالِنخُوْلِيَّةِ: يَعِينُ عَلَى إِخْرَاجِ الفَضْوُلِ مِن بُوْلٍ أَوْ غَأْطٍ مِن جَمِيعِ مَنَاذِ
الجَسَمِ بِمَاءٍ حَافِرٍ بَعْدَ اِخْتِذَارِ الْغَذَاءِ وَهُضَمِهِ

1 [خَرَاجٌ] coni.: codd.: Torres; vers. lat.: emittendum

F54 Rāzī Ḥāwī vi. 133, 5–9 (D-R 221)

[1] رُفَنَ فِي المَالِنخُوْلِيَّةِ: [2] لَا يَتَخَذَ مَا الْجَبِينُ مِنْ لِبِنِ الْفَضْانِ إِنْ فَإِنَّهُ أَقْلِ إِسْهَالًاۢ
فَإِنَّهُ إِنْ غَلِي ثَانِيَةً أَسَهِّلَ أَقْلَ [6] وَيَشِبَّ أَوْلَى بَعْلَ حَتَّى يَسُنِّعُ اِخْتِذَارِهِۢ [7] وَلَا يَكُرُ
الْأُكَارَ مِنْهُ بِلِ يَشْبَرُ إِلَّا أَنْ يَسِلْهُ ما يَرِى كَافِيًا فَإِنَّهُ لَا غَائِلَةَ لَهِ

F55 Rāzī Ḥāwī vi. 133, 9–10

[1] قُالَ: وَمَا يَسِلِّهِ السُّوَٰدَاءُ أَنْ يَسْحَقْ ثَلَاثَةٌ دَراَهْمٍ مِنْ النَّوَٰثِ وَمَنَّ الْفُوْذُجِ ثَلَاثَةٌ
[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.


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

[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.

[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.

[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. *melikrāton*] with a bit of aloe, for aloe is good against melancholy.
F 56 Rāzī Ḥāwī vi. 86, 15–16 (D-R 218)


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


F 58 Ibn al-Ḡazzār, Zād al-Musāfīr, i. 83, 7–5 ab imo (ed. ed. Suaisi, al-Ḡazi, 1986)/ 115, lines 5–7 (new ed. 2000); Greek translation by Constantine, the Protosecretary of Rhegion, ed. D-R p. 582


ورب عليه عقله وكحل شدة النهال العاشق، وإن جامع غير ما يعشق، ويلين الفريكة.


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


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

[1] قال وشهوة الجماع فهم أيضا دليل على أن في السوداء ريح كبرة.

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

[1] وقد زعم رفوس أن الشراب دواء قوي للمحزونين والخائفين والعاشقين ...

[1] φησὶ γὰρ ὁ Ρούφος ὅτι ὁ οἶνος φάρμακον μεγαλύτερον ἐστι τῶν φοβομυμένων καὶ ἑρώντων. [...]

Text
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. *melíkraton*].

F 57 Ibn Baiṭār, *Collection of Simple Drugs*


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

[1] Rufus the physician [*al-hakīm*] claimed that sexual intercourse is useful for those in whom black bile [*al-mirra as-saudā*] and madness [*gunūn*] dominate. [2] For it brings back intelligence; it dissolves the preoccupation of the [passionate] lover [*al-ʿašiq*], 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-Ǧazzār, *Sustenance of the Traveller*

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

Translation 61


1 ut coni. Nesselrath; codd.: et


[1] Si autem cibum inuenerit in uia sua, cito ad remota mittit membra, unde corpus uelociter incrassat.

Rufus said: ‘Not only wine [hamr] – when drunk moderately – delights the soul and cleanses it of sadness, but other things, too, have this effect such as moderately hot baths. 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.
حكایة لروفس في علاج رجل من المانخوليا

Case Histories


[1] He said: I saw that melancholy had befallen a man because of an illness situated in the spleen. There was, however, no tumour (warām) 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 soothe 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-

قصة صاحب مالخوليا آخر

[1] وأعرف إنسان آخر كان يمرض له كل سنة في الربيع وجعل بين أصلعه بغير حمى
أو نفخة مع لع ونخس ولم تظهر في الموضوع حرارة [2] وكان يقصر في كل سنة
بسبب ذلك وياخذ مسحولا [3] فتمكن به العملة من وقت الأستواء إلى أن يشتد الحر
الريعي ثم تسكن عنه على أنها تنقص بالقصد والإسهال [4] ولما ظن أنه لم ينقص بها
تركها فصع الوضع نحو شهرين وارتقي إلى كبره فأقصد وأخذ مسحولا [5] فلم
يسكن الوضع لك ان انتقالة إلى ناحية وجهه وبيت ففي جين واحد فثبت في كه مدة
[6] ولم فرض أن يصر إلى عينه ومدغله فيقاله أهره بالقصد وأخذ المسهل ثلاث
أربعة أيام من أمره شتيا [9] فلما كان في المخالفة ابدى يرى قدم عنين خيالات [10]
فلم أحسست على الاستغرق لأن بده كان قد خف [11] فرعت تدربه كي إن انشكت
إلى استغرق يأتي بسهولة [12] ومكت الخيلات يومين وفي الثالث ظهر أعراض
المالخوليا [13] وأطعت عنه الرجاء إلا أنه لما كت سيقنا بأنى قطعت المادة لم تلقي
تلك الأعراض [14] وحضوره بعصارة الخدروس والسمك الصخور والحماء المتخذ
من الباقل نحو ثلاثين يوما [15] وعلى كه يطلب بهس يسكن أعراض المالخوليا إلى
أن يبا برخاء 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 Sarābīyūn ibn Ibrāhīm, *Important Chapters on the Medicine of the Masters*, ch. 9; Rufus, *Case Notes* 2

The case history [qīṣṣa] 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 [tādiyān]. 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.

قصة أخرى
[4] الأشياء اجتمع فيه مادة سوداوية في الوقت الذي من عادة السن أن يحدثه أعني في
[9] في مثل هذه الأمراض أشرف المعالجات لأن سوء المراح هو المورد مثل هذا الخطط فلا

F68 Ibn Sarabiyūn ibn Ibrāhīm, al-Fuṣūl al-muhimma li-tībb al-‘āmma, ch. 9; Rufus, Case Notes 3 (ed. Ullmann 1978b, 72–5)
The symptoms of melancholy from which he suffered were sadness and fear of death. I therefore ordered amusement [lahw] and music [taraab]. After eighty days he was saved. 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. 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. After we had purged it, a remainder continued to flow [in the arteries]. Yet since we had cut out its origin, it diminished gradually. 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. Therefore, the remainder had a yeast-like effect on them [these humours], turned them into black [bile], and caused melancholy. After we had applied to him a moistening diet and soothed his sadness, the affliction subsided.

Another case history [qiisâ]  
I know another person in whom melancholy began because of blood being burnt. 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. The reason for his illness was the constant contemplation of geometrical sciences; he also had social intercourse with kings [muluk]. 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, mizâg). When age was added to this [his pungent mixture], black bile accumulated in him. 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. 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. 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]. After his mixture had become pungent through those drugs, the burning in his body increased, and he finally became mad. He continued neither to eat nor to drink until he died.
قصة أخرى

[1] رجل آخر من أبناء عشرين سنة تخصص من الفرق فأصبح من خوته متخولياً,
[2] فداواه طبيب بمثل المداواة المقدمة من الاستفزاغ السوادى بالأدوية الحادة وأخرى
استفزاغ بالخرير الأسود فخرج [3] فقال له طبيب آخر بالترطيب والغذية النقيحة
[4] فهذا وبرأ وكان يرنا بكلا الطبيبين لأن الأول استفزاغ المادة والثاني عدل المزاج

F70 Ibn Sarabiyûn ibn Ibrâhîm, al-Fuṣûl al-muhimma li-ṭibb al-ʾaʿima, ch. 9; Rufus,
Case Notes 5 (ed. ULLMANN 1978b, 74–5)

قصة أخرى

فلحق أفكاره الضرر وكان يظل بنفسه طنطاً [3] ولما رأى آثار النضج في بوله وكأن
يخرج منه بالإسهال خلط سوداوي رجوت برهأن خروجه كان مع النضج ولم يكن في
الابتداء وعدم النضج حتى يكون تآثر [4] فطرت به فانعشت فتولى وبرأ ولم
ينتج إلى استفزاغ [5] وكتبها من أصحاب هذه العلة أنهم يعدل المزاج عن غير
استفزاغ

F71 Ibn Sarabiyûn ibn Ibrâhîm, al-Fuṣûl al-muhimma li-ṭibb al-ʾaʿima, ch. 9; Rufus,
Case Notes 16 (ed. ULLMANN 1978b, 102–7)

قصة صرع كان ابتداءه من المعدة

[1] كان رجل يحضر مجالس يلطف فيها الجلوس فيتأخر غذاوه عن الوقت وكان من
أولاً دورة إذا تأخر غذاوه ثم لما احتد خلط واحترق عرض له صغر النفس ثم آل به
الأمر إلى الصرع [4] فأعطاء بعض الأطباء البارز المختص بشحم الحنجل لأنه ظنه
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 heliobore. 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.

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 [nadğ] 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, mizâğ) without purging.

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

A man used to attend meetings [mağlises], 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 (mizâğ, 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

الغذاء

1 coni.; 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 hierà (‘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


Commentary on the Hippocratic Epidemics


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 (peîra), 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 Pleistonicus, 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] τεταρταίος δὲ καὶ μελαγχολίας ῥύεται, καίτοι πολὺς μὲν ἐν τῇ μελαγχολίᾳ ὁ χυμὸς οὕτως ἔνεστι, πολὺς δὲ ἐν τῷ τεταρταίῳ πυρητῷ. [...]

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

[3] αἱ δὲ τῶν αἷματος ἐκκρίσεις, αἱ μὲν καθ’ αἷμαρροΐδας μελαγχολίαν τε ἰῶνται καὶ πᾶσαν μανίαν ἄλλην [...]

[4] καὶ γὰρ οὖν καὶ κιρσοὶ πολλὰ προσωφελοῦσιν, ἐπεὶ καὶ μελαγχολίαν καὶ μανίαν, καὶ ὅσα περὶ κεφαλῆς κεχρονισμένα γίνεται, καὶ βάρη ὀσφύος καὶ κυψέματα, ὡσα ὑπὸ συντάσσεις τῶν νεύρων κατ’ ὀσφύν γίνεται, προσωφελοῦσιν. [...]

[5] ἀλφὶ γοῦν καὶ λέπραν καὶ ψόρας μελαγχολίαν καὶ ἐπιληψίαν ἰάσαντο. [...]

Text
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. […]
F75 Rāzi Ḥawī xix. 192, 2–3 (D-R 359)

وفي البرع
ما يسخن البدن ويحل رطوباته

F76 Rāzi Ḥawī x. 54, 13–17 (D-R 280)

[1] لروفس قال: في الكلي تضعف عند الشيخوخة اليوم ومن تركب الخيل بغثة من
غير عادة، ومن ضربة تعرض للصلب، والتعب الشديد، وانتصاب طويل للسمس،
الأحوال شيء من رطوبات دمية فربما كانت سببا لل-fetch

F77 Rāzi Ḥawī xix. 195, line 11–196, 1 (D-R 330)

تنحل أبداً قبل أن يصير في أبواهم قشار [5] وذلك أنه يكثر في هؤلاء سخابة يضاء
مساوية متعلقة ملساء

F78 Rāzi Ḥawī (D-R 338, 5)

[1] Dixit: In adurente uero [febre], quae est propter apostema calidum in
uentre, quasi inflamzens ut erisipilam.
F75 ar-Rāzī, *Comprehensive Book*


[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 Usāibī‘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. FF1–2). He adds that Rufus concentrated on the ‘hypochondriac’ type of melancholy (cf. F7, F38 §§2–3).

F5 Shortly before the present passage, Ishāq ibn ‘Imrān divides melancholy into three kinds, one located beneath the rib-cartilage (hypochondria), 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 (אֲרָדָא וַאֲבָדָא)’, 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 (šinfini bāqiyāni), or, as Constantine paraphrased (p. 112, lines 9–11 ed. Garbers 1977):

Sed tamen cum de specie illa sola scripsert, 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, encephalic, 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-Kaskar’s Compendium. Al-Kaskar 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-Kaskar 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 hypochóndria, 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-Kaskar 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 φυσιῶδες καὶ ὑποχόνδρικὸν 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, F 110 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 (*mizāg, krāsis*)’. 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-marāqqa*), 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 (*pulôrös*), 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 bâb (pl. abwâb, literally meaning ‘gate’), a loan translation of *pûlē* (portal vein), and *bawwâb* (literally meaning ‘gate-keeper’), a loan translation of *pulôrös* (pylorus, lower opening of the stomach). The Arabic translation of the Galenic passage renders *pulôrös* as *al-maudi al-maṣ bi-l-bawwâb* (the place known as ‘gate-keeper’).

[3] The ‘māṣārīq [μεσαρικοί]’; Bar Bahlûl [1024, 1 ed. Duval] gives the following definition:

Μεσαρικοί [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 (sûnochos)’ or ‘constant (dâ’im)’ fevers, which ar-Rāzī says are equivalent to ‘acute diseases (*amrâd ḥâddâ*)’. There are many quotations from various sources in this chapter. Just before the present one, ar-Rāzī cites Yūúsuf al-Qass (fl. 902–6), called ‘the insomniac (*as-sâhir*)’; Job of Edessa (fl. c. 820s), called the ‘the freckled (*al-abrâṣ*)’; two works by Yûhannâ Ibn Mâsawâih (d. 857), the *Book of Completion and Perfec-
tion (Kitāb al-Kaml wa-t-tamām) and Success-bringer (al-Munağīḥī); and the mysterious Abū Ğurāį (fl. c. 6th–7th cent.), known as ‘the monk (ar-rāḥīb)’.

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 Māsawīh regarding ‘acute diseases (amrād ḫāddā)’.

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 sīrsām, 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 (taṣannuğ) 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 (Ὑποκράτους νοήματα τε και 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 ḥwrsfs (?). 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 and F37 constitute the most substantial Greek texts preserved today from Rufus’ On Melancholy. They occur in Aëtius’ medical encyclopaedia entitled Medical Books (Βιβλία ἴατρικά), 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 Γαλήνου καὶ Ῥούφου καὶ Ποσιδονίου)’; and chapter ten ‘Treatment of melancholy (Θεραπεία με- λαγχολίας)’. 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 (Ροῦ- φου)’ – 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.

F1 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 F §2. Ishāq ibn ʾImrān, 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 (F §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 (ἡδη κατασκευάζω)’ 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.
The delusions mentioned here are being an earthen vessel (§3); having parchment 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.

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 (δαρατίς), whilst ar-Rāzī maintains that their bodies possess little hair (zu‘r 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.

According to LSJ, ἴσχυρόφωνος 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:

\[\text{λοιπὸν ὁν ἐστὶν ἐπισκέψωσθαι περὶ τῶν ἴσχυρόφωνων καὶ τραχυφόνων καὶ τραγολῶν καὶ ὅργιλῶν καὶ πρῶτον <μὲν περὶ τῶν πρῶτων> γεγραμμένων, τῶν ἴσχυρόφωνων.}\]

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

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]:

\[\text{وقد ينبغي أن يبحث عن أصحاب الصوت الرئيسي والصوت الحسن وأصحاب اللغة وأصحاب الغضب السريع فأيدهم أول من ذكرهم هو أصحاب الصوت الرئيسي وقد تجد هذا الموضوع مخبئا في النص وفي بعضها مكتوب إستخرونوس ومعناه الذي صوت ماعذر ممتع وفي بعضها مكتوب إستخرونوس ومعناه الذي صوت رقيق والذي صوته رقيق غير الذي صوته ماعذر ممتع.}\]

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

We noticed that this passage varies in the [different] manuscripts. In one [or ‘some’] manuscript(s), ischáphōnos 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 Hunain’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 Hunain and his Arabic version of Galen’s *Commentary on Hippocrates’ Epidemics*, see PORMANN 2008c.

**F 12** This fragment occurs in the first book of Ishāq ibn ‘Imrān’s *On Melancholy* concerned with aetiology, diagnosis and nosology. Ishāq devotes a whole sub-chapter to the ‘discussion of symptoms accompanying each kind of melancholy (ذَوْرُ الأَعْوَاضُ الْحَلَمَثَةُ نَصْفُ مِنُ الْمَتَنْحِرَةِ)’. According to Ishāq, 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 EIJK 2001a, 224. Then comes the present fragment in which Ishāq 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. Ishāq 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 ὁν Ἠμίλτομος ἰατρός ἑστήκε τὸν ἀποτεμήτθαι δοκοῦντα διὰ τὸ τούρμαιναν γενέσθαι ὄνερομενον τὸ τό συμβαίναν κατὰ κεφαλῆς ἐπίθεσις ἐπιτεύχου μολύβδαιναν πίλου αἴθροις, ὡστε τοῦ βάρους αἰσθάνοντον οὐδήδην πάλιν ἀνείληφναι τὴν κεφαλῆς ὑπερχαρέντα τε καὶ διὰ τοῦτο ἄπε-αλλεξηθῆναι 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 Ishāq 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‘iddan li-l-mālinjāliyya], 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 Glauco* 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’ān de-Taibūţa (fl. c. 780s); ‘Alī ibn Rabban ʿat-Ṭabarī (fl. c. 850s); Yūḥannā Ibn Māsāwāiḥ (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 widespread, it becomes difficult to tackle (μεταμεταφέεται το πάθος προσθηκεν χρονιστὸν γάρ καὶ αὔξηθεν δυσμεταχείριστον γίνετο).’ [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’al instead of al-qabāl); 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-Ra‘zī’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]:

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 (Qānīn ii. 68, 13–14 ed. Būlāq 1877), which runs as follows:

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 F 11, §§ 14–16 for a discussion of these character traits.
[8] see WKAS ii. 191b9 and ULLMANN 1994, p. 1317 and n. 78.

F15 For the general context, see F 13
Rufus highlights how difficult it is to detect the onset of melancholy: only experienced physicians can do it.
[2] The term ḥub 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):

\[\text{If fear and despondency last for a long time, then this is something melancholic.}\]

F16 For the general context, see F 18 (second quotation)
This fragment reiterates information contained in the previous one, F 15. The turn of the phrase is somewhat different, but it is definitely possible that al-Qumrī is merely quoting ar-Rāżī.

F17 For the general context, see F 13
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 (F 40 § 24; F 21 §§ 4–6), but also an indication for the presence of black bile and therefore not to be trifled with (FF 25–6). 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 (F 18). 3) That winter stimulates digestion finds an echo in Rufus’ account of the development of melancholy according to seasons in F 47 § 3 (see commentary there). 4) Wine figures prominently as a remedy against melancholy in Rufus’ account (see below F 61 § 1), as does diet (e.g. F 40 §§ 15–16).

[3] For the expression ‘and resemble carbuncles’, the Latin translator read ‘humra (redness, rubedo)’ instead of ‘gambar (carbuncles)’. The two are quite similar in palaeographical terms (حمرا and حمر 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 gamar (carbuncles) is certainly correct.

[6] zāhir (surface)’ in expressions such as zāhir al-ğasad or zāhir al-badan (surface of the body) is a standard translation for ‘ἐπιφάνεια (surface)’; see WGAÜ, s.v. ἐπιφάνεια and the Latin version (in alia superficie corporis). For the contrasting use of the article, see ULLMANN 1989, p. 13 and nos. 117–27.
F18  Fragments F18, F16, F34, F41, and F30 (in this order) all come from al-Qumrī’s chapter on melancholy in his Book of Riches and Desires (Kitāb al-Gīnā wa-l-Munā); see the introduction, above, pp. 17–18 for further details. This first one is introduced by ‘qāla Rufūs (Rufus said)’, whilst the other four follow in the style typical for this handbook with the simple ‘qāla (he said)’. This fragment (F18) resembles F17 §§4–9 extremely closely, yet there are some differences in expression and style. In F18 §1 / F17 §4 we have mimmā versus minhu; in F18 §2 / F17 §5 kāna mā tatahjayalahū afhaša wa-gam-muhunna aqwā (lit.: ‘what they [women] imagine is more monstrous, and their sorrow stronger’) vs kāna ‘ardā a wa-‘afhaša (lit.: ‘it [melancholy] is worse and more monstrous’; in F18 §3 / F17 §6 wa-lā ya‘ridu li-ṣ-sībyāni wa-qa‘d ya‘ridu li-l-ṣālimānī fi n-nadrati wa-li-l-aḥdāti (lit.: ‘it [melancholy] does not befall children, and it rarely befalls youths, and young adults’) vs wa-lā ya ‘ridu li-l-ṣālimānī wa-l-ḥṣayāni illā fi n-nadrati wa-yaqilī idān fī l-aḥdāti (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.

F19  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, ʿāqsitiyya)’, ‘drum-like (tablī, ṭamātiniyya)’, and ‘fleshy (laḩmī, ānā sārkā)’. Then he turns to the therapy, and it is in this context that the present fragment occurs. Just before it, ar-Rāzī quoted Dioscorides, Rufūs (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 ‘water-skin-like’ and ‘drum-like’ dropsy. Given the limited context, it is difficult to see how dropsy fits into Rufūs’ On Melancholy.

F20  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 (iōq)’, 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 (ιός)’ transmitted by rabid dogs. It this sense, it seems, Rufus thinks that rabies is a ‘form of melancholy (μελαγχολίας … ιός)’.

F 21 For the general context, see F 13. 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 F 22. There are strong parallels with the diseases mentioned in F 74 as alleviating melancholy.


[7–8] The idea that one can have large quantities of black bile without falling ill is further developed in F 28; spring, for instance, stirs the blood and provokes melancholy; see also FF 29–30.

F 22 The present quotation stems from the section on epilepsy (ṣar) 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 ʿilā l-ʿammā, Προς 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 Tīyādūq (Θεοδόκος ?) which contains a recipe for a cream; on Tīyādūq, see Ullmann 1970, 22–3.

In F 21, 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 (F 71). Moreover, in F 40 §§ 34–8 (reiterated in F 41) Rufus warns that at the end of the disease, melancholy may turn into epilepsy if disease matter is still present. Finally, in F 74 § 5 both melancholy and epilepsy are mentioned as diseases cured by ‘dull-white leprosy, leprosy, and scurvy’.

F 23 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 F 18), it occurs in his chapter ‘On epilepsy (Ft ṣ-ṣar)’. The quotation is virtually identical to F 22; see commentary there. The difference is that
al-Qumrī has a slightly different word order and uses ‘when it is (iḍā kāna)’ instead of ‘when it appears (iḍā zahara)’.

**F 24** This fragment occurs in the chapter ‘On melancholy’, found in the *Clear Guide on How to Treat Patients* (al-Kitāb al-Wādiḥ ad-dalīl fī mudāwāt al-ālīl) by Muhammad 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 *hierā* (‘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 [mağas]. 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-tamām), a medical encyclopaedia which is now lost – precedes the fragment, and an explanation about ‘stamped clay (iṭn maḥṭūm, γάλα μορφατιζέοντος)’ from the *Questions* (al-Masā’il) – perhaps Ḥunain ibn Isḥāq’s *Questions on Medicine* (al-Masā’il at-tibbīya) – follows it. In the second case (F 26), the arrangement is not less haphazard, with a quotation from the mysterious Abū Ḫuraṭ ar-Rāhib (‘the Monk’) preceding, and one from ʿhwṣf (?) following it.

FF 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 (birāq) 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-Ibtiḥāmiyā) by Ḥunain ibn Isḥāq; it deals with the consistency of faeces. After the fragment comes a quotation from the third book of the *On Acute Diseases* (Fī l-ʿAmrād al-hāddā), 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* (*Fi-i-Tadbîr*), notably a discussion of ‘plague (*mautân*)’. 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 superfluities have accumulated over the winter. Afterwards, ar-Râzî adds a remark, saying:

في وقِد يُعَيِّضُ مِثلَ هَذِهِ الأَعْرَاضِ فِي الْرِّيْبِ لَمْ يَشَّدَّ حَزْنُهُ أَوْ يَعْتَدَّ مِعَاجِهُ لَعَارُضٍ مِن عَارُضَ الْفَنْسِ لَنَ دَمَهَ

I say: Sometimes such symptoms occur during the spring in the case of those who suffer from severe sadness, and whose mixture (*mizâg, krâsis*) has become heated owing to certain affictions 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-Râzî turns to Ibn Masâwâhî’s *Questions* (*Masâ’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 insist 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-Qumrî; 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-Râzî 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 ἑύφωτα (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 Vollnagel, 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-Qumrî. 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 ἐφοράσθαι δυνάμεων καὶ προλέγειν τὰ ἐσομένα καθόπερ ἐνθεάζοντες, οὓς καὶ ἐνθεαστικοὺς ἰδίος ὀνομάζοντας.

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 posses 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 Olivier):


[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 (Ποσιδώνιον)’.

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 (Γαλήνευος)’ 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 (πρωτόπαθεία)’ 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-Rāżī remarks that Rufus only talked about ‘hypochondriac’ melancholy (§2), and wonders why Galen did not notice this (§3). Yet ar-Rāżī is mistaken in thinking that Rufus only knew one type of melancholy, as can be seen from F5 §§8–9 (see the commentary). Ar-Rāżī 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 Ποσιδώνιον)’. The extract contains two recipes, one ‘for expelling wind (δυσπύρων)’, 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-Rāżī 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) [F32]. Exercise and baths are recommended (§§ 6–7) [F61 § 3], as well as a good diet (§ 8), moderate amounts of wine [F61 § 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) [F39], and let patients eat light food (§ 16). Putting on weight is positive (§ 17) [F6 2], as is drinking wine (§ 18) [F6 1 § 1] and travelling (§ 19). The general principle of treatment should be: treat by opposites (‘contra ria contra rius curantur’) (§§ 20–21). Pauses in the treatment are useful (§ 22), and avoid applying too much of it (§ 23) [F39]. Leprosy and mange are good signs (§ 24) [F2 1 § 4]. Warming the stomach to improve digestion, and avoiding flatulence are important remedies (§§ 25–33) [F48 § 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) [F2 2]; §§ 34–6 are quoted nearly verbatim in F41. And finally one ought not to tell the patients that they suffer from melancholy, but rather say that they have indigestion (§§ 37–8). Ar-Rāżī concludes by saying that Rufus only discusses the hypochondriac type of melancholy; see commentary to F38.

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

F41 Fourth quotation in al-Qumr; see F18. It is nearly identical to F40 §§ 34–6, which seems to suggest that al-Qumr is quoting from ar-Rāżī. For content and parallels, see the commentary to F40 §§ 34–6.

F42 For the general context of this fragment, see F6. The broad outlines of Rufus’ treatment of melancholy are sketched here. Not surprisingly, there are many parallels with F40; details are given in square brackets. One ought to purge and expel the melancholic humour. This can be done through epithyme [F37 § 2; F66 §§ 10 and 12; F71 §§ 14 and 20; F43], mountain mint (§ 1) [F40 §§ 14 and 26], absinth juice (§§ 2–3) [F40 §§ 3 and 14], diuretic drugs (§§ 4–6) [F21 § 9; F53], and sweating (§§ 7–9) [F75 § 3]. Al-Kaskar 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-Kaskar is put in italics in the translation:

τὴν δὲ χρωσπιτίτων καὶ τὴν χαμαιόρων προθυμήτροι λεμβάνειν, ἕκαστον τούτων ἐγγονάτην σὺν ὑδατί ἢ ξηρόν λεύον ἐπικάσσοντα τῷ ποτῷ, ἔγχεικα δὲ καὶ αἱ διὰ τῶν ἱδράτων καθάρσεις διὰ τὰ πόνον καὶ λοιπόν γινόμεναι καὶ χρύσιμαι ἐν ἧλίῳ, ὑπὸ τὸ τε διὰ τοῦ χρωσμῆλου ἔλαιον καὶ νιτρον σὺν ἐλαίῳ.

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-Kaskar 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-Kaskar 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-Kaskar has parallels elsewhere in the fragments of Rufus’ On Melancholy; for Aëtius, see F 40 §§ 6–7; F 61 § 3; for al-Kaskar, see F 75 § 3. Another solution for the conundrum would be that both Aëtius and al-Kaskar 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, ‘ağma mu is the elative of şumla (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 ʾImrān’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 (شَخَصَائِمَةَ العَلَٰىَةَ وَأَمْسِئَتِهِ البَصَرِيَّةَ)”’. 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 at-Ṭabarî, that is ‘Alī ibn Rabban at-Ṭabarî’s Paradise of Wisdom (Firdaus al-Hikma). At-Ṭabarî 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
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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-Râzî goes on to quote from Ibn Masâwîh’s On the Diseases of the Hidden Parts (Fi’ilal al-’aḏâ’ al-bâṭina), 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 (hieráς)’ 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 exit in a whole host of sources. A ‘holy remedy (hieráς)’ is a purging drug with many applications. ABOU A. L. Y., 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 Qusṭā ibn Lūqā (d. c. 912) wrote a treatise On Black Bile in twenty four chapters; the chapter headings resemble questions and the chapters themself 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 السرطان الذي يحتوي على الدم السودي؟)’. Qusṭā explains that the best remedy is epithyme, administered as a drink (ṣarāb), a decoction (ṭaḥīṭ), or alone (‘cleansed of its thyme [munaqqan min ẓatarih]’). In the second half of the chapter, Qusṭā 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 (marâr’ aswad marâd)’. Then Qusṭā turns to remedies which one can employ if epithyme is not available.

The importance of this short fragment lies in the fact that Qusṭā tells us explicitly that the recipe for ‘Rufus’ “holy remedy’” occurs ‘in the second book’ of Rufus’ On Melancholy. ABOU A. L. Y., 1992, 275–80, has traced different versions of the recipe in Rufus’ On Gout and the encyclopaedic authors such as Oribasius and Aëtius, but Qusṭā’s evidence now shows that Rufus did include the recipe in his On Melancholy, and probably also did call it a ‘holy remedy (hieráς)’; see F 45.
This fragment, as well as F50, 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 away (§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’.

FF47–50 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.

F48 F49 and F48 both occur in the context of eating disorders, discussed towards the end of book five in ar-Rāzī’s Comprehensive Book. F48 is preceded directly by a quotation from the Aphorisms (Fuṣūl), presumably by Hippocrates, about ‘ravenous hunger (ṣahwā kalbiyya, κυνόδης ὀρεξάς)’. In the fragment itself, Rufus says that being in severe cold leads to ravenous hunger (§1), and that warming the patient counters it (§2). Ar-Rāzī continues by quoting from Philagrius’ Cure of Diseases (Ṣifā’ al-ʿasgām), 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 F65 Masullo). F49 is preceded by a long quotation from Ḥunain’s Book on the Stomach (Kitāb fi l-Maʿīda), where he explains how to cure ravenous hunger (βοῦλμος) and other ‘appetites for bad things (ṣahwāt raʾdāʾ)’. Then comes F49 which is very similar in content to F48. We therefore have here another case of doublets (cf. see FF9–10, 25–26 and Bryson 2000, 47–66). Ar-Rāzī continues to discuss the topic of excessive appetite with a quotation for Tiyāḏāq (Θεοδόκος ?); on Tiyāḏāq, see Ullmann 1970, 22–3. See F47 also for the general topic.

F49 See F48 for the context, and F47 for the general topic.

F50 For the general context, see F47; 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 F47 for the general topic.

F51 For the general context, see F13. The fragment seems to say that not only cold and warm, but also tepid water can have its benefits when treating melancholy.

F52 This fragment occurs in the context of a discussion on ‘balanced digestion (ḥadm muʿtaḍali)’ 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 F40 § 31. For the general context, see F47.
For the general context, see F5. 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 ḫīl as-sīḥa al-mansūb ilā Ǧīlānās)’ stating that ‘figs, safflower, and epithyme expel dregs (ṣufl)’. The point made in this fragment is fairly simple: drinking warm water after digestion is good. We know from F4 §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.

This fragment (F54) as well as FF53, 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 F54 are three short quotations about lupine (turmus), purging ‘viscous humours (al-ahlāt al-gālīzā)’ and other kinds of humours according to Ibn Māsawih, Ibn Māsā, and ‘The inhabitants of Ḥūṣīṭān (al-Ḥūz)’, a loose references to physicians active in Gondāsāpur (see Ullmann 1970, 101). Then follow FF54 and 55 directly one after the other. Ar-Rāzī then continues by saying that according to Hunain’s book On the Theriac (Fī t-Tirīq), ‘ground pine (kamāṣṭīūn, ʿamāṣṭītoz)’ 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 (Περί γαλακτοπονίας); 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):

tō δὲ τοῦ προβάτου παχύτερον τούτου [sc., τοῦ ἵππειού γάλακτος], [...] ταύτ’ ἁρα καὶ εἰς διαχώρησιν οὐκ ἀγαθόν, καὶ καυσώδες τῇ κοιλίᾳ.

وَلَئِنْ اضْعَفُ أَغْفَظُ الأَلْبَانَ وَأَكْرُهَا جِبَالٍ، بَلْ، اَلْحَدَادُ يُبْلِبُ الْأَبْنَاء

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 χρη ὀύτως· εὐχέονται εἰς χύτραν γάλα πλὴν προβάτου καὶ χοίρου – τούτων γάρ τὸ γάλα ἀνεπιτήθεισον εἰς ὄρρον λήμνην – ἐγεῖν ὀξύτερον πορί ρωμέων, κινοῦσαν συνεχῶς καὶ ὀμφαλός· [...] παυσάμενον δὲ τῆς ξέσεως πάλιν ἔπει καὶ ὅταν ἀναζέσῃ, ἐπίρρατε δὲς ἢ τρίς ὀξύμελίτη ἢ μελικράτῳ.
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 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).

F55 For the context, see F54. Another simple drug which purges, namely the ‘pickling herb’, is mentioned here. There are parallels for aloe being good against melancholy; see F37 § 2; F40 § 1; F42 § 9.

F56 For the general context, see F54. The fragment is preceded by a quotation from the *Natural Questions* (*al-Masā’il at-tibbiyya*), 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 Māsawī’s *Regimen of Seasons* (*Tadbīr al-‘azmina*), specifying the cleansing powers of colocynth grease and aloe.

We have here yet another drug which purges, in this case feverfew; and again, as in F55 and F54 § 6, a mixture of honey and water is recommended to accompany it.

F57 This fragment occurs in the *Comprehensive Book on Simple Drugs and Foods* (*al-Kitāb al-Ǧamī‘ li-mufradāt al-‘adwiyā wa-l-‘aḍiyyā*) 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-‘aṣābīn*) in Egypt, and died in Damascus in 1248; see ÜLLELMANN 1970, 280–3; and DIETRICH 1991, 19. His *Comprehensive Book on Simple Drugs* constitutes, as Manfred ÜLLELMANN 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 (*onāqrat*); 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 WELLLMANN):

δύναμιν δὲ ἔχει τὸ ἀπὸβρεγμα τῆς ρίζης ὕπο τῶν ἀγρίων ἄγριον πινόμενον ἡμερῶν αὐτὰ· καταπλασθείσα δὲ προκύνει τὰ θηριώδη ἔλη.

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 τῇ δύναμιν κας’ οἶνον μάλλιστα).’ [3] In Greek mythology, Orpheus is generally associated with taming wild animals. The form of the name as it appears in the manuscripts (Ὀρφέως) would rather suggest Dionysus, but the emendation is fairly easy (Ὀρέιος).

F58 The twentieth chapter of the first book Ibn al-Ḡazzār’s Sustenance of the Traveller is entitled ‘On Love-Sickness (Fi l-iḥāq).’ Ibn al-Ḡazzār defines love-sickness or passionate love as excessive desire accompanied by brooding and longing (see Biesterdeldt, 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 (F58). Ibn al-Ḡazzār 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 (F61 § 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-Ḡazzār quotes Rufus again [F61 § 2] as affirming that wine in moderation is good for melancholics. Ibn al-Ḡazzār 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 [fīdā‘īl] come together’. He continues by quoting Yaʿqūb ibn Iṣḥāq 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 aphrodisia). (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; Seygin 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 (πλησιμοῦν τε κενόσα καὶ ἐλαφρόν παρασχεῖν τὸ σώμα καὶ εἰς οξεῖσιν προτρέψας καὶ ἀνθρωπόσετον ἀποφιέσαι)’ [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 τὸ μελαχρολικό καὶ κατηφεί καὶ μεσανθρώπῳ ὄντι ὡς τι μέγιστον ἵππον ἐπιπεδεύσατον μίσησθαι)’ [D-R p. 320, line 7–9 = Aëtius i. 266, line 16–18 (ed. Olivieri); see also Räzt, Häwī x. 313–14].

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

\textbf{F59} At the end of his book \textit{On Melancholy} (De melancholia), Constantine the African includes a long passage mostly dealing with regimen which he does not translate from Ishâq ibn 'Irmâ’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 (F63) 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 (F59). Light exercise is also good for melancholics.

For a discussion of sexual intercourse as a remedy against melancholy, see F58.

\textbf{F60} For the general context, see F13.

For a discussion of sexual intercourse as a remedy against melancholy, see F58. The reference to wind refers to the idea of pneûma developed in peripatetic philosophy. In \textit{Problem} 30.1, the author expresses this link in the following terms (953b23–34):

\begin{quotation}
ο τε δὴ χυμὸς καὶ ἡ κράσις ἡ τῆς μελαίνης χολῆς πνευματικά ἔστιν· διὸ καὶ τά πνευματοδή πάθη καὶ τά υποχώνδρια μελαγχολικά οἱ ἰατροὶ φαίνεταιν, καὶ ὁ οἶνος δὲ πνευματοδή τὴν δύναμιν. διὸ δὴ ἔσται τὴν φύσιν ὑμοία, ὃ τε οἶνος καὶ ἡ κράσις. δηλαδὴ δὲ ὅτι πνευματοδής ὁ οἶνος ἐστιν ὁ ὀφρύς· τὸ μέν γὰρ ἐλαίων θερμῶν ὃν οὐ ποιεῖ ὀφρόν, ὁ δὲ οἶνος πολὺν, καὶ μάλλον ὁ μέλας τοῦ λευκοῦ, ὅτι θερμότερος καὶ σωματικότερος· καὶ δὲ τοῦτο ὃ τε οἶνος ὀφροδισαιστικός ἀπεριγάζεται, καὶ ὅρθως Διὸς Ἰδύνους καὶ ἀφροδίτη λέγονται μετ’ ἀλλήλων εἶναι, καὶ οἱ μελαγχολικοί οἱ πλείονοι λέγουν εἰσίν. ὃ τε γὰρ ὀφροδισαιστικὸς πνευματοδής.
\end{quotation}

The humour and mixture of black bile are wind-like (pneumatiká); therefore physicians call windy [pneumatôdes] 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 [pneumatôdes].

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.

\textbf{F61} For the general context, see F58. 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 F62.
On the one hand, Rufus warns against drinking too much wine (F64 §1), especially certain types such as ‘thick and dark, or acrid wine’ (F17 §13). But in general, as here, he considers wine to be an excellent remedy, provided the patient’s constitution can tolerate it (F40 §18). Wine has warming effect (F63, F28 §2, F49 §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 (F65).

This passage also comes from the part of Constantine the African’s On Melancholy not based on Ishāq ibn ʿImrān; see F59. 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 (F62) 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.

For the context, see F59.

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 F61.

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 quotation 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 ‘taḥbirun mina l-hilāl n-nayyi wa-afnih’].

The idea of wine helping digestion when consumed moderately can be found in Constantine the African; see F59. The point made here is a negative one: too much wine together with food is harmful; or, differently put, overindulgence results in melancholy.

[ladda 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’.

Like FF59, 62, and 63, this fragment comes from the passage in Constantine’s On Melancholy where he does not rely on Ishāq ibn ʿImrān; see F59. 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 autoritatem 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 Ibrāhim’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. ÜLLMANN 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 (zamâna al-injīṭā, sinn al-injīṭā)’ 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 (krâsis, mizâg)’. 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., F\textsuperscript{37} §2; F\textsuperscript{42}; F\textsuperscript{40} §14. In F\textsuperscript{40} §14, whey (mentioned here in §19) is also advocated; see also F\textsuperscript{54}.

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 F\textsuperscript{28}), 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 F\textsuperscript{24}. ‘Granting nature respite’ (cf. F\textsuperscript{39} §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:

'Οκόσισι φλεβοτομή ἡ φαρμακεύτη ζυμφέρει τωτέως προσήκον τοῦ ἡρὸς φλεβοτομεῖν ἡ 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):

οὖν αὐτίκα τις μελαγχολία ἀλάσκεται καθ’ ἕκαστον ἔτος, εἰ μὴ καθαρ-θείη, καὶ θεωμά ἐστιν ἵδειν ὅπως ἡ ἠδικτὸς ἀρχιμέδου τοῦ πάθους διαγινώσκει τῇ τὴν προῥίτην γένεσιν εὐθύς καὶ καλέσας με κενοῦται τῇ παρασεβήμα παράστη 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 \textit{lahw} and \textit{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’). \textit{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.
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.


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).

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 F21, this is a good sign; see also F53.

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

[1] STROHMAYER 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 STROHMAYER 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 mutaqasâtif is derived from ‘qaṣaf (squalor of the skin)’, but already by the ninth century came to mean ‘he who is content with [simple] food and torn [clothes] (al-ldṭ yataballâgu bi-
**Commentary**

$qūtî wa-l-muraqqa‘î’ and is thus a synonym for the ‘ascetic (ṣāhid); see PORN-MANN 2007, 120, and LISân 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 (λατρικά ἱπποτήματα) 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 ταύτα 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 (thrasiê̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂̂️

**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)]:

Οἴσιν, ὅταν ἄφοδοικλόξωσι, φυσάται ἢ γαστήρ ὡς Δαμνισγόρα, ὦσὶ δὲ ἐν τούτῳ ψόφος <ὁς> Ἀρκεσιλάῳ.

The stomach of certain people, such as Damnagoras, becomes flatulent [phūsātai] when they have sex, whereas in the case of others such as Arcesilaus a noise [ψόφος] 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 Euk 2000a–1a, F 110 for a detailed discussion. 
[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 (Ex τοῦ 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 (ΠΗΠΙ οὐραίον) 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 (māḡhūl), saying that ‘those who possess wisdom pass thick and viscous urine [bualan ḥāṭarān gālīzan]’. 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 kitābīn yunsabū ilā Aristātālīsa û l-Masā’ilī 1-ṣabī’iyatī). 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 (Fi l-‘aḍā’ al-‘atīma), 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 κυρίκος παθῶν; D-R, pp. 1–63).

[1] In the Arabic, we read ‘fi l-kulā (about kidneys)’, whereas the Latin translation has ‘de melancolia (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’] ‘ṣaḥīḥa (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 ὀὐρῶν), beginning after **F75**. It is literally torn out of a paragraph on rinds [quaṣār] in children’s urine. The phrase ‘Because of their having eaten to much (li-kāṭrati ‘akāḥīm)’ actually refers to the children (aṣ-ṣīḥān), 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.