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Rufus of Ephesus  
*On Melancholy*



# Introduction\*

PETER E PORMANN

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

Andrew Solomon, *Noonday Demon: An Anatomy of Depression*<sup>1</sup>

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. 1 on p. 198 below). In many fields, ranging from literary criticism to psychiatry, not a year passes without studies being published on one aspect of this topic or another.<sup>2</sup>

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.

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\* 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.

<sup>1</sup> SOLOMON 2002, 286.

<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> Rufus' treatise was divided into two books (**FF1–2**). 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,

<sup>3</sup> See Swain, below, pp. 115–38; and Nutton, below, pp. 139–58.

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

phlegm, yellow bile and black bile. Scholars generally have no difficulty identifying the first three of these humours: blood is what we know as blood; phlegm is the mucus secreted from the nose and sometimes the mouth, especially when one has a common cold; yellow bile is the bile produced in the gallbladder and sometimes excreted during vomiting. But what is black bile, called *mélaina cholé* in Greek, whence we get the term for melancholy? People have speculated whether perhaps coagulated blood present in vomit could have been seen as this elusive black bile, for it is black. In the extant fragments, Rufus never provides a clear definition of what he means by it. Yet he seems to distinguish between two types of black bile. On the one hand, there is the natural black bile. It is mixed with the blood, and can be harmless even in large quantities, provided that it has settled down like a sediment in a glass of water (F 21 § 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 (F 11 § 24).

### *The Three Types of Melancholy*

Black bile, the humour, whether natural or created through heat and cold, is, of course, different from melancholy, the disease. The former, to be sure, causes the latter, but Rufus conceives of them as distinct entities. We know that Rufus focuses on the 'hypochondriac' version of melancholy. This is clear from Ishāq ibn 'Imrān (F 4, F 5 § 7) and ar-Rāzī (who is surprised that Galen did not notice this; F 38 § 4). This is further confirmed through a quotation in al-Kaskarī (F 6 § 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.<sup>5</sup> In a quotation preserved in Ishāq ibn 'Imrān (F 7 § 9), Rufus mentions the hypochondriac type of melancholy 'and the remaining two types (*aṣ-ṣinfāni l-bāqiyāni*)'. It was on this basis that the German classicist Hellmut Flashar assumed already in 1966 that Galen's tripartite division of melancholy goes back to Rufus. This is further confirmed by the fact that Rufus recognised a type where the brain is first affected (F 11 § 1). Whatever the other two types may have been, Rufus clearly believed that, by describing the hypochondriac

<sup>5</sup> See Appendix 1.

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

### *Melancholy: Innate and Acquired*

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

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

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

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

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

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

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

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.<sup>7</sup> Some of the fragments seem to suggest that Rufus, too, saw this link. **F 58** mentions sex as beneficial for people suffering from both melancholy and madness. In one of his case histories (**F 68** § 9), the patient's melancholy develops into madness and in the end results in his death. Finally, in **F 51**, melancholy is mentioned a number of times alongside madness. Twice, the phrasing seems to suggest that melancholy is a form of madness, as in the following example:

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

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

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

<sup>6</sup> See van der Eijk, below, pp. 164–6.

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



*Interpretations and Impact*

As **FF 1–3** show, Rufus' monograph *On Melancholy* enjoyed great popularity and authority not only in second-century Rome and Pergamum, but also in tenth-century Kairouan and thirteenth-century Damascus, two important regional medical hubs. It seems likely that much of what Galen had to say about melancholy in his *On the Affected Parts* (see Appendix 1) ultimately goes back to Rufus' treatise. Likewise, through Ishāq ibn 'Imrān's own work *On Melancholy* and the Latin translation of it by Constantine the African (d. before 1099, see below), Rufus' ideas impacted on medicine both in the East and the West. This influence was twofold, yet unacknowledged. In the century after Galen's death, his medical philosophy, aptly called 'Galenism', came to dominate medical discourse.<sup>8</sup> 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.<sup>9</sup> 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.<sup>10</sup> Ibn Sīnā can also be counted among the many physicians and philosophers in the medieval Arab world who engaged with Rufus' ideas and thus provide examples of reception there. Other such instances include an anonymous Arab materialist who lived around the year 1000 and drew directly on Rufus' treatise to support his argument in favour of a materialist scepticism. Mūsā ibn 'Ubaid Allāh ibn Maimūn, better known as Maimonides (d. 1204), treated the sultan's son in a way which Rufus would have had no difficulty to recognise.<sup>11</sup> Even a late author such as Muḥammad ibn Ilyās aš-Šīrāzī (d. 1330) included a chapter on melan-

<sup>8</sup> See TEMKIN 1973.

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

<sup>10</sup> See the commentary to **FF 7, 14, 21**.

<sup>11</sup> See Pormann, below pp. 185–8.

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

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 **FF33–6**). 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.<sup>13</sup> 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.<sup>14</sup> 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.<sup>15</sup> 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.<sup>16</sup>

### *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-

<sup>12</sup> The chapter is edited in PORMANN 2007b, 339–44.

<sup>13</sup> See Schuster, Völlnagel, below pp. 197–243.

<sup>14</sup> See Rütten, below pp. 257–62.

<sup>15</sup> See Toohey, below pp. 236–9.

<sup>16</sup> See Rütten, below pp. 252–62; and Toohey, below pp. 240–42.

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

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

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

<sup>17</sup> 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.<sup>18</sup> Over the last decades, scholars have increasingly favoured the context in which a lost work is quoted. For, they rightly argue, the transmitter always has his own agenda, and his bias needs therefore to be studied. The longer fragments collected here, however, present some idiosyncrasies which justify that they be broken up. As we shall see shortly, ar-Rāzī's *Comprehensive Book* often displays such a random arrangement that it makes little sense to respect the chaotic sequence. Moreover, ar-Rāzī's text contains markers such as 'he said (*qāla*)' which indicate breaks. This said, it is imperative not to neglect the context of the quotation. Therefore, it is always explained in the commentary.

Anybody who edits the fragments of a lost work wants to recover the very words of the author, his or her *ipsissima verba*. In the past, scholars have often distinguished between 'testimonia' and 'fragments'; the former contain reports about the text, whereas the latter quote it verbatim. Yet, ancient and medieval authors hardly ever quoted according to the conventions of modern scholarship. They shortened, rephrased, 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

<sup>18</sup> See VAN DER EIJK 2000a, xvii–xviii.

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

### Sources

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

### Earlier Greek authors (Galen, Oribasius)

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

<sup>19</sup> D-R fr. 127, n. 1.

<sup>20</sup> 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.<sup>21</sup>

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

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

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

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

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

### *The Arabic Translation*

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

### *Ishāq ibn 'Imrān*

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

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

<sup>25</sup> For a discussion of such attempts, see PORMANN 2004a, 128–32.

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

### *Constantine the African*

Constantine the African was the first and foremost translator of Arabic medical texts into Latin.<sup>27</sup> He apparently came from North Africa to Salerno in 1077, and spent the latter half of his life in the monastery of Monte Casino, where he died before 1099. Apart from al-Mağūsī's *Complete Book of the Medical Art* (*Kāmil aṣ-ṣinā'a aṭ-ṭibbīya*), also known as the 'Royal Book (*al-Kitāb al-Malakī*)', Constantine mostly rendered into Latin texts by authors from Ifrīqiya (Modern Tunisia), and notably Kairouan. The most prominent medical author hailing from this region was Ibn al-Ġazzār. Constantine translated many of his works into Latin, as for instance, the *Sustenance of the Traveller and Nourishment for the Sedentary* (*Zād al-Musāfir wa-qūt al-ḥādir*).<sup>28</sup> Another inhabitant of Kairouan was Ishāq ibn 'Imrān, whose *On Melancholy* Constantine also rendered into Latin. As often was his wont, Constantine did not acknowledge his source, but rather presented the work as his own. When FLASHAR wrote his study about melancholy in 1966, he did not yet know the exact relation between Ishāq ibn 'Imrān's *On Melancholy* (*Fī l-Malinḥūliyā*, in Arabic) and Constantine's *On Melancholy* (*De melancolia*, in Latin).<sup>29</sup> Yet when GARBERS produced an edition and comparative study of both texts in 1977, the issue became clear.<sup>30</sup> 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.<sup>31</sup> 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.<sup>32</sup>

### *Ar-Rāzī*

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

<sup>27</sup> This sketch is based on GREEN 2005.

<sup>28</sup> 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**.

<sup>29</sup> FLASHAR 1966, 91.

<sup>30</sup> See GARBERS 1977.

<sup>31</sup> From GARBERS 1977, 154–5, to be exact.

<sup>32</sup> **FF 59, 62, 63, 65**.



in 854.<sup>33</sup> After receiving an excellent education, he quickly emerged as one of the most innovative and influential clinicians during the Middle Ages. As many medical men of his day, he also took an acute interest in philosophy, and challenged commonly held beliefs. His detractors labelled him as an ‘heretic (*mulhid*)’. He wrote prolifically and read avidly, taking extensive notes. His *Comprehensive Book* resulted from this fondness for study: it is basically a massive collection of notes, arranged according to topics from tip to toe. The work was not published by ar-Rāzī himself, but posthumously by his students at the behest of a prominent vizier of the time called Ibn al-‘Amīd (d. 970). Other medical works by ar-Rāzī include a manual entitled *Book for al-Manṣūr* (i.e., al-Manṣūr ibn Iṣḥāq, the governor of Rayy; *al-Kitāb al-Manṣūrī*), and his *Book of Experiences* (*Kitāb at-Taḡārib*), also published posthumously by his students.<sup>34</sup>

Many studies of how ar-Rāzī cited his sources in his *Comprehensive Book* exist.<sup>35</sup> 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 phrases. 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.<sup>36</sup> Therefore, one ought not only to reappraise the old evidence on the basis of the original Arabic, but also take into consideration the many new fragments. Apart from authors only yielding one or two fragments, not discussed here, al-Kaskarī (fl. 920s), al-Qumrī (fl. 960–80s), and Ibn Sarābiyūn ibn Ibrāhīm (d. after 1030s) provide new evidence.<sup>37</sup>

<sup>33</sup> A brief account of his life and main ideas can be found in L. E. GOODMAN, art. ‘al-Rāzī, Abū Bakr Muḥammad b. Zakariyyā’, *EF*<sup>2</sup> 474a–477b.

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

<sup>35</sup> 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.

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

<sup>37</sup> The minor new authors are at-Tawahhumī (**F24**), Miskawaih (**F36**), Quṣṭā ibn Lūqā (**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 fī ṭ-Ṭibb*).<sup>38</sup> He worked as a hospital physician in Baghdad in the 920s or 930s. His *Medical Compendium* combines medical theory and practice in an interesting way. As many handbooks of the time, it is arranged from tip to toe. Unfortunately, it only survives in one manuscript; its 1994 Beirut edition, moreover, accidentally omits quite a bit of text which includes the fragments collected here (**FF 6, 42**).

*Al-Qumrī*

Another new source is Abū l-Manṣūr al-Ḥasan ibn Nūḥ al-Qumrī. We have very little information about his life.<sup>39</sup> 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).<sup>40</sup> 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.<sup>41</sup> Two works by al-Qumrī have come down to us, and the most important one, both in general terms and for our purposes, is his *Book of Riches and Desires* (*Kitāb al-Ġinā wa-l-munā*). It is divided into three parts, the first dealing with illnesses from tip to toe, the second with 'external diseases', meaning those affecting the skin, and the third with fevers. In general, al-Qumrī mostly quotes from previous medical authorities such as Rufus; however, in this last part on fevers his own personal experience comes mostly to the fore.

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

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

<sup>39</sup> The following sketch is based on KARMI 1978, 1–73.

<sup>40</sup> Ibn Abī Uṣaibi'a (i. 327) reports the following:

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

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

<sup>41</sup> GUTAS 1988, p. 27 and n. 18.

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

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

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

### *Ibn Sarābiyūn ibn Ibrāhīm and Rufus' Case Notes*

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

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

<sup>43</sup> See SERIKOFF 2005, 59–65.

<sup>44</sup> 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.<sup>45</sup> 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.<sup>46</sup> 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<sup>47</sup>:

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

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

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

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

<sup>45</sup> See PORMANN 2004b.

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

<sup>47</sup> Hunt. 461, fol 38b, 11–14.

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

Arabists have generally accepted Ullmann’s conclusions.<sup>49</sup> 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.<sup>50</sup> Even the most vocal opponent of Ullmann’s argument conceded that the first case history must go back to Rufus.<sup>51</sup> 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.<sup>52</sup>

<sup>48</sup> See Nutton, below, p. 142.

<sup>49</sup> See, for instance, ÁLVAREZ-MILLÁN 1999, 27–8.

<sup>50</sup> 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[llmann] auf jeden Fall zuzustimmen ist, dass sie [...] von einem Verfasser stammen müssen.

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

<sup>52</sup> 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.<sup>53</sup> 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.<sup>54</sup> 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.<sup>55</sup> In addition to this, I have been able to identify some new fragments, notably from al-Qumrī's *Book of Riches and Desires* (*Kitāb al-Ġinā wa-l-Munā*). Finally, Pauline Koetschet discovered a new fragment (F46). Therefore, the source base for our knowledge of Rufus' *On Melancholy* is greatly increased. This should not, however, detract from the great scholarly value of Daremberg's and Ruelle's earlier collection. Furthermore, the most important study of this text, that by FLASHAR 1966, 84–104, can still be read with profit.<sup>56</sup>

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.<sup>57</sup> Future generations of Classicists and Arabists will undoubtedly find new

<sup>53</sup> See ULLMANN 1994, 1297–1303.

<sup>54</sup> 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**.

<sup>55</sup> ULLMANN 1994, 1316–17.

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

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

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

*From Ephesus to Istanbul*

سَوْدَاءُ بَيضاءُ الْفَعَالِ وَهَكَذَا حَبُّ النَّوَاطِرِ خُصًّا بِالْأَضْوَاءِ  
فَلَنْ جَنَّتْ بِحُبِّهَا لَا بِدَعَةِ أَصْلِ الْجُنُونِ يَكُونُ بِالسَّوْدَاءِ

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

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

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

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

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

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

<sup>59</sup> 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.



