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## Medicine for Muslims? Islamic Theologians, Non-Muslim Physicians and the Medical Culture of the Mamluk Near East

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# **Medicine for Muslims? Islamic Theologians, Non-Muslim Physicians and the Medical Culture of the Mamluk Near East<sup>1</sup>**

by Paulina Lewicka (Warsaw, Bonn)

## *About the author*

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Her publications include:

- *Šāfi' Ibn 'Alī's Biography of the Mamluk Sultan Qalāwūn. Introduction, Edition, and Commentary*, Warsaw: Dialog 2000.
  
- *Food and Foodways of Medieval Cairenes: Aspects of Life in an Islamic Metropolis of the Eastern Mediterranean*, Leiden: Brill 2011.

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<sup>1</sup> I would like to use this opportunity to express my gratitude to Professor Linda Northrup, with whom I discussed countless questions over many months of the academic year 2011/2012, and who provided me with fresh, thought-provoking opinions which inspired some of the ideas presented in this study.

## Abstract

The present paper is an attempt to define the ways in which the process of radicalization of Islam influenced the medical culture of Egypt and Syria under the Mamluks. Both the transformation of medical culture and the impact of this transformation on medical theory and practice are discussed, above all, in the context of the inter-faith antagonism. The work is in progress, so some of the interpretations are of preliminary character and require further investigation.

As an area of research, the microcosm of non-Muslim physicians living and working in the Mamluk state is rather capacious and non-uniform. As such, it can be approached from a number of perspectives. On the most obvious level, the subject belongs, on the one hand, to the social history of medicine; on the other, it forms a part of the history of inter-communal and inter-faith antagonisms. The present study aims at investigating the area where medical culture and inter-communal conflict overlapped. This area constitutes in fact a rather complex puzzle in which the issues of sickness and health were interwoven with ideology, politics, and propaganda based both on the “time-honored tradition” of blaming the doctor and the fear of (and animosity towards) the religious Other. In other words, this is interdisciplinary research, focused on the social aspects of medicine, inter-communal antagonism, and the interaction between them.

Approaching such a complex subject matter from just one of the possible perspectives would mean depriving it of its rich and multifaceted context. In order to make the study comprehensive, I have decided to apply a mode of inquiry which is sometimes used by historians of the *Alltag*, and which allows the scholar to combine many different instruments, including those that are typical for fields such as anthropology, sociology, or social psychology. This mode also makes it possible to make comparisons with other cultures.

## I. Introductory remarks

### A. *Medicine and politics*

The disease is never a purely biological state but, rather, a biocultural phenomenon, which is in part created or interpenetrated by culture.<sup>2</sup> Moreover, disease is never a patient's private issue – the human suffering, the encounter between the patient and the doctor, or the therapeutic method and the knowledge behind it (be it of scientific, or of folk nature) fall, for various reasons, within the sphere of interest and concern of the ruling elites, politicians, intellectuals, ideological/religious activists, guardians of tradition of various kinds and of the society in general. In other words, medicine can be a praiseworthy object of sponsorship but it also can become a subject of manipulation and be used as an element of a political or religious campaign. The support for Greek scientific heritage by the early Abbasid caliphs,<sup>3</sup> Muslim rulers' patronage of hospitals throughout the Middle Ages,<sup>4</sup> or the health policy of the Ottomans<sup>5</sup> suffice as examples of how politics, ideology and religion can interfere in, and use, medicine.

In the case of the medical culture of the Mamluk period the socio-cultural, political, ideological and other non-medical aspects were not less important, especially so because the turn towards religiosity, typical for that period, went hand in hand with Islam's tendency to dominate the entire cultural capital of Dār al-Islām. In everyday practice this current translated into pressure on devoutness, encouragement for puritanic fervor, and increased propaganda against non-Muslims all of which relatively quickly brought about a deep re-evaluation of norms as well as a major social, cultural and mental transformation. The inter-communal antagonism, relatively mild in the previous epochs, suddenly intensified and Muslims' anti-*dhimmī* emotions grew faster and deeper than ever – particularly those directed against Christians. As the cultural climate and social mood of the epoch favored violent attitudes, the offensive enmity towards non-Muslims haunted the region, manifesting itself in a variety of ways – from verbal insults to physical violence, killing, looting of private property and demolishing shrines, making people change their religious affiliation. Under such circumstances the medical culture could not be left untouched, if only because it constituted one of the two bulwarks of Christian and Jewish influences within the Islamic society (the other being bureaucracy). Subjected to the work of currents that were “symptomatic of a frame of mind with which an increasing proportion of the society was being absorbed,”<sup>6</sup> medicine was drawn into the trap of inter-communal antagonism and, having become a subject of manipulation, was used as an element in the ongoing anti-*dhimmī* campaign.

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<sup>2</sup> Cf. Gillett, *Medical Science*, 10.

<sup>3</sup> For the discussion of the political reasons behind the translation movement see Gutas, *Greek*.

<sup>4</sup> When used to cover the specific period of Islamic history, the term “Middle Ages” raises doubts, if only because it designates a period of European history. In the present essay the term is used for the sake of convenience and it refers roughly to the period between the rise of Islam and the Ottoman occupation of the Arabic-Islamic world, which time frame basically corresponds to the European understanding of the Middle Ages. For bibliographical data regarding the Islamic hospital see below, 15, n. 69.

<sup>5</sup> See, for example, Mossensohn, *Health*, 147-75.

<sup>6</sup> Emilie Savage-Smith's comment on the genre known as prophetic medicine; see Savage-Smith, *Medicine*, 929.

## ***B. Greek medicine in the Islamic domain***

The medicine which was practiced throughout the Middle Ages in the Arabic-Islamic world is generally referred to as “Arabo-Islamic,” “Islamic,” “Graeco-Islamic” or “Graeco-Arabic.” In fact, most of these labels are, as relevant as they are, confusing. “Graeco-Arabic,” however, seems to be the most proper of these designations, if only because the medicine in question was an exemplary product of the fusion of Greek thought and Arab culture. And, which is no less important, it was devoid of any religious elements. “Graeco-Islamic,” on the other hand, seems to be correct only in reference to the *ṭibb al-nabī*, or the “medicine of the Prophet,” which was indeed a combination of Greek and Islamic medical teachings. In this way the terms “Graeco-Arabic” and “Graeco-Islamic” will be used in the present study.

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The Graeco-Arabic medicine was based on ancient Greek foundations or, more precisely, on the Hippocratic-Galenic doctrine of humoral pathology that developed from the concept of four classical elements of fire, earth, air, and water. According to this concept, of these elements—which themselves embodied the qualities of hot, cold, dry, and wet—all things were composed. A product of deductive reasoning, the Hippocratic-Galenic doctrine insisted that these elements were transformed in human bodies into four substances called humors, each of which corresponded to one of the four so-called temperaments. When a person was healthy the humors were in balance. Their imbalance affected the temperaments and thus human health and character.<sup>7</sup> As a historian put it, Hippocratic-Galenic doctrine was “medically way off-beam,” but it “at least had the merit of fundamental consistency.”<sup>8</sup> It was also convincing – although, not being verified through experimentation, it belonged to the domain of beliefs rather than that of science. Nevertheless, it counted as truth wherever it appeared.<sup>9</sup>

The concept had been imported to the Arabic-Islamic world in the course of the 8<sup>th</sup> and 9<sup>th</sup> centuries, when the Nestorian Christians, sponsored by the elites of the early Abbasid Baghdad, translated the ancient Greek legacy into Arabic. Ideologically neutral, theology-free and devoid of elements which would in any way challenge Islamic monotheism,<sup>10</sup> with time it blended into the multi-cultured Islamic world, where

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<sup>7</sup> In the Galenic system, the therapy and therapeutics were based on the principle of allopathic contraries, which means that “hot” diseases were to be cured by “cold” remedies. This implied that not only drugs, but also food and drink were to be applied accordingly: if an individual’s temperament was diagnosed as “hot,” the ingredients of his diet should be “cold,” and vice versa, if in his temperament “cold” qualities prevailed, the ingredients of his meals were to be “hot.” For a concise presentation of the Galenic theory of humoral pathology see, for example, Ullmann, *Islamic Medicine*, 56-62; Dols, *Medieval*, 10-16; Pormann, Savage-Smith, *Medieval*, 43-5; Nasrallah, *Annals*, 55-64; Hau, *Chirurgie*, 317-18; Faas, *Around*, 137-8; Anderson, *Everyone*, 140-46.

<sup>8</sup> Turner, *Spice*, 165.

<sup>9</sup> Moreover, the concept remained “unsinkable” for many centuries, while many of its relics are still alive in contemporary medical thinking. Quite probably, the core of the Hippocratic-Galenic doctrine, apart from being a literary meme, matches certain universal mandala-related archetypal patterns, which introduce order into the chaos and randomness of nature and which are recorded somewhere in the *kollektive Unbewusste*. Cf. Jung, *Archetypes*, 12:711, 743.

<sup>10</sup> The references to the Greek pantheon occur, of course, in works of Galen and other Greek medical authors. However, when rendering Greek texts into Arabic, the translators not infrequently altered or

it became a prevailing medical system, at least among the cultured urbanites. Its principles were taken here for granted, so much so that even the most uncompromising religious hawks like Ibn Taymīyah never came to the idea of doubting the authority of medical canon based on the theory of humors.<sup>11</sup>

This does not mean, however, that the Islamic scholars of Ibn Taymīyah's and later generations were equally happy with other aspects of this canon, or with the prevailing medical culture in general. They were not. One of the reasons for their discontent was the religion-free and ideologically neutral character of the Greek medical system on which the local medical culture was based. In order to avoid confusion it should probably be stressed that it was not the humoral concept itself that was problematic, but its being devoid of the Islamic quality.<sup>12</sup> However challenging, the problem with medical theory was not as irritating, or as difficult to solve, as the dilemma related to medical practice or, more precisely, the fact that the bulk of physicians in Egypt and Syria – scholars and practitioners alike – were Christians and Jews.<sup>13</sup> This problem was almost non-existent in the pre-Mamluk times, when religion was not, as a rule, a part of the medical discourse, when religious denomination was not used either to confirm or to

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removed such references so as to make the text more acceptable to the monotheistic reader; see Pormann, Savage-Smith, *Medieval*, 32-3.

<sup>11</sup> For Ibn Taymīyah's use of the Galenic categories see, for example, Ibn Taymīyah, *Majmū'at*, 10:87-9, 20:228-9; on the views of Ibn Qayyim al-Jawzīyah, who, while accepting the concept of the four humors, questioned the presence of fire in human body, see Perho, *Prophet's*, 86-8; idem, *Ibn Qayyim*, 149-52.

<sup>12</sup> The conclusions drawn in this respect by contemporary scholars are quite often misleading. Most of them point to a more or less bitter antagonism between what was Greek and what was Islamic and present this antagonism as an essential motive behind the emergence of the medicine of the Prophet. See, for example, Bürgel who called the Prophet's medicine "the Islamic dethronement of Galen in favor of Bedouin quackery and superstition" (Bürgel, *Secular*, 46f, 59f, quoted by Perho, *Prophet's*, 78); this view was shared by Manfred Ullmann (Ullmann, *Medizin*, 185). For Doris Behrens-Abouseif it was obvious that "the promotion of the Prophet's medicine by religious scholars aimed at excluding Greek tradition and non-Muslim elements from the study and practice of medicine" (Behrens-Abouseif, *Fath*, 18); Michael Dols, while stressing the importance of a "lively competition between medical systems," observed with finesse that the Prophet's medicine was a response to Galenic medicine, the elements of which the Muslim jurists wanted to subordinate to their religiously orientated medicine (Dols, *Islam*, 420; idem, *Majnūn*, 248). Irmeli Perho agrees with the thesis that the Prophet's medicine was intended to transfer the medical authority from Galen to the Prophet and maintains that the central motive for the creation of the Prophet's medicine was, therefore, the desire to create a truly Islamic medical system – as opposed to Graeco-Islamic one – whose basic authority would lie in the Qur'an and Sunna and not in foreign masters (Perho, *Prophet's*, 79, 82). Emily Savage-Smith was probably the only one to notice that the prophetic medicine, as a type of writing, was not a direct threat to "scientific" or "rational" medicine and that one of the purposes of writing this kind of medical literature "was not so much to oppose the Greek-based system as to assimilate it into the traditional Islamic culture" and "to appropriate medicine for Islam" (Savage-Smith, *Medicine*, 927-9). For the discussion on the misconception that "the old Islamic orthodoxy" was opposed to the translated Greek sciences" see Gutas, *Greek*, 166-75; and Perho, *Ibn Qayyim*, 144-51. For the discussion on the conflict between prophetic and classical Greek medicine see also Hawting, *Development*, 127-39.

<sup>13</sup> The Christians' and Jews' particular penchant for medicine was not accidental. In the case of the Near Eastern Christians, an important role was played by a long-lasting medical tradition dating back to pre-Islamic times, as well as by their significant involvement in the translation movement of the Abbasid epoch. Apart from that, however, medicine constituted one of few fields in which a Christian or a Jew could acquire a rank and position of respect in a Muslim society. As Greek medicine – which prevailed in medical education of that time – was a true intellectual challenge, one could also be satisfied intellectually. For comments on Christian contribution to the Arabic-Islamic medical tradition see Dols, *Medieval*, 5-9; Gutas, *Greek*, 118-19; Pormann, Savage-Smith, *Medieval Islamic*, 17-35; Savage-Smith et al., "Ṭibb"; Ullmann, *Islamic Medicine*, 7-16; Whipple, *Nestorians*, 313-23.

question a doctor's professional competence or intentions, and when the religious elites did not interfere in the issues of medical science or practice.

## II. Medicine and the theologians: the problem of non-Muslim doctors

However, the members of the religious elites of the Mamluk epoch differed significantly from their predecessors. Their number in Egypt and Syria grew continuously from the Ayyubid period on, and so did their radicalism. Numerous and radical, they also became very much determined to give Muslims a chance to live more Islamic lives. The cultural climate which they created favored insistence on Islamic values and rejection of what was non-Islamic. From their point of view the question of Christian and Jewish physicians practicing medicine within the Islamic domain could not be ignored anymore. The approach of the Islamic scholars is important, if only because they played a key role in the culture-making process in the post-Fatimid Near East.

In fact the problem with non-Muslim physicians was quite thorny. On the one hand, they were “enemies of God” and “representatives of false religions.” They were but *dhimmīs*, who came under the discriminative regulations listed in the so-called pact of ‘Umar, and whose professional and private life was supposed to be inseparable from the vicissitudes which their co-religionists endured under the Muslim rule. On the other, *dhimmī* physicians were not ordinary *dhimmīs*. It should be kept in mind that as physicians, *dhimmīs* were masters of life and death of Muslims, being aware of the weak sides and the most intimate problems of their Muslim patients. Moreover, they were often rich and respected, and sometimes quite influential. The fact that Muslims were a subjective body in their relations with the non-Muslim doctors (as is usually the case with patients) was simply unacceptable in the age of religious radicalism. Naturally enough, the religious scholars wanted to diminish the non-Muslims’ role in medicine and, above all, to prevent Muslims from seeking medical advice from non-Muslim physicians.

However, from the perspective of the ‘*ulamā*’ the task was not easy at all. On the one hand, the *dhimmī* predominance in medical arts<sup>14</sup> was a much undesired phenomenon which they wanted to eliminate. On the other, the ‘*ulamā*’ could not simply disallow Muslims to seek medical advice from Christians and Jews if only because the number of Muslim doctors was, quite probably, insufficient and such a move might deprive Muslims of medical care at all. At the same time, the Muslims’ underrepresentation in medical professions was a difficult problem to solve because Muslims were generally uninterested in medical education. This should not be surprising – in a society which attached the highest importance to religious knowledge, the prestige of studying secular medicine could not be too high.<sup>15</sup> In other words, as long as Muslims were

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<sup>14</sup> For a more detailed discussion of the question of the *dhimmīs*’ predominance in medicine in the pre-Mamluk period see Lewicka, *Non-Muslim*.

<sup>15</sup> Ibn al-Ukhūwah, a Cairene author of the 13<sup>th</sup>-14<sup>th</sup> centuries, must have had good reasons to lament that “in many towns [in Egypt] there were no physicians other than those from the *ahl adh-dhimma*” and that one could not find Muslims engaged in medical practice because they “flocked to the study of *fikh*, and

underrepresented in medical professions, the ‘*ulamā*’ had no choice but to endure this and, moreover, to allow Muslims – even though with a heavy heart – to seek medical advice from Christians and Jews.

The other major problem was that there in fact was no legal basis, or Islamic regulation, which could be used to change the situation by, for instance, making it possible to question the *dhimmī* doctors’ right to cure their Muslim patients. There was no mention of *dhimmī* doctors in the revelation, the Prophet had never said a word about them. There was nothing about them in the so-called Code of ‘Umar or in the regulations of the *ḥisbah*.<sup>16</sup>

Quite possibly, there was yet another difficulty. It cannot be excluded that Christians and Jews were popularly considered as gifted doctors, and the patients trusted them more than Muslims. This is not to suggest that al-Jāḥiẓ’s account according to which Muslims were for some reason not considered successful in medicine,<sup>17</sup> can be uncritically applied to the circumstances of the Mamluk Near East. Nevertheless, there are reasons to believe that the conviction that Christians and Jews were better physicians than Muslims persisted in the Near East for many centuries after al-Jāḥiẓ’s times.<sup>18</sup>

### III. Medicine and the theologians: Islamizing the medical culture

The tendency to change the status quo and to increase the share of Islam and Muslims in the existing medical culture manifested itself, above all, in the theologians’ intensified interest and involvement in various aspects of medicine. Four major areas of the theologians’ activity seem vital. One was their increased consideration/respect for theoretical medical knowledge. The second was their increased participation in medical

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especially to matters involving disputes and controversies” and, consequently, “filled the towns with jurists pronouncing *fatwas*.” Ibn al-Ukhūwah, *Ma‘ālim*, 254. Prosper Alpin, who visited Egypt in the years 1581-1584, confirmed the persistence of the tendency: according to his observations, students of theology and theologians were countless in Cairo, if only because theological education and knowledge meant privileges and respect. Professionals specializing in non-religious occupations or sciences, particularly in medicine, were few; medicine was not appreciated and its status was reduced to the lowest position; see Alpin, *Medicine*, 8-9; also Behrens-Abouseif, *Image*, 340.

<sup>16</sup> The only Islamic regulation that could serve the purpose was the Qur’anic verse 9:29, which obliged Muslims, albeit in a rather unclear way, to impose *jizya* upon non-Muslims who were to be subdued: 9:29: “Fight those who believe not in God nor the Last Day, nor hold that forbidden which hath been forbidden by God and His Apostle, nor acknowledge the religion of Truth, (even if they are) of the People of the Book, until they pay the *jizyah* with willing submission, and feel themselves subdued.” Since in the light of these words the subjective position of a Muslim patient, and the dominant position of the non-Muslim doctor, could be interpreted as unacceptable, the verse was quite often quoted in this context by the anti-*dhimmī* propaganda. For the discussion of the verse see, for example, Bravman, *Ancient*, 307-14; Kister, ‘*An Yadin*, 272-78; see also discussion of *jizyah* in: Crone, *Compulsion*.

<sup>17</sup> In an anecdote quoted by al-Jāḥiẓ (the 8<sup>th</sup>-9<sup>th</sup> centuries) a Muslim physician, apparently having lost in the competition with the non-Muslim doctors, complains: “people know me to be a Muslim, and have held the belief even before I began to practice medicine, no indeed even before I was born, that Muslims are not successful in medicine”; Al-Jāḥiẓ, *Al-Bukhalā’*. For the English translation of the anecdote see Pormann, *Physician*, 214.

<sup>18</sup> One is even tempted to observe that the relatively high demand for their services might have been the reason why Christian and Jewish practitioners were not only allowed to stay in the business but also to maintain numerical advantage over Muslims almost throughout the Middle Ages – the otherwise less-than friendly circumstances notwithstanding.

education combined with using the madrasa as a kind of medical college. The third was their revision of the genre known as *al-ṭibb al-nabawī*, or prophetic medicine. And the fourth was their influence on the state policy in the matters relating to medicine.

1. As for the theologians' dedication to medical theory, the broad, multidisciplinary education was always valued in Dār al-Islām. In the pre-Mamluk times it could often happen that physicians were also trained in religious sciences; some of them were *fuqahā*' or *ulamā*'. But in the late Ayyubid and Mamluk times the importance attached to various kinds of knowledge shifted, so that the religious education and skill started to count above all else. Being a broadly educated physician – even if familiar with *ḥadīth*, *tafsīr* or *fiqh* – was not so highly regarded or lucrative anymore. Much more prestigious and profitable was being an erudite religious scholar educated in medical theory, among other things. Consequently, medical theory became a part of the *‘ālim*'s education and many *‘ulamā*' became learned “doctors.” In most cases, their medical expertise consisted in the fact that they had read, and partly perhaps learned by heart, a number of famous medical books or popular summaries of such books.<sup>19</sup>

Although it could happen that a theoretician was also a successful practitioner, most of them studied medicine without practicing it or practiced it only as a side occupation. Nevertheless, many were bold enough to produce books, or at least chapters, on medicine or pharmacology.<sup>20</sup> Others re-wrote, or summarized, medical or pharmacological works of earlier authors. Suffice it to mention Ibn al-Ḥājj, who in his *Madkhal* included a number of chapters on medicine, doctors, deontology, medicaments and syrups,<sup>21</sup> or the famous Egyptian sufi of the 15<sup>th</sup>-16<sup>th</sup> centuries ‘Abd al-Wahhāb al-Sha‘rānī, who produced a summary of the book on remedies written centuries earlier by Ibn Ṭarkhān al-Suwaydī (1204-1292).<sup>22</sup> Still others compiled books on the so-called prophetic medicine, which activity which nevertheless required certain understanding of, and acquaintance with, general medical lore.<sup>23</sup>

This dedication to medical theory, apart from contributing to the theologians' erudition, had also a significant impact on the issue of the religious affiliation of the medical

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<sup>19</sup> Cf., for example, Leiser, *Education*, 61-4. See also Pormann, Savage-Smith, *Medieval Islamic*, 68-71. The list of works from which Ibn Ṭūlūn al-Dimashqī (d. 953/1546) learned medicine includes, for instance, *Al-Kulliyāt* by al-Aylātī, al-Rāzī's commentary to the *Kulliyāt* of [Ibn Sīnā's] *al-Qānūn*, summary of Ibn Nafīs, commentary to *Fuṣūl Ibuqrāt* by Ibn Quff, summary of *Al-Asbāb wa-al-‘Alāmāt* by al-Samarqandī, *Kitāb al-Manṣūrī* [by ar-Rāzī], book on plants (*a‘shāb*) and prophetic medicine by Jamāl [ad-Dīn] b. al-Mubarrad [d. 909/1503], *Kitāb al-Amniyāt fī al-Ḥamiyāt* by Mūsā al-Yaldānī; see Ibn Ṭūlūn, *Al-Falak*, 15. Many thanks to Yehoshua Frenkel for turning my attention to Ibn Ṭūlūn's *Falak*. Sections on medical education and on the curriculum of medical studies that are included Perho, *Prophet's*, 46-9, present rather basic information on the topic and do not mention the evolution which the medical education underwent in the Mamluk period.

<sup>20</sup> Cf. Behrens-Abouseif, *Image*, 334-5.

<sup>21</sup> Ibn al-Ḥājj, *Al-Madkhal*, 4:105-146.

<sup>22</sup> Al-Sha‘rānī, *Mukhtaṣar*. (on the margin of which al-Qalyūbī's *Al-Tadhkirah fī al-Ṭibb* is printed). Al-Sha‘rānī probably did not realize that ‘Izz al-Dīn Abū Ishāq Ibrāhīm b. Muḥammad b. Ṭarkhān al-Suwaydī (or Ibn al-Suwaydī), a physician and the chief of physicians of Damascus, had been blamed for not being religious enough, neglecting prayers, being careless regarding the dogma, and rejecting many things that would matter on the Day of Judgment. According to Ibn Kathīr, al-Suwaydī's poetry proved that his brains and religion were inferior, that he had no faith and that he opposed the prohibition of wine; see Ibn Kathīr, *Al-Bidāyah*, 13:325; also Perho, *Prophet's*, 80.

<sup>23</sup> See below, 10-14.

professionals in Egypt and Syria. For one, by reading or memorizing medical literature the Islamic scholars increased the Muslims' representation in the field of medicine, the quality of their medical knowledge notwithstanding. Two, by summarizing medical works of other authors, or writing such works by themselves, they increased Muslims' contribution to the literature of medicine and pharmacology. Whatever the quality of such works, in the culture where knowledge was "the most precious of treasures,"<sup>24</sup> the change of proportions in the book market mattered.

2. The theologians' participation in medical education was not a Mamluk-era invention. But in the Mamluk times this phenomenon intensified, if only because many of the more and more numerous theoretician-"doctors" (many of whom were attached to religious institutions)<sup>25</sup> started to teach medicine, often apart from religious or other topics. The new development of the late-Ayyubid epoch was the introduction of medicine to the madrasa curricula. First, it seems, to the so-called medical madrasa (*madrasat al-ṭibb*) founded in Damascus (626/1229) by Muhadhhab al-Dīn 'Abd al-Raḥīm b. 'Alī, known as al-Dakhwār (d. 628/1230), a renowned physician of the epoch and the supervisor of physicians in Egypt and Syria, then to al-Mustanṣirīyah in Baghdad (1234)<sup>26</sup> and, finally, to other *madrasahs* in Syria.<sup>27</sup> The uncertainty regarding the "medical" character of al-Dakhwār's *madrasah* notwithstanding, the introduction of medicine to its curriculum seems to have set an important precedent.<sup>28</sup> But there were also other meaningful aspects of this development.

First of all, it took place under the reign of al-Malik al-Ashraf, the Ayyubid ruler of Damascus (626/1229-635/1237). Crude and simple, al-Malik al-Ashraf was also filled with religious fervor which manifested itself, among other things, in his hatred for rational, or Hellenistic, sciences (*'ulūm al-awā'il*).<sup>29</sup> He tried to eliminate them from his capital; somehow typically, his activities in this field went hand in hand with his support for religious institutions and for the study of religious sciences. In 626/1229 he issued an order which forbade the *madrasah* employees and *fuqahā'* to be concerned with sciences other than *ḥadīth*, *tafsīr* and *fiqh*. Those who devoted their attention to logic (*manṭiq*) and Hellenistic sciences were to be expelled.<sup>30</sup> Such decisions must have affected not only the curricula, but also the level of teaching and learning in the Damascene *madrasahs* and, in turn, the cultural climate and social mood of the times. But those decisions were also of consequence for medical education, if only because "Hellenistic sciences" included also Greek-based medicine. Even more important was

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<sup>24</sup> Al-Maqrīzī, *Kitāb al-Dhahab al-Masbūk*, as presented by Van Steenbergen, *Pilgrimage*.

<sup>25</sup> Cf. Behrens-Abouseif, *Image*, 334.

<sup>26</sup> For a detailed account on the rules of al-Mustanṣirīyah and on its ceremonious opening see Ibn al-Fuwaṭī, *Al-Ḥawādith*, 32-5; also Ibn Kathīr, *Al-Bidāyah*, 17:212-14 (the annal for 631).

<sup>27</sup> Ibn Abī Uṣaybi'ah, *Uyūn*, 2:244 ("Muhadhhab al-Dīn 'Abd al-Raḥīm b. 'Alī"); Al-Nu'aymī, *Al-Dāris*, 2:133-8; Ibrahim, *Practice*, 72-3; Makdisi, *Rise*, 11, 78, 87, 168, 285.

<sup>28</sup> For discussion of the notion of *madrasat al-ṭibb*, and of the idea of *madrasah* as a school of medicine, see Leiser, *Education*, 57-9. For more on the *madrasahs* of Syria and Egypt, their curricula and their importance for the social process, see Leiser, *Madrasa*, 29-47; Chamberlain, *Knowledge*, 69-90; also Little, *Notes*; Gilbert, *Institutionalization*.

<sup>29</sup> See Humphreys, *Saladin*, 208-14. For the discussion of the attitude to *'ulūm al-awā'il* see Gutas, *Greek*, 166-75; and Perho, *Ibn Qayyim*, 144-51.

<sup>30</sup> Ibn Kathīr, *Bidāyah*, 13:124 (the annal for 626); also Ibn Kathīr, *Bidāyah*, 17:214 (the annal for 631), 233 (the annal for 635). Cf. Perho, *Prophet's*, 79.

the fact that in the context of medical education al-Ashraf's instructions meant that a teacher of medicine who had courses for students in the *madrasah* had to be, so to speak, politically correct – his knowledge of medicine might have mattered, but his knowledge of *ḥadīth*, *tafsīr* and *fiqh* counted more. In other words, one first had to be a *shaykh* of Islamic sciences and only then a doctor of sorts.

The other important aspect related to the establishment of al-Dakhwārīyah *madrasah* refers to the person and personal connections of its founder, Muhadhhab al-Dīn ‘Abd al-Raḥīm b. ‘Alī al-Dakhwār. Al-Dakhwār not only had very good relations with al-Malik al-Ashraf, who created for him a *majlis* for instruction in the art of medicine.<sup>31</sup> He apparently was also in close relations with another famous physician of the epoch, Raḍī al-Dīn al-Raḥbī (d. 631/1233), who was al-Dakhwār's teacher at some early stage<sup>32</sup> and whose son Sharaf al-Dīn ‘Alī became, according to al-Dakhwār's will, a teacher (*mudarris*) in the al-Dakhwārīyah *madrasah* when it was finally opened soon after its founder's death.<sup>33</sup> The person of Raḍī al-Dīn al-Raḥbī is important in the present context because he passed into history as a professor of medicine who was very careful not to teach medicine to *dhimmīs* and who, having educated many successful and famous doctors, was very proud to maintain that during his entire life had never taught medicine to a *dhimmī*.<sup>34</sup> Considering al-Raḥbī's position and the apparently very high number of students whom he educated in medicine (“everybody who had a knowledge of *ṭibb* was either his student or a student of his student”),<sup>35</sup> we can conclude with high probability that his negative attitude to non-Muslims as medical students and doctors could not fall into oblivion. Quite possibly, it not only persisted, but also spread across the region together with al-Raḥbī's numerous students.

The Baghdadi al-Mustanṣirīyah *madrasah*, by the way, apparently had its *dhimmī* doctors' hater, too. So much can at least be concluded from Ibn al-Fuwaṭī's obituary of Muḥammad b. Yaḥyā b. Faḍlān (d. 631/1233-4), a Shāfi'ī *faqīh*, an *‘ālim*, and one of al-Mustanṣirīyah's teachers. According to Ibn Yaḥyā b. Faḍlān's views – as expressed in his letter to the Abbasid caliph an-Nāṣir – the *dhimmī* doctors were dishonest and enjoyed significant profits which they did not deserve; moreover, they had no idea of medicine and, being incompetent doctors, they were in fact serial killers.<sup>36</sup> Considering Ibn Yaḥyā b. Faḍlān's numerous public functions of influence – which included a teaching position in the Nizāmīyah *madrasah* and supervision of the ‘Adūdī hospital in Baghdad<sup>37</sup> – we can with high probability assume that he presented his views to a relatively broad audience.

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<sup>31</sup> Ibn Abī Uṣaybi'ah, *Uyūn*, 2:244 (“Muhadhhab al-Dīn ‘Abd al-Raḥīm b. ‘Alī”). Cf. Pormann, Savage-Smith, *Medieval Islamic*, 83.

<sup>32</sup> Ibn Abī Uṣaybi'ah, *Uyūn*, 2:192-95 (“Raḍī al-Dīn al-Raḥbī”).

<sup>33</sup> Ibn Abī Uṣaybi'ah, *Uyūn*, 2:230-46 (“Muhadhhab al-Dīn ‘Abd al-Raḥīm b. ‘Alī”).

<sup>34</sup> Ibn Abī Uṣaybi'ah, *Uyūn*, 2:193 (“Raḍī al-Dīn al-Raḥbī”); al-Dhahabī, *Siyar*, 14:74 (“Al-Raḥbī”). There were two exceptions, though: he taught medicine to ‘Imrān al-Isrā’īlī and Ibrāhīm b. Khalaf al-Sāmīrī, who nevertheless weighed heavily on his conscience.

<sup>35</sup> Ibn Abī Uṣaybi'ah, *Uyūn*, 2:193 (“Raḍī al-Dīn al-Raḥbī”).

<sup>36</sup> Ibn al-Fuwaṭī, *Al-Ḥawādith*, 37-40 (the annal for 631).

<sup>37</sup> He also was *qāḍī al-quḍāt*, supervisor in *dīwān al-ḥisbah*, supervisor of *waqfs* of *madrasahs* and *ribāṭs*, supervisor of *dīwān* for émigrés/*jizyah* (*dīwān al-jawālī* or a bureau which dealt with collecting taxes from non-Muslims); Ibn al-Fuwaṭī, *Al-Ḥawādith*, 37-40.

Needless to say, all this had to affect not only a style of teaching and learning of medicine, but also the medical practice and medical culture in general, its *dhimmi* aspect included. For one, locating theoretical medical education in the *madrasah* gave medicine a devotional overtone which could make it attractive to religious Muslims, who otherwise did not consider it worth studying. Two, putting medicine under an umbrella of a religious institution meant providing it with a generous sponsorship, without which no science, or education, can exist. Three, introducing medicine into the *madrasah* institutionalized, in a way, al-Rahbī's discriminative idea of denying the non-Muslims the access to medical knowledge. The portion of medical knowledge that was "appropriated" by *madrasah* was thus branded as Islamic and, as such, became inaccessible for non-Muslims. Needless to say, the fact that the increasing number of teachers of medicine were theologians and not physicians by profession, was of consequence for medical education and practice in general.

3. *Al-ṭibb al-nabawī*, or prophetic medicine, was not the invention of the Mamluk times either. It developed in the early Abbasid period, somewhere on the margin of the giant scholarly literature the authors of which represented the Hippocratic-Galenic medical tradition and adopted the scientific model of truth in medical thinking.<sup>38</sup> Initially, *al-ṭibb al-nabawī* was a modest and inconspicuous literary genre. Its pioneers tended to think of medicine in spiritual rather than scientific categories and did not mean to create medical handbooks. Rather, they just sought to contribute to the pious work of systematizing the Prophet's traditions according to thematic categories, and aimed at collecting those traditions that related to health. This is what the original works titled *al-ṭibb al-nabawī* were: collections of health-related sayings of the Prophet.<sup>39</sup> It is probably worth noting that innocent as it was, labeling such a thematic collection "*ṭibb*" was meaningful: it showed that Islam, which aspired to govern all areas of a Muslim's life, regulated health and medical issues as well.

With time the idea was elaborated. The authors of the 12<sup>th</sup> and 13<sup>th</sup> century, usually broadly educated intellectuals such as Ibn al-Jawzī (d. 597/1200) or 'Abd al-Laṭīf al-Baghdādī (d. 629/1231),<sup>40</sup> used their erudition to combine the Prophet's "medical" sayings with the teachings of the Greek-based medicine. In Ibn al-Jawzī's work *ḥadīths* are relatively infrequent and the pattern of the combination of the two kinds of knowledge is not immediately clear.<sup>41</sup> 'Abd al-Laṭīf al-Baghdādī's work was more systematic: he collected the much desired number of forty traditions and explained each of them in terms of its consistency with the existing Galenic doctrine, indicating this way how correct were the heavenly inspired Prophet's statements referring to various health issues.<sup>42</sup>

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<sup>38</sup> Cf. Gillett, *Medical Science*, 10.

<sup>39</sup> For a concise review of authors and their works see Perho, *Prophet's*, 53-64. See also, for example, Savage-Smith, *Medicine*, 927-30.

<sup>40</sup> For biographical information on 'Abd al-Laṭīf al-Baghdādī see Joesse, *Pride*, 129-41; Joesse, Pormann, *Decline*, 1-29; Joesse, Pormann, *Archery*.

<sup>41</sup> Ibn al-Jawzī, *Luqat*.

<sup>42</sup> Al-Baghdādī, *Kitāb al-Arba'īn*. The book is written in the form of a conversation, or an interview, made by al-Birzālī (d. 1239) with his teacher al-Baghdādī; cf. also Perho, *Prophet's*, 56; Joesse, *Decline*, 7. The collections consisting of selections of forty traditions were based on the words ascribed to the

Combining the tenets of the existing Galenic doctrine with the Prophetic tradition proved to be a turning point in the history of *al-ṭibb al-nabawī*: it marked the transformation of its nature from Prophetic – to Galenic-Prophetic, from Islamic – to Graeco-Islamic, and indicated the adoption of the double, spiritual-scientific/rational model of truth in medical thinking. In other words, explaining the “medical” teachings of the Prophet in terms of the prevailing Greek-based medical doctrine, and demonstrating their mutual consistency, showed Islam’s recognition and acceptance of this doctrine. However, it also worked the other way round: combining the ideologically neutral Greek medical tradition with *ḥadīths* and the Qur’anic quotations weakened the scientific character of this tradition and gave it an Islamic touch. This way the prevailing medical theory, now branded as Islamic, lost the value of universality.

‘Abd al-Laṭīf’s work paved the way for the authors of the 13<sup>th</sup>, 14<sup>th</sup>, 15<sup>th</sup>, and 16<sup>th</sup>-centuries. These authors, all of whom were theologians by profession, included many famous names of the period, such as al-Dhahabī (d. 748/1348), “Shāfi‘ī in law and Ḥanbalī in dogma”,<sup>43</sup> Ibn Qayyim al-Jawzīyah (d. 751/1350), a Ḥanbalī,<sup>44</sup> Ibn Muflīḥ (d. 763/1361), a Ḥanbalī;<sup>45</sup> as-Surramarrī (d. 776/1374), a Ḥanbalī and Ibn Qayyim’s pupil;<sup>46</sup> al-Sakhāwī (d. 902/1497), a Shāfi‘ī;<sup>47</sup> Jamāl al-Dīn Yūsuf b. ‘Abd al-Hādī known as Ibn al-Mubarrad (d. 909/1503), a Ḥanbalī;<sup>48</sup> as-Suyūṭī (d. 911/1505), a Shāfi‘ī;<sup>49</sup> and Ibn Ṭūlūn, a Ḥanafī (d. 953/1546).<sup>50</sup>

All of them continued to elaborate and promote medicine based on spiritual-rational, Graeco-Islamic, Galenic-Prophetic model of truth masterminded by ‘Abd al-Laṭīf al-Baghdādī. But they also pointed to another dimension of this conglomerate version of *al-ṭibb al-nabawī*. Interestingly enough, while taking the Galenic doctrine for granted, they nevertheless were able to accurately observe that the medicine of the Ancients, being a product of speculative theorizing, lacked the empirical basis.<sup>51</sup> Therefore, combining it with the medical lore of the Arabs that was based on observation and experimentation constituted a theoretical-empirical proposal. As the two systems were

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Prophet Muḥammad: “On the Day of Judgment, I will be the advocate of anyone who collects 40 traditions”; see, for example, Al-Baghdādī, *Kitāb al-Arba‘īn*, 26. See also Perho, *Prophet’s*, 56.

<sup>43</sup> Al-Dhahabī, *Al-Ṭibb*.

<sup>44</sup> Ibn Qayyim, *Al-Ṭibb al-Nabawī*.

<sup>45</sup> Medical chapters of Ibn Muflīḥ, *Al-Ādāb*, vol. 2.

<sup>46</sup> Al-Surramarrī, *Shifā’*; references from Perho, *Prophet’s*, 59. So far, I have had no opportunity to consult al-Surramarrī’s work.

<sup>47</sup> Al-Sakhāwī’s *Al-Sayr al-Qawī fī al-Ṭibb al-Nabawī*, which he mentions in his autobiography included in *Al-Sakhāwī, Al-Ḍaw’*, 8:19 seems to have not survived. Many thanks to prof. Joseph Drory for turning my attention to al-Sakhāwī’s work.

<sup>48</sup> Ibn al-Mubarrad was one of the renowned scholars of Damascus; his *al-Ṭibb al-Nabawī* is mentioned in Ibn Ṭūlūn, *Al-Falak*, 15.

<sup>49</sup> Al-Suyūṭī, *Al-Ṭibb*.

<sup>50</sup> Ibn Ṭūlūn, *Al-Manhal*.

<sup>51</sup> See, for example, Al-Dhahabī, *Al-Ṭibb*, 229; Ibn Ṭūlūn, *Al-Manhal*, 14. In fact, Galen himself never denied the benefit of experience or did he reject the necessity of experiment. On the contrary, he had countless patients and his busy practice involved all types of disease. From the earliest medical training onwards, Galen performed dissections and insisted that they should be “repeated over and over again, in order to verify results and to improve with practice.” However, Galen’s achievements proved too difficult for future generations. When his lengthy and sophisticated output was subsequently summarized, abridged and formed into handbooks and medical encyclopedias, the practical and empirical side of his work was omitted in favor of the doctrine. See Nutton, *Roman*, 63-70; idem, *Medicine*, 79-80.

not only compatible but also complementary, the new *al-ṭibb al-nabawī*, being a combination of both, offered a perfect solution.

However, the contribution of the Mamluk-period authors' to *al-ṭibb al-nabawī* was not limited to this one observation. They also introduced a systematical presentation of prevention and treatment of illnesses in terms of the double, Galenic-Prophetic medical wisdom<sup>52</sup> and thus way further Islamized the Galenic doctrine and contributed to turning *al-ṭibb al-nabawī* into a branch of Islamic knowledge. But the handbooks of *al-ṭibb al-nabawī* that were produced in the Mamluk epoch were characterized by one more element that differed from the earlier works of this genre. Namely, they included biased references to Christians, Jews and to *dhimmīs* collectively. Such references had different forms and touched on a variety of topics. They could, like in the case of Ibn Qayyim's *Ṭibb al-Nabī*, involve entire sections of the book. In "On the remedy against poison which the Prophet received from Jews in Khaybar," and "On the remedy against the spells which Jews casted on him"<sup>53</sup> Ibn Qayyim quotes appropriate traditions in order to explain the proper treatment of a poisoned or bewitched patient. Needless to say, the evil designs behind the Jewish hospitality that were shown in this context were not quite neutral: they had to result in the increase of the Muslim readers' suspicion towards Jews and towards their therapies in particular.

The references to Christians or Jews could also be of a broadly understood cultural nature and, as such, fitted more in the anti-innovation treaty than in a handbook of medicine. A good example of such an approach is *Al-Ṭibb al-Nabawī* by Jalāl al-Dīn al-Suyūfī, who in the section on the properties of henna quotes the statement ascribed to the Prophet: "The Jews and the Christians do not dye themselves with henna, so act differently from them," which is followed by the statement of Aḥmad b. Ḥanbal: "I cannot love any man who fails to dye his grey hair in order not to resemble the People of the Book".<sup>54</sup> The cultural significance of the tradition included in the section on "Emission through sexual intercourse" was of similar character: "Except as regards intercourse [with menstruating woman] do everything differently to the Jews for the curse of Allah and His anger is on them."<sup>55</sup>

However, in the context of the theologians' contest against non-Muslims' participation in the medical culture, much more meaningful was yet another feature of the handbooks of *al-ṭibb al-nabawī* that were produced in that period. Namely, the majority of them – again, in contrast to the pre-Mamluk works of this kind – included fragments devoted specifically to *dhimmī* physicians.<sup>56</sup> Based on the authority of Ibn Ḥanbal and imam al-Shāfi'ī, these fragments strongly suggested that Muslims should not seek medical advice from non-Muslim physicians. Moreover, they warned Muslims against the

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<sup>52</sup> According to Perho, the Mamluk-era authors, who represent the latest stage of the transformation of *al-ṭibb al-nabawī* "combined the Prophet's medical sayings with the teachings of Graeco-Islamic medicine in their description of aetiology, prevention and treatment of illnesses"; see Perho, *Prophet's*, 63.

<sup>53</sup> Ibn Qayyim, *Al-Ṭibb al-Nabawī*, 100-103. Ibn Qayyim's "anthropological" remarks (p. 330) are also worth concerning.

<sup>54</sup> Al-Suyūfī, (Thomson, *As-Suyuti's*) 56, (Elgood, *Tibb*) 82; cf. also al-Suyūfī, *Al-Amr*, 146-8.

<sup>55</sup> Al-Suyūfī, (Thomson, *As-Suyuti's*) 19, (Elgood, *Tibb*) 60.

<sup>56</sup> In this respect, Ibn Qayyim's *Al-Ṭibb al-Nabawī* constitutes an exception among the works composed in the Mamluk period.

suspected contents of the medicaments prescribed by Jewish or Christian doctors. However fundamental were the merits of Ibn Ḥanbal (d. 241/855) and imam al-Shāfi‘ī (d. 204/820) for the history of Islam, and however celebrated their status within the Islamic community, their statements may sound surprising when quoted as sources for prophetic medicine which, after all, was supposed to be the medicine of the Prophet, and not of someone else.

The problem was, however, that the genuine Islamic sources for this genre, that is the Qur`anic verses and the Sunna of the Prophet, never mentioned *dhimmī* physicians. Unable to find appropriate quotations in the sacred texts, the Mamluk-era authors of prophetic medicine decided to use the indisputable authority of the two founding fathers of Islamic legal system: Ibn Ḥanbal and imam ash-Shāfi‘ī. Although it is very difficult to define precisely who was the first to involve their names in *al-ṭibb al-nabawī*, it is nevertheless certain that al-Dhahabī was one of the first authors to use this kind of references.<sup>57</sup> In his *Al-Ṭibb al-Nabawī*, the fragments on *dhimmī* doctors are included in the chapter on “Calling in the physician” (“Faṣl fī iḥḍār al-ṭabīb”) and in the chapter on “The urgency to teach the medicine” (“Faṣl fī ḥaṭḥth ‘alā ta‘līm al-ṭibb”). In the former, al-Dhahabī quoted Aḥmad b. Ḥanbal to indicate that

“one is allowed to resort to the opinion of a *dhimmī* doctor in as far as the permitted (*mubāḥ*) drugs are concerned. If, however, he prescribed forbidden medicaments such as wine etc., one is not supposed to listen to his opinion. Similarly, one does not listen to his advice in regard to breaking a fast (*fiṭr*), fast as such (*ṣaum*) or performing the prayer sitting down (*al-ṣalātu jālisān*), or anything like this. In such matters one should accept advice only from doctors who are Muslims of good reputation... Medicaments such as *ma‘ājīn* and *maṭābikh* that *ahl al-dhimma* prepare are hateful.”<sup>58</sup>

Moreover, al-Dhahabī also quoted Abū Bakr al-Marrūdhī (d. 275/888), Ibn Ḥanbal’s close follower, who maintained that Ibn Ḥanbal used to order him

“not to buy what a Christian [doctor] had prescribed for him; as he said, this was because one could not be sure whether any forbidden poisonous or dirty or other thing had not been mixed into it.”<sup>59</sup>

In the chapter on “The urgency of teaching medicine” the authority of imam al-Shāfi‘ī was used to indicate that that Christians and Jews were, in a way, intruders in medicine. Al-Shāfi‘ī, according to whom medicine was one of the most noble fields of knowledge,

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<sup>57</sup> I have had no opportunity to consult any of the two works which preceded al-Dhahabī’s *Al-Ṭibb al-Nabawī*, that is *Ṣaḥīḥ al-Ṭibb al-Nabawī* by Shams al-Dīn Muḥammad b. Abī al-Faḥ al-Ba‘lī (d. 709/1309), a Ḥanbalī, a jurist and a *ḥadīth* scholar, (Beirut: Dār al-Kitāb al-Ḥadīth 2000); and *Al-Aḥkām al-Nabawīyah fī al-Ṣinā‘a al-Ṭibbīyah* by ‘Alī b. ‘Abd al-Karīm b. Ṭarkhān al-Ḥamawī, known al-Kaḥḥāl b. Ṭarkhān (d. 720/1320), a physician-oculist (ed. by Aḥmad ‘Abd al-Ghanī Muḥammad al-Najūlī al-Jamal, Beirut: Dār Ibn Ḥazm 2004). For concise descriptions of both texts see Perho, *Prophet’s*, 55-8.

<sup>58</sup> Al-Dhahabī, *Al-Ṭibb*, 224.

<sup>59</sup> Al-Dhahabī, *Al-Ṭibb*, 224

reportedly lamented about how much of this science had been lost by Muslims, and used to say: “they lost one third of human knowledge and entrusted it to Jews and Christians.” Al-Shāfi‘ī’s conclusion was simple and sad: “People of the Book have dominated us in medicine.”<sup>60</sup> Most of the later authors of *al-ṭibb al-nabawī* genre followed the pattern set by al-Dhahabī or some of his predecessors. This was the case of Shams al-Dīn b. Muflīḥ, a 14<sup>th</sup>-century Ḥanbalī scholar from Damascus, who inserted quotations from Ibn Ḥanbal and imam al-Shāfi‘ī in the medical chapters of his *Al-Ādāb al-Shar‘īyah*),<sup>61</sup> of Ibn Ṭūlūn who did the same in his *Al-Manhal ar-Rawī fī al-Ṭibb al-Nabawī*<sup>62</sup> and al-Suyūṭī who repeated this in his *Ṭibb al-Nabī*.<sup>63</sup>

Obviously enough, using the authoritative information which presented the *dhimmi* physician as a threat to his Muslim patients could hardly be accidental. In the 9<sup>th</sup>-century Abbasid world, the comments on *dhimmi* physicians as pronounced by Ibn Ḥanbal could be a relatively unbiased manifestation of cautiousness resulting from the combination of the “time-honored tradition” of blaming the doctor with the natural fear of the Other. However, the same comments used by the Islamic theologians in the tense and repressive atmosphere of the Mamluk period meant something else.

As the case is with ideologically disposed texts, the handbooks of *aṭ-ṭibb an-nabawī* were both inspired by the spirit of the times and contributed to creating it. In practical terms, their new, revised version of *al-ṭibb al-nabawī* implied that for pious Muslims only a Muslim could be a fully competent physician: for one, because no *dhimmi* could administer the medicaments or therapy which had been revealed to the prophet Muḥammad, and two, because the *dhimmi* physician could not be trusted. In other words, Muslims were to seek medical advice from Muslims, and not from unbelievers. In fact, by making such a message a part of their *al-ṭibb al-nabawī* handbooks, the Mamluk-era authors made it a part of what they possibly perceived as the new, correct medical canon.

4. As for the theologians’ influence on the state authorities and their interference in shaping some of the legal documents concerning medicine, a number of the Mamluk rulers’ decisions seem to confirm the existence of such a tendency. One of them involves the *waqfiyah* for sultans’s Qalāwūn’s hospital, a document which was composed in 685/1286 and which specified that non-Muslims were neither to be treated nor employed in this institution.<sup>64</sup> The meaning of this provision – which was probably the earliest decision of this kind – seems to have been a breakthrough in the history of the medical culture of Dar al-Islam. Until then, it seems, no similar official “segregationist” regulation regarding hospital treatment was introduced in Egypt, Syria or Iraq.

Obviously enough, *dhimmi*s and Muslims were never equals in Dār al-Islām. However, when it came to the issues of health care, the discriminatory approach did not exceed

<sup>60</sup> Al-Dhahabī, *Al-Ṭibb*, 228.

<sup>61</sup> Ibn Muflīḥ, *Al-Ādāb*, 2:427-37.

<sup>62</sup> Ibn Ṭūlūn, *Al-Manhal*, 11, 289.

<sup>63</sup> Al-Suyūṭī, (Thomson, *As-Suyuti’s*) 126, 127 and 129, (Elgood, *Tibb*) 126, 127, 129.

<sup>64</sup> The document, titled “Wathā’iq waqf as-Sulṭān Qalāwūn ‘alā al-bīmāristān al-Manṣūrī” is included in Ibn Ḥabīb, *Tadhkirat*, 367, lines 294-7; many thanks to Prof. Linda Northrup for turning my attention to this document; see also Northrup, *Patronage*, 127.

the common sense, as presented, for example, by certain 10<sup>th</sup>-century Abbasid state official who, when asked by a doctor<sup>65</sup> for a permission to build a hospital in which *dhimmi* patients could be treated, replied: “there is no difference between us as to the opinion that the treatment of *ahl al-dhimma* and animals is a correct thing to do. However, a practice should be observed that humans are treated before animals, and Muslims before *ahl al-dhimma*.”<sup>66</sup> Whatever reactions such a categorization may provoke in the age of political correctness, it should be noted that the Abbasid official’s statement simply illustrates the universal character of human attitudes towards the outgroups.

In the context of the present study, however, the statement is interesting not so much for its universal message, but because it reveals a feature of the Abbasid official’s mentality which, the inter-religious animosity notwithstanding, did not assume that the needy religious Other should be deprived of medical help. Of course, a person’s statement should probably not be used as a reflection of a common attitude typical of all the Muslims. However, it should be kept in mind that the pre-Mamluk division into Muslims and Others – unlike the later repressive and discriminative division typical for the Mamluk epoch – was relatively unbiased. Separating oneself from somebody else’s otherness and defining the Other was necessary to identify oneself; it was necessary to stress that “we” were better than others.<sup>67</sup> Apart from occasional attempts to revise and implement to so-called code of ‘Umar, discrimination was not really en vogue in the pre-Mamluk times.

However, it should be kept in mind that the Abbasid official’s statement which was quoted above referred to the idea of health care and hospital in general, and not to the hospital established – as was the case of Qalāwūn’s hospital – as a part of an Islamic charitable foundation. In fact, it should probably be not surprising that a religious charitable institution had a more restrictive approach than the multi-cultural secular hospitals of Gondēshāpur (however mythical it was)<sup>68</sup> or Abbasid Baghdad, and that it limited its services to the members of its own community. After all, this was idea and practice of the Byzantine or Latin Christian hospitals of the Middle Ages.<sup>69</sup> For the time being, it is difficult to say for certain whether Christians or Muslims were (dis-)allowed

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<sup>65</sup> The doctor was Abū Sa‘īd Sinān b. Thābit Qurra, who was a Christian by confession by the time he wrote the request; for bibliographical data see Ibn Abī Uṣaybi‘ah, *‘Uyūn*, 1:220-4 (“Abū Sa‘īd Sinān b. Thābit Qurra”).

<sup>66</sup> Ibn Abī Uṣaybi‘ah, *‘Uyūn*, 1:221 (“Abū Sa‘īd Sinān b. Thābit Qurra”).

<sup>67</sup> In fact, many of the mechanisms referring to categorizing humans seem to be activated unintentionally; see, for example, Stephan, *Stephan, Intergroup*, 8-11, 16-17, 52. For an attempt to establish a general theory of the self see Stets, Burke, *Identity*, 224-37. For interesting remarks regarding the roots of human prejudice see Van den Berghe, *Racism*, 21-33. Also Clarke, *Social*. For a brief discussion Islamic identity see Berkey, *Formation*, 113-23.

<sup>68</sup> For a concise discussion of Gondēshāpur and its medical school see Shahbazi, Richter-Bernburg, *Gondēshāpur*. On the myth of Gondēshāpur hospital and its medical school see Pormann, Savage-Smith, *Medieval Islamic*, 20-1.

<sup>69</sup> For the discussion of the Islamic hospital see Dols, *Origins*, 367-90; Pormann, Savage-Smith, *Medieval Islamic*, 95-101; Conrad, *Arab-Islamic*, 135-8. For comparison with the Christian and Byzantine institutions see Mitchell, *Medicine*, 46-107; also Lev, *Politics*, 138-9. For an extensive study of Byzantine Hospital see Miller, *Birth*. For studies of the institution of hospital in the Western Christian culture see, for example, Henderson, *Material Culture*, 155-66; Horden, *Christian Hospital*, 77-99; Edgington, *Hospital*, ix-xxv.

to work, or to be treated, in hospitals financed by Islamic pious foundations in the pre-Mamluk epoch. The 11<sup>th</sup>-century Qarakhanid endowment deed of the hospital in Samarqand stated that the institution was “established for sick Muslims,”<sup>70</sup> a provision which, however, was not really equivalent to the prohibition on treating non-Muslims. Interestingly enough, the references to the hospital which Ibn Ṭūlūn established in Fustāt (261/875), specified that neither soldiers nor *mamlūks*, were to be treated there.<sup>71</sup> However, non-Muslims were not mentioned.

In other words, it seems there was no tendency before the Mamluk period to promote religious segregation in the domain of health care. Quite possibly, the discriminative provision included in the Qalāwūn’s *waqfiyah* was quite unique in this respect. Since it referred not only to doctors but also to patients, it was, in a way, even more drastic than the two decrees prohibiting Christians and Jews to practice medicine – of which one was issued in 755/1354 and the other in 852/1448-9.<sup>72</sup> Be it as it may, all three decisions are examples of how the state authorities, having yielded to theologians’ suggestions, joined the action of Islamizing medicine and introducing into it religious segregation.

#### IV. Conclusions

Doubtlessly, the theologians set the medical culture on a new course. Doubtlessly, they contributed to re-evaluating the notion of “*tibb*” which, once free of theology and religion, now gained a religious attribute and lost its universal character. Moreover, their increased command of theoretical medical knowledge, combined with taking over a part of theoretical medical education and with the (presumed) promotion of the revised *al-tibb al-nabawī*, made it possible to introduce a religious segregation to medical culture. At the same time, these maneuvers increased the prestige of medicine among religious Muslims and made it attractive for them. Their influence on the Mamluk elites resulted in producing discriminative regulations related to medical practice. However, what did it mean in practical terms?

In fact, some things changed significantly: as Doris Behrens-Abouseif observed, in the post-Ayyubid epoch the erudite physician of earlier periods seems to have been transformed into the erudite *fakīh* who also studied medicine.<sup>73</sup> The problem was, however, that the theologians’ increased concern for theoretical medical knowledge was not accompanied by their increased interest in practical medicine. In other words, those who studied medical literature generally did not tend to become practitioners.<sup>74</sup> As a result, theoretical medical education, which served only to indicate one’s erudition,

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<sup>70</sup> Khadr, Cahen, *Actes*, 316; earlier on, the document also states that the hospital is established for the sick (*marḍā*) and poor (*fuqarā’ and masākīn*) whose religion, however, is not specified; see Khadr, Cahen, *Actes*, 315; cf. Lev, *Politics*, 139-40. Many thanks to Prof. Yaacov Lev for turning my attention to the Qarakhanid document.

<sup>71</sup> Al-Maqrīzī, *al-Mawā’iz*, 2:405.

<sup>72</sup> Al-Maqrīzī, *al-Sulūk*, 2/3:925 (prohibition of 755/1354); Ibn Taghrī Birdī, *Al-Nujūm*, 15:137 and al-Sakhāwī, *Al-Tibr*, 2:89 (prohibition of 852/1448); the latter prohibition is mentioned by Perlmann, *Position*, 319; idem, *Anti-Christian*, 861.

<sup>73</sup> Behrens-Abouseif, *Image*, 341.

<sup>74</sup> In fact, the situation seems to have become comparable to that in ancient Rome, where Roman citizens could study medical literature for the sake of erudition, but generally abhorred the idea of being practitioners; see Szumowski, *Historia*, 136; cf. Behrens-Abouseif, *Image*, 336.

became the domain of the *'ulamā'*, while medical practice was left to professionals who did not or could not, for various reasons, study medical theory.<sup>75</sup> But, as the saying goes, the more things change, the more they stay the same.

Ironically enough, a significant part of those professionals were non-Muslims who, pushed back by Muslims from the field of theoretical medicine, continued to dominate among practitioners and to give medical advices to their Muslim patients – to the discontent of the religionists and despite the bans issued by the Mamluk governments. However, such a situation would not be possible had it not been for the patients themselves. Judging by the works of authors who lamented that many Muslims, including *'ulamā'* and pious individuals, sought medical advice from *dhimmī* physicians, we can conclude that when it came to medical care, Near Eastern Muslims preferred to follow their instinct, common sense, or a local custom rather than the official party line.

Indeed, contrary to intentions of the theologians, as far as the religious affiliation of the medical practitioners was concerned, little seems to have changed. As late as in the 16<sup>th</sup> century 'Abd al-Wahhāb al-Sha'rānī (d. 973/1565) lamented that many Muslims, including *'ulamā'* and pious individuals, sought medical advice from *dhimmī* physicians, especially Jews, and complained that occasionally Muslims even asked the Jews to help in the circumcision of their sons.<sup>76</sup> For Dāwūd al-Anṭākī (d. 1008/1599), “the last great Arab physician,” as Doris Behrens-Abouseif calls him, the *dhimmī* medical practitioners became the very reason behind his own professional career: in the introduction to his *Tadhkirat Ūlī al-Albāb wa-al-Jāmi' li-al-'Ajab al-'Ujāb* Dāwūd al-Anṭākī explains that he decided to practice and teach medicine in Egypt after he saw that the *fakīh* who was the source of religious sciences would run to the lowest Jewish physician when it came to medical care.<sup>77</sup>

Apparently, for the desperate patient it mattered little whether the healer was Muslim, Christian, or a Jew, as long as he or she could, or was believed to be able to, heal the sick.<sup>78</sup> Religious piety and social mood notwithstanding, when it came to medical care, the good reputation of a physician, and the confidence he aroused, counted most of all.

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The present study only partly explains the nature of the Islamic theologians' engagement in medicine and their contribution to the evolution of medical culture in Egypt and Syria under the Mamluks. Too many questions remain unanswered and require further investigation. We still do not really know whether the theologians' involvement in medicine was spontaneous or constituted a part of a premeditated design to Islamize medical culture. Did they really mean to change the existing medical order? How common among them was the concern for medical theory and medicine in general? Did the Islamic scholars perceive *al-ṭibb al-nabawī* as the new, correct medical

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<sup>75</sup> The medical craft was thus deprived of the scholarly ground on which it once flourished, while the practicing physicians became “mere” craftsmen; see Behrens-Abouseif, *Image*, 341.

<sup>76</sup> Al-Sha'rānī, *Lawā'ih*, 238; Winter, *Society*, 283, 285-6.

<sup>77</sup> Dāwūd al-Anṭākī, *Tadhkirat Ūlī al-Albāb wa-al-Jāmi' li-al-'Ajab al-'Ujāb*, quoted in: Behrens-Abouseif, *Image*, 339.

<sup>78</sup> Cf. Gadelrab, *Medical Healers*, 386; Shatzmiller, *Jews*, 122-3.

canon which should become binding for all Muslims?<sup>79</sup> How far this kind of literature penetrated, and affected, the field of theoretical and practical medicine? How significant was the theologians' share in medical practice? What was the role of the intellectual networks which connected the theologian doctors across time and space?<sup>80</sup> And, finally, what is the history of religious discrimination in the Near Eastern medicine? How did the changing relations with Christians or Jews affect medical culture? Did they affect the Muslim patients' attitude towards non-Muslim medical practitioners and thus the doctor-patient confidentiality?

All these questions require a detailed investigation. However, due to the sometimes very fragmentary evidence based on extremely diverse source material, the historical investigation in this case quite often stands on the ground so uncertain that guesswork and speculation are the only way to proceed. Moreover, while interpreting the processes, events and phenomena one sometimes is very close to falling into a trap of backward projection or of ascribing to individuals intentions which they might not have really had. Since finite statements cannot be made when the data is insufficient, cautious hypothesizing with a number of possibilities left open is often the only possible conclusion.

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<sup>79</sup> According to Irmeli Perho, "the scholars' effort to give medical information was not only an act of piety, 'a pious hobby to earn reward in the hereafter' (...), but it was also an attempt to impose a certain type of medicine on the people, to make them reject those medical theories and practices that could not find support in the Koran and the Sunna", see Perho, *Prophet's*, 83. In fact, such opinions can hardly be confirmed by convincing evidence and therefore are highly debatable.

<sup>80</sup> I mean here both the teachers-students connections and the reference networks that refer to the way in which authors used earlier works; cf. Hargens, *Literature*, 846-65.

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