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## **Al-Bīmāristān al-Manṣūrī Explorations: The Interface Between Me- dicine, Politics and Culture in Early Mamluk Egypt**

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**AL-BĪMĀRISTĀN AL-MANŞŪRĪ – EXPLORATIONS:  
THE INTERFACE BETWEEN MEDICINE, POLITICS AND CULTURE IN  
EARLY MAMLUK EGYPT**

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Linda Northrup is Associate Professor (Middle Eastern and Islamic History) in the Department of Near & Middle Eastern Civilizations at the University of Toronto and a former Fellow of the Anne-Marie-Schimmel Kolleg of the University of Bonn. She received her Ph.D. in Islamic Studies (History) from the Institute of Islamic Studies, McGill University, Montreal, in 1983, following which she held a Post-Doctoral Fellowship from the Social Sciences and Humanities Research Council of Canada from 1983-1985. She taught Islamic History in the Arabic Studies Department at the American University in 1984, served as a Project Officer in the Middle East, Social Sciences Division, International Development Research Center of Canada, based in Cairo and Ottawa, from 1985-86, and was a Research Associate and Project Coordinator with the Center for International Studies, University of Toronto, before taking up her academic post at the University of Toronto in 1990.

Her post-doctoral research focused on documents from the Mamluk period in the collections of Cairo partly as a consequence of which she was instrumental in bringing to light a cache of documents from the Mamluk period, first discovered by her colleague, Amal Abu'l-Hajj, Director at the time of the Islamic Museum at the Haram in Jerusalem.

Northrup's current research centers on the interface between medicine, politics and culture in the Mamluk period in Egypt and Syria as viewed through the lens of the history of the Manşūrī hospital founded by the sultan al-Malik al-Manşūr Sayf al-Dīn Qalāwūn in 683/1284.

Among her publications are:

- *From Slave to Sultan: The Career of al-Manşūr Qalāwūn and the Consolidation of Mamluk Rule in Egypt and Syria (678-689 A.H./1279-1290 A.D.)* "Frieburger Islamstudien," XVIII. Stuttgart: Franz Steiner Verlag, 1998.
- "The Baḥrī Mamlūk sultanate, 1250-1390," in *The Cambridge History of Egypt*, General Editor M.W. Daly. Vol. I. *Islamic Egypt, 640-1517*, edited by Carl F. Petry. Cambridge: Cambridge University Press, 1998, pp. 242-89.
- "Qalawun's Patronage of the Medical Sciences in Thirteenth Century Egypt," *Mamluk Studies Review*, V (2001), pp. 119-40.
- "Military Slavery in the Islamic and Mamluk Context," in M. Erdem Kabadayi and Tobias Reichardt, eds. *Unfreie Arbeit: Okonomische und kulturgeschicliche Perspektiven*. Hildesheim, Zurich, New York: Georg Olms, 2007, pp. 115-32.

- Linda S. Northrup and Amal Abu'l-Hajj, "A Collection of Medieval Arabic Documents in the Islamic Museum at the Ḥaram al-Šarīf, *Arabica*, XXV, 3 (1978), pp. 282-93.

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## Abstract

Al-Bīmāristān al-Manṣūrī (the Manṣūrī hospital), founded by the sultan al-Manṣūr Sayf ad-Dīn Qalāwūn (r. 678-689/1279-1290) at a moment of cultural shift, is both the object of this study and a lens through which to view the links between medicine, politics and culture in Mamluk Egypt and Syria. The exploratory research described here is intended to result in a history of this hospital that will cast light on aspects of the intellectual history of the Mamluk period that, despite several recent groundbreaking studies, still remains largely unknown and underappreciated. Two approaches have been used: 1) source analysis with primary focus on two documents, the diplomas for the *riyāsat aṭ-ṭibb* (chief physicianship in Egypt and Syria) and the *tadrīs al-bīmāristān* (chair of medicine at the hospital) examined with respect to their structure and three themes (*ḡihād*, *‘ilm*, and medical education) and 2) network analysis focusing on individuals who had some affiliation to the hospital whether as founder, later donor, physician, administrator, student, or patient. Although we have barely scratched the surface here, the paths followed seem promising as strategies to arrive at more than a descriptive history of the hospital and to provide insights into the role of the hospital within the context of the medicine, politics and wider intellectual currents and culture of the period. The textual analysis of two diplomas of appointment indicates that in addition to other possible purposes, the hospital was intended both to elevate the status of medicine as a discipline by rendering this foreign science less controversial in the Islamic context by demonstrating that medicine (*‘ilm al-abdān*) was integral to the religious sciences (*‘ilm al-adyān*) and ultimately to advance the Islamization of the medical profession. The analysis of networks of individuals with affiliations of various kinds to the hospital promises to yield insights into the links between medicine and power within the context of the wider cultural and intellectual environment. To date, this type of analysis also shows that despite the *ḡihādī*, exclusionary language and intentions of the documents at the formal level, actual relationships and networks at the time of the founding of the hospital were in fact more inclusive at the informal level at least at the beginning of the Mamluk era. This exploratory research opens new paths for studying the history of Mamluk society and intellectual history while raising more questions than it answers, such as, most basically, what role the hospital played in these developments?

## Introduction

In the West, hospital histories comprise a massive literature.<sup>1</sup> This is not the case for the Islamic world for which, until now, there exists not a single, up to date overview of the history of this institution. Though now dated and in any case for the most part purely descriptive, Ahmad Isa Bey's *Histoire des Bimaristans (hôpitaux) à l'époque islamique* (1928),<sup>2</sup> especially in the revised Arabic version, *Ta'rīḥ al-bīmāristānāt fī l-islām* (1939),<sup>3</sup> remains the only published effort of this kind.<sup>4</sup> Michael Dols was well on his way to producing a history when his untimely death in 1984 intervened. His publications provide the groundwork for such a history, including the context for the origins of the hospital in the Islamic world.<sup>5</sup> Yasser Tabbaa has recently taken up the baton in his project to chart the history of the hospital as an institution from the eighth to the fifteenth century.<sup>6</sup> Yet, it is unlikely that the number and variety of histories produced in the West could ever be matched for the Islamic world, since the kinds and number of sources and data available to historians of the western institution are simply lacking for hospitals in the early Islamic period in general and the Middle East and Mamluk period in particular. My project is not intended to fill the gap. Rather, I will focus on the history of one hospital, al-Bīmāristān al-Manṣūrī,<sup>7</sup> or the Manṣūrī hospital, founded by the Mamluk sultan al-Manṣūr Sayf ad-Dīn Qalāwūn in late thirteenth century Cairo, contextualized in its political, social, religious and intellectual environment. Though often cited, this hospital has not until now received in depth attention. This paper is a report on my research in progress and some insights achieved to date regarding the history of this institution.

Aside from its considerable intrinsic interest, why study this particular hospital? In my view, there are at least four reasons for focusing attention on this institution: 1) the existence of relatively rich documentation; 2) the longevity of this institution; 3) the integrative nature of the hospital as an institution that reflects all layers of society; and most significantly 4) its founding at the moment of cultural shift. It is this last concern that will occupy me most here. But first, al-Bīmāristān al-Manṣūrī is relatively well documented compared to other equally renowned hospitals in the region such as the 'Aḥūdī hospital in Baghdad, the Nūriyya in Damascus, or the Ṭulūnid in al-Qaṭā'ī (Cairo) among others.<sup>8</sup> Most notably, two founding *waqfiyyāt* (endowment deeds) as well as a second true copy of one of them are extant for the hospital and are preserved

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<sup>1</sup> Horden, "The World of the Hospital", p. 35.

<sup>2</sup> 'Isā Bey, *Histoire*.

<sup>3</sup> Idem, *Ta'rīḥ al-bīmāristānāt*.

<sup>4</sup> On the origins of the hospital in the Islamic world, see Dols, "Origins." See also Conrad, "The Arab-Islamic Medical Tradition," 101.

<sup>5</sup> See especially, for example, Dols, "Origins," among other publications.

<sup>6</sup> Tabbaa, "Functional Aspects," 95.

<sup>7</sup> For the etymology of the term "*bīmāristān*" see Dols, "Origins," p. 379; Tabbaa, "Functional Aspects," pp. 96 – 97; and Dunlop et al., "Bīmāristān," 1222.

<sup>8</sup> Several documents for these other hospitals have been preserved, but until now we have a more complete set of documents for *al-Bīmāristān al-Manṣūrī*.

in the collections of Dār al-Waṭā'iq al-Qawmiyya and the Wizārat al-Awqāf in Cairo.<sup>9</sup> Several diplomas of appointment (described as *tawqī'* or *taqlīd*, depending on the source) for various positions at this hospital, including the chief physicianship (*riyāsat aṭ-ṭibb*),<sup>10</sup> the chair of medicine (*tadrīs al-bīmāristān*),<sup>11</sup> the superintendancy or directorship (*naẓar*),<sup>12</sup> and the comptrollership (*istiḫā'*),<sup>13</sup> have also been preserved in narrative sources and/or in scribal manuals. Narrative sources record information, at times purposefully, sometimes haphazardly, about the fortunes of the Manṣūrī hospital throughout the Mamluk period, and biographical dictionaries and necrologies found in narrative sources provide information on instructors in medicine, physicians, surgeons, ophthalmologists, and bone setters affiliated with the hospital, and even occasionally on their patients, as well as on students of medicine at the hospital or at the madrasa that was part of the sultan's complex where medicine was also taught. Scribal manuals, topographical works and travel memoirs (*riḥla*) also contribute to this fund of information.

Second, despite occasional periods of neglect or disrepair resulting from human failings or natural disasters, al-Bīmāristān al-Manṣūrī, unlike some other hospitals such as, for example, the hospital founded by the sultan al-Mu'ayyad Ṣayḥ in Cairo ca. 823/1420, which closed shortly after his death,<sup>14</sup> continued to flourish throughout the Mamluk period and even beyond it. During the reign of an-Nāṣir Muḥammad the superintendant (*nāẓir*) at the time, the amir Āqūsh al-Aṣraḫī, built (ca. 726/1326) a new ward at his own expense and refurbished the decoration of an exterior wall.<sup>15</sup> Further donations and additions were made to it during the Mamluk period.<sup>16</sup> An Ottoman traveler, Evliya Çelebi, who showed particular interest in hospitals and had visited many, toured the Manṣūrī hospital in the late 1600s and described it as being without equal with regard to the building itself, the services provided, and the medications available.<sup>17</sup> 'Abd ar-rahmān Kathūdā, a wealthy, freeborn member of a mamluk household in Egypt who became head of the Qazduḡli faction and leader of one of the most powerful Ottoman military corps in

<sup>9</sup> See Amīn, *Fihrist*, 6, wherein the extant founding endowment deeds are listed including Catalogue # 15 (Document # 15/2) 12 Ṣafar 685/9 April 1286; and 21 Ṣafar 685/18 April 1286; Catalogue # 299, Document # 1010, Awqāf (*qadīm*) Daftarḥāna Wizārat al-Awqāf, Cairo, which is a copy taken from document # 15/2; and 14 Raḡab 686/25 August 1287, Catalogue #301, Document # 1011 Awqāf (*qadīm*) Daftarkhāna Wizārat al-Awqāf, Cairo. For text, see Ibn Ḥabīb, *Taḍkirat al-nabīh*; revised and prefaced by Sa'īd 'Ashūr (Cairo: al-Hayāt al-Miṣriyya al-'Āmma li-al-Kitāb 1976), appendix, pp. 295-396.

<sup>10</sup> *Riyāsat aṭ-ṭibb*: Ibn al-Furāt, *Ta'riḥ*, 8:22-25.

<sup>11</sup> *Taqlīd* for *tadrīs aṭ-ṭibb* at the hospital: Ibn al-Furāt, *Ta'riḥ*, 8:25-27; al-Qalqaṣandī, *Ṣubḥ*, 11:253-56.

<sup>12</sup> *Tawqī'* for *naẓar* al-Bīmāristān al-Manṣūrī during reign of an-Nāṣir Muḥammad b. Qalāwūn: al-Qalqaṣandī, *Ṣubḥ*, 11:156-59 for *tawqī'* when the appointee is from the military and 11:259-262 when appointee is one of the men of the pen.

<sup>13</sup> *Tawqī'* for *istiḫā'*: aṣ-Ṣafadī, *A'yān*, 1:228-30.

<sup>14</sup> The hospital of Mu'ayyad Ṣayḥ closed its doors shortly after the sultan's death for lack of sufficient funding. Unlike the *waqf* Qalāwūn established especially for the hospital, al-Mu'ayyad Ṣayḥ's *waqf* was part of the *waqf* he established for his mosque. Tabbaa, "Functional Aspects," 111.

<sup>15</sup> Meinecke, *Mamlukische Architektur*, 144, #205.

<sup>16</sup> Amīn, *Fihrist*, #651; see also # 300, 307, 708, 712, 721.

<sup>17</sup> Dols, *Majnūn*, 121-26. See also Tabbaa, "Functional Aspects," 109.

Egypt, undertook a thoroughgoing renovation in 1746.<sup>18</sup> Barely a half-century later, at the time of the French expedition, the hospital seems to have again fallen into a state of disrepair, according to the French doctor Desganettes who saw it and described it.<sup>19</sup> Several reports dating to the nineteenth century attest that the hospital had deteriorated.<sup>20</sup> By the early twentieth century, little was left of the original hospital and so in 1912 an eye clinic, named after Qalāwūn, was built on the site.<sup>21</sup> The clinic still occupies that location today, thus perpetuating the memory of the founder and the medical purpose of the original endowment.<sup>22</sup> The survival of this hospital over the centuries has been attributed both to the fact that Qalāwūn created not only a very rich endowment, but also a separate *waqf* for it<sup>23</sup> and to the strict monitoring of the finances of the institution.<sup>24</sup> The longevity of this hospital allows the historian to study the institution diachronically as well as synchronically and potentially to trace changes in medicine, attitudes toward medicine, medical instruction, funding, administration, etc., that in turn also mirror changes in society and culture by which I mean the political, social, religious and intellectual environment.

Third, the intention is not to suggest that this hospital is representative of all hospitals in the Islamic world or in the region. Rather, among the most important reasons for studying this institution is that its particular history may illuminate aspects of political, social, religious and intellectual life of Mamluk Egypt at particular moments that are until now only dimly viewed, for the hospital is an institution that engages and integrates all interests and levels of society from the political, military, religious and intellectual elite to ordinary people. The hospital thus provides a lens through which to examine political, social, religious and intellectual currents through the networks of individuals that reflect the various strands that converge through their connections to this hospital.

Finally, the most important reason for studying the Maṣṣūrī hospital is that it was established at what – it is now increasingly becoming clear – was a turning point in developments in the field of medicine, a fact that cannot be dissociated from changes in the broader socio-political, religious and intellectual environment of the time. Interest in medicine had grown throughout the twelfth and thirteenth centuries. This interest is reflected in the production of specialized biographical dictionaries, such as those authored by Ibn al-Qifṭī (d. 646/1248) (*Taʿrīḥ al-ḥukamāʾ*), and Ibn Abī Uṣaybīʿa (d. 668/1270) (*ʿUyūn al-anbāʾ fī taʿrīḥ al-aṭibbāʾ*), devoted to

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<sup>18</sup> In addition to restoring the Maṣṣūrī hospital, Kathūdā also restored other parts of Qalāwūn’s complex in Bayn al-Qaṣrayn. See Crecelius, “Problems,” 382-83.

<sup>19</sup> Dols, *Majnun*, 122, n. 22. See also ʿĪsā Bey, *Histoire*, pp. 47-50.

<sup>20</sup> ʿĪsā Bey, *Histoire*, 50-53.

<sup>21</sup> ʿĪsā Bey, *Histoire*, 54. See also Herz-Pascha, *Baugruppe*, 45-46.

<sup>22</sup> ʿĪsā Bey, *Histoire*, 57-58.

<sup>23</sup> Amīn, in Ibn Ḥabīb, *Taḍkira*, 1:309.

<sup>24</sup> Amīn, in Ibn Ḥabīb, *Taḍkira*, 1:309. Muʿayyad Ṣayḥ’s hospital was closed after the death of its founder. See Sabra, *Poverty and Charity*, 80. Sabra also suggests that Qalāwūn’s hospital endured because of the strict control exercised over its finances. See idem, *Poverty and Charity*, p. 80.



physicians, philosophers and scientists, as well as in seminal works on medicine such as Amīn ad-Dawla b. al-Quff al-Karakī's (d. 685/1286) manual on surgery, *k. al-'Umda fī šinā'at al-ğirāha* and Ibn an-Nafīs' *k. aš-Šāmil fī ṭ-ṭibb* among others, which demonstrate that Islamic medicine had not stagnated after the eleventh century as is often claimed, but had retained its vitality at least up to this time.<sup>25</sup> Fancy suggests that specialized biographical dictionaries such as Ibn Abī Uṣaybī'a's *'Uyūn al-anbā'* demonstrate "that the pursuit of medicine and related rational sciences was deemed prestigious and honorable."<sup>26</sup> The interest in medicine is also signaled by the increase in the number of hospitals founded over these two centuries.<sup>27</sup> Hospital culture in this period is reflected in Ibn Abī Uṣaybī'a's *'Uyūn al-anbā'*.<sup>28</sup> In fact, Yasser Tabbāa speaks of a revival of medicine in the twelfth century, "spearheaded by hospitals and instigated by the patronage of Nūr ad-Dīn." He further notes that whereas, or even if, theoretical medicine had experienced decline, "the practice of Galenic medicine continued to be developed and refined within the confines of hospitals. The *bīmāristān*, therefore, contributed toward the institutionalization of Islamic medicine and to the professionalization of physicians,"<sup>29</sup> a process replicated by the madrasa with respect to the professionalization of the *'ulamā'* and the institutionalization of the juridical and religious sciences. Al-Bīmāristān al-Manšūrī stands out as the crowning, and perhaps the last, achievement with respect to the medical sciences in this period of intense interest, at least in Mamluk territory.

Yet, even during this period of heightened interest in the field, one detects signs of a cultural shift, whose origins can perhaps be found in even earlier developments. In contrast to hospitals in Christian Byzantium or in the Latin West, which operated under the auspices of the Church, early Islamic hospitals can be said to have been "secularly" oriented, that is, not administered under the auspices of any religious authority.<sup>30</sup> That is not to say, however, that there was no recognition of the fact that, as Tabbāa puts it, "illness, medicine and healing," as reflected in inscriptions in al-Bīmāristān an-Nūrī in Damascus are "symptoms of divine grace" or that "[d]octors and their preparations are mere instruments in the hands of God, who alone causes life, brings death, and predetermines the *ağal* of all mortals."<sup>31</sup> Be that as it may, the administration of hospitals in this period remained in the hands of mortals, not under the control

<sup>25</sup> For a discussion of the decline paradigm with respect to medicine, see Joose, Pormann, "Decline and Decadence," p. 26.

<sup>26</sup> Fancy, *Science and Religion*, p. 19.

<sup>27</sup> It is of interest to note that interest in hospitals in this period was not unique to the Mamluk realm or the Islamic World. See, for example, John Henderson, Peregrine Horden, and Alessandro Pastore who comment, "The earliest of Vienna's surviving hospitals had been a part of a great wave of foundations that spread right across Western Europe in the 'high' Middle Ages of the twelfth to thirteenth centuries," "Introduction" in *Impact of Hospitals*, p. 19.

<sup>28</sup> Richter-Bernburg, "Ideals and Realities."

<sup>29</sup> Tabbāa, "Rationality and Belief," 1.

<sup>30</sup> Miller, *Birth*; Dols, "Origins," p. 387; Pormann, Savage-Smith, *Medieval Islamic Medicine*, 101. Dols (*Medieval Islamic Medicine*, 23-24) gives credit for this approach to the Galenic system which he says, "helped to establish a non-moralizing and non-condemnatory interpretation of diseases and their victims in Islamic society," and thus "sustained a rational and secular approach to the fundamental questions of health and illness."

<sup>31</sup> Tabbāa, "Rationality and Belief," 1.

of any one religious authority or person, including the caliph, and until the establishment of Qalāwūn's hospital in late thirteenth century Cairo, there is no evidence of concern that the administration of hospitals should be placed under such an authority and little evidence of concern with regard to the religious affiliation of medical personnel, patients, or students.<sup>32</sup> Moreover, Islamic medicine had from the very beginning been pluralistic in origin; it was based on the Greek medical tradition with lesser reliance on Indian and Chinese sources and to an even smaller extent Arabian folk medicine.<sup>33</sup> Dols remarks, "the Greek tradition of medicine served as a common intellectual framework for professional doctors throughout the medieval Mediterranean world," transcending (as Goitein's work on the medical profession in the light of the Geniza demonstrates) all cultural, linguistic and territorial boundaries.<sup>34</sup> Moreover, Brentjes notes, "cross-denominational cooperation," among Nestorians, Jacobites, Sabians, Greek Orthodox, Sunnis, Shi'a, Zoroastrians and Jews, was one of the results of the patronage of this science by the 'Abbasid court.<sup>35</sup> Although they had inherited the institutional framework of the Christian institution in some respects and the Galenic philosophical foundation with regard to treatment, Islamic hospitals were not, as noted, religious institutions under the direction of a religious authority, but were established outside the confines of formal institutionalized religion. In the Mamluk period it was sultans and amirs, not caliphs or members of the religious establishment, who founded hospitals. Similarly, direction of the hospitals, at least in the early Mamluk period, if not in the hands of the donor himself, was assigned to a political appointee, a member of the Mamluk military or a high-ranking bureaucrat. Moreover, the medical profession was one of the few professions that had remained open to non-Muslims. Knowledge of the Greek medical canon was the main qualification for attaining the status of physician (*ṭabīb*). Jewish and Christian physicians might teach and treat patients in these hospitals.<sup>36</sup> Nevertheless, hospitals operated within the political, social, religious and intellectual environment and so in theory might be vulnerable to the effects of changes in culture.

In the thirteenth century, even as Ibn al-Qifṭī and Ibn Abī Uṣaybī'a were composing their dictionaries, if not earlier, aspects of this quite liberal environment began to change. The Damascene physician Muḥaḍḍab ad-Dīn ad-Daḥwār (d. 628/1230)<sup>37</sup> provided for the endowment on his death of a madrasa, normally defined as an institution of higher Islamic religious learning, but in this case specialized in the teaching of medicine from which, by definition, non-Muslim students were excluded. This seems to have been the first madrasa of its kind, i.e., a madrasa devoted to the study of medicine rather than to the religious sciences, but it would not be the

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<sup>32</sup> See, for example, Anne-Marie Eddé's comments on the positive relationships between Muslim and *ḍimmī* doctors despite some dark shadows on the horizon, in her article, "Les médecins," 92-93. Dols ("Origins," 388), on the other hand notes that a third/ninth century letter from Ṭāhir b. Ḥusayn, "suggests that the early hospitals may have been established initially only for Muslims."

<sup>33</sup> Dols, *Medieval Islamic Medicine*, p. 3.

<sup>34</sup> *Ibid.*, 41.

<sup>35</sup> Brentjes, "Sciences," 573.

<sup>36</sup> Dols, "Insanity," 143.

<sup>37</sup> Ibn Abī Uṣaybī'a, *Uyūn*, 733-34. Pormann, Savage-Smith, *Medieval Islamic Medicine*, 83.

only one.<sup>38</sup> Another well-known physician in Damascus, Raḍī d-Dīn ar-Raḥbī (d. 631/1233), also excluded non-Muslims from his courses.<sup>39</sup> The *waqfiyya* for Qalāwūn's hospital, perhaps following the precedent set by ad-Daḥwār's "medical madrasa," clearly states that Christians and Jews were to be excluded from employment or even from treatment there.<sup>40</sup> Although Christian and Jewish doctors continued to serve at the Court, the exclusion of non-Muslims from employment or treatment at Qalāwūn's hospital appears to be a new development. As we shall shortly see in greater detail, Qalāwūn's appointees to the post of *ra'īs al-aṭibbā'*, the triumvirate of the three Ibn Abī Ḥulayqa brothers, among whom Muḥaddab ad-Dīn was the senior member who was simultaneously appointed to the chair of medicine at the hospital, had converted to Islam shortly before their appointment. In fact, one of the brothers, Muwaffaq Aḥmad, referred to as "al-qāḍī" (!) in the *tawqī'* converted in 683/1284-85 in the sultan's presence, in other words just in time to accept an appointment, presumably to comply with the conditions set out in the endowment deed.<sup>41</sup>

There is further evidence for cultural change. Behrens-Abouseif noticed that the production of specialized biographical dictionaries such as Ibn al-Qifṭī's *Ta'riḥ al-ḥukamā'* and Ibn Abī Uṣaybī'a's *Uyūn al-anbā'*, devoted to scientists, philosophers and physicians, were the last of their genre to be produced. Subsequently, specialized dictionaries are replaced by biographical dictionaries of a more general type that still include physicians, but which are more interested in the religious training of their subjects than in their medical training, careers or achievements.<sup>42</sup> Medicine is no longer the focus of the biographical entry, but when mentioned, appears almost as an afterthought.

Furthermore, as Perho has shown, the popularity of prophetic medicine (*aṭ-ṭibb an-nabawī*) was also on the rise, perhaps from as early as the beginning of the thirteenth century. *Aṭ-ṭibb an-nabawī* had emerged in the third/ninth century, if not earlier, as the result of an effort to collect alleged traditions (*ḥadīth*) about what the Prophet had said or done with regard to illness and treatment and thus to model health care on his practice.<sup>43</sup> Perho states that the works of 'Abd al-Laṭīf al-Baḡdādī (d.1231) and 'Alī b. 'Abd al-Karīm b. Ṭarḥān b. Taqī l-Ḥamawī, known as 'Alā' ad-Dīn al-Kaḥḥāl b. Ṭarkhān (d. 723/1320) laid the foundation "for the future development

<sup>38</sup> Naḡm ad-Dīn Yaḥyā b. al-Labūdī (d. 670/1271-72) founded a similar *madrasa* on the outskirts of Damascus in 664/1265-66. A third *madrasa* at which medicine was taught was founded by 'Imād ad-Dīn ad-Dunaysirī (d. 686/1287), to the west of al-Bīmāristān an-Nūrī in Damascus. See Eddé, "Les médecins," p. 96. See also Leiser, "Medical Education," p. 57.

<sup>39</sup> Eddé, "Les médecins," p. 93.

<sup>40</sup> *Waqfiyya* 12 Ṣafar 685/9 April 1286, in Ibn Ḥabīb, *Taḍkira*, 1, appendix, p. 367, lines 295-297.

<sup>41</sup> Al-Maqrīzī, *k. as-Sulūk*, 1/3: 722.

<sup>42</sup> Behrens-Abouseif, "Image," 331. Fancy (*Science and Religion*, 19), however, takes a somewhat different view of these developments. He states, "...even biographical dictionaries dedicated to religious scholars, such as *ḥadīth* scholars or Shāfi'ī jurists, continue to document a particular scholar's participation and mastery over specific rational sciences such as medicine, astronomy and logic."

<sup>43</sup> On the origins and evolution of *aṭ-ṭibb an-nabawī*, see in addition to Perho, *The Prophet's Medicine*, 54 ff.; Michael Dols, "Origins," 381, n. 57, and Savage-Smith, "Medicine," 927-28.

of the prophet's medicine in the eighth/fourteenth century."<sup>44</sup> This development reached a peak in the works of three Syrian scholars in the fourteenth century: aḏ-Ḍahabī (d. 748/1348), Ibn Qayyim al-Ġawziyya (d. 751/1350) and Ibn Muflīḥ (d. 763/1362).<sup>45</sup> Although the origins of *aṭ-ṭibb an-nabawī* may perhaps be dated to the third/ninth century, it was during the seventh/thirteenth and especially the eighth/fourteenth centuries that it was systematized and developed into a coherent system that, far from rejecting traditional Greek-based medicine, absorbed it and demonstrated the latter to be consistent with prophetic teachings.<sup>46</sup> Such a view is also supported by Sonja Brentjes who, in her study of biographical dictionaries, came to the conclusion that, rather than marginalizing the sciences, including medicine, the material studied suggests that new alliances were formed between the ancient rational sciences and the religious sciences and that these new alliances are reflected in changing terminology. The term *al-ʿulūm al-ʿaqliyya* (the rational sciences) replaces the term *al-ʿulūm al-awāʿil* (the ancient sciences) and the rational sciences now include even *uṣūl ad-dīn* (the principles of the faith) and *uṣūl al-fiqh* (the principles of jurisprudence).<sup>47</sup> In this regard, Fancy concludes, "...and most importantly, it was during this period that a new classification of sciences was introduced which suggests a true naturalization of the ancient rational sciences within Islamic societies."<sup>48</sup> In other words, in Brentjes' and Fancy's view, with some exceptions, the religious scholars were not as opposed to the rational sciences as some scholars have previously thought.<sup>49</sup> However, as Sabra observes, "the philosopher-physician (represented by Rāzī) was replaced by the jurist-physician (represented by Ibn an-Nafīs)..."<sup>50</sup> Chipman puts it another way: she speaks of "the decline of the philosopher physician and the rise of the *faqīh* physician from the middle of the seventh/thirteenth century."<sup>51</sup> Indeed, Ibn an-Nafīs, who is recognized by all as a towering figure in the field of theoretical, if not practical, medicine, taught *fiqh* at the Maṣūfī madrasa. At issue is the role of reason and revelation in medicine and in the larger intellectual context.

From the time of the founding of al-Bīmāristān al-Manṣūrī then, or even perhaps somewhat earlier, there are signs of cultural change amidst an increasingly intense and restrictive religious environment. Although exclusionary/sectarian tendencies had surfaced in the early thirteenth century with the establishment of ad-Daḥwār's medical madrasa, these trends were given official sultani expression for the first time in Qalāwūn's hospital. In addition *aṭ-ṭibb an-nabawī* was

<sup>44</sup> Perho, *The Prophet's Medicine*, 56-57.

<sup>45</sup> In Joose and Pormann's view ("Decline and Decadence," pp. 1-26), 'Abd al-Laṭīf al-Baġdādī was a rationalist though not uncritically so. They seem to differ with Perho, although they do not discuss 'Abd al-Laṭīf al-Baġdādī's views on *aṭ-ṭibb an-nabawī*. While he was a supporter of Greek medicine and thought that the physician must have a solid knowledge of the original sources, even if he used summaries and compendia, he also recognized the value of experience and an empirical approach.

<sup>46</sup> Perho, "Ibn Qayyim," 148, 152. The systematization of *aṭ-ṭibb an-nabawī* appears to have been part of a larger trend that saw the systematization and professionalization of the scholarly professions in general. For an overview of this development, see Gilbert, "Institutionalization," 105-34. See also, Fancy, *Science and Religion*, 24.

<sup>47</sup> Sonja Brentjes, as cited by Fancy, *Science and Religion*, 19.

<sup>48</sup> Fancy, *Science and Religion*, 19.

<sup>49</sup> See also Sabra, "Appropriation," for a more fully articulated statement of this view.

<sup>50</sup> Sabra, "Appropriation," 237.

<sup>51</sup> Chipman, "*Minhāj ad-Dukkān*," 131.

gaining ground. To note is that the *formulation of aṭ-ṭibb an-nabawī as a system and the move to Islamize the medical profession paralleled each other* in this period. This then was an important aspect of the intellectual environment in which al-Bīmāristān al-Manṣūrī was founded. The question here is what, if any, role did al-Bīmāristān al-Manṣūrī play in these events?

What was the stimulus for these developments? Was the intensification of the religious atmosphere the outcome, at least in part, of the impact of the somewhat sudden, recent proliferation of madrasas, not to mention other types of institutions (*dār al-ḥadīth*, Sufi *ḥānqāhs*, *ribāṭs* and *zāwiyas*, etc.) throughout the Middle East from the time of Seljuk *wazīr* Niẓām al-Mulk (d. 1092) on into the Mamluk period,<sup>52</sup> with the result that so many scholars were trained in the religious sciences that Gilbert can speak of the institutionalization of Muslim scholarship and the professionalization of the ‘ulamā’ class in this period.<sup>53</sup> Or, should the Islamizing tendencies be understood as a reaction to the Crusader and Mongol invasions as some scholars have proposed?<sup>54</sup> Fancy has come to the conclusion that the Mongol and Crusader catastrophes were attributed, especially by *hadith* scholars, to the failure of Muslims to live by the *sunna*. He comments, “Given the turbulent nature of the period, these scholars regularly attacked groups that they deemed to be deviating from the *sunna*. The group that bore the brunt of their attacks were those affiliated with the ‘ancient sciences’ (*‘ulūm al-awā’il*), particularly *falsafa*.”<sup>55</sup> Finally, is there a possibility that the exclusionary tendencies that began to appear during the thirteenth century in Syria and Egypt were introduced by travellers from the East? Even before ad-Daḥwār’s endowment of his medical madrasa in Damascus in the early thirteenth century, a hospital had been founded in eleventh century Samarqand during the reign of the Qarāḥānid ruler Ḥāqān Ibrāhīm b. Naṣr (ca. 444/1052 - 460/1068) whose mission was *to assist sick Muslims* (*Italics mine*).<sup>56</sup> Or should we consider the cultural shift, the embedding of the *‘ulūm al-awā’il*, the non-Islamic sciences, into Islamic societies, i.e., the giving of an Islamic seal of approval to them, as evidence for the maturation of cultural developments that had been going on since the rise of Islam, as Sabra suggests?<sup>57</sup>

Where did al-Bīmāristān al-Manṣūrī stand in relation to the cultural turn? Does the history of the hospital provide further insights into the apparently shifting intellectual currents and religious environment of the time? Was there an agenda behind the establishment of al-Bīmāristān al-Manṣūrī and if so, what was it? Was the hospital intended to influence these developments or

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<sup>52</sup> Leiser, “*Madrasa*,” 29-47.

<sup>53</sup> Gilbert (“Institutionalization,” pp. 105-34) concludes, “[T]his period represents an intermediary stage in the development of the ‘ulamā’ from their volunteer beginnings to a bureaucratized class of professionals.”

<sup>54</sup> See also Fancy, *Science and Religion*, 18. Jacquart, Micheau, *Médecine arabe*, 245

<sup>55</sup> Fancy, *Science and Religion*, 18 and 67. Two sins or deviations from the *sunna* that were particularly characteristic of the *falāsifa* in Ibn an-Nafīs’ view were homoeroticism and drunkenness.

<sup>56</sup> I wish to thank Dr. Anna Paulina Lewicka for reminding me of the article by Khadr (with an introduction by Claude Cahen), “Deux actes,” 316. Non-Muslims are not explicitly excluded in this context, but the implication seems clear, i.e., the Muslim sick were to be assisted. The document says nothing about the employment of non-Muslims.

<sup>57</sup> Sabra, “Appropriation,” pp. 223-43.

have an impact on medical theory or practice and related events? Was it intended to promote one kind of medicine or another (traditional Galenic or *aṭ-ṭibb an-nabawī*)? To answer these questions, my research on the history of the hospital will employ several approaches and follow several paths of inquiry, among them: 1) source analysis with respect to structure and themes and 2) analysis of social, political, religious and intellectual networks affiliated with the hospital. The study of this institution is both multilayered and multifaceted and will continue to be shaped by discoveries made along the way. The goal is both a history of the hospital in its own right and of its role in developments in the field of medicine in the context of the political, social, religious and intellectual environment of late thirteenth and fourteenth century. The hospital is consequently both the subject of this research and a lens through which to view aspects of the cultural turn that occurred in this period.

Several stories appear regarding the inspiration for the sultan's decision to build the hospital. Following the death of Bint Sayf ad-Dīn Karmūn, Qalāwūn's wife of nearly twenty years and mother of his son aṣ-Ṣāliḥ, Qalāwūn and aṣ-Ṣāliḥ visited the tomb-madrasa complex that he had built for her under the supervision of his amir 'Alam ad-Dīn Saṅḡar aṣ-Ṣuḡā'ī near the shrine of Sayyida Nafisa and the tomb of Ṣaḡar ad-Durr in Cairo. Ibn 'Abd az-Zāhir, head of the chancellery during a portion of Qalāwūn's reign, claims that the beauty of this building moved the sultan to order the construction of his monumental hospital-madrasa-tomb complex in Bayn al-Qaṣrayn in Cairo.<sup>58</sup> Other sources claim that Qalāwūn, having fallen ill during an expedition to Syria and having been treated with medications from Nūr ad-Dīn's hospital in Damascus, vowed that should he recover and ever become sultan, he would build a hospital to equal Nūr ad-Dīn's hospital.<sup>59</sup> It may also be that this sultan had a personal interest in medicine. In 680/1281-82, he founded and endowed a hospital in Hebron<sup>60</sup> and on becoming sultan, he also renovated Nūr ad-Dīn's hospital in Damascus.<sup>61</sup> Moreover, his *'ahd* or diploma of investiture for the sultanate ends with a curious statement in the form of a medical metaphor: “*wa-ammā ḡayruhum min muḡāwirihim min al-muslimīn fa-aḡsin bi-istinqāḡik minhum al-'ilāḡ, wa-ṭibbahum fī-istiṣlāḡihik, fa-bi-ṭ-ṭibb al-malakī wa-l-manṣūrī yanṣaliḡu al-mizāḡ.*”<sup>62</sup> While Qalāwūn may also have been inspired by the beauty of his wife's tomb or by Nūr ad-Dīn's hospital, which at least resonates symbolically, given Nūr ad-Dīn's role in the counter-crusade in which Qalāwūn was also involved, or simply by charitable intentions, I believe Qalāwūn to have had still other motives for founding a hospital, rather than some other type of institution, as the centerpiece of his monumental complex in Cairo that also included his tomb (*qubba/turba*) and a madrasa.

<sup>58</sup> The sources disagree on the date of her death and on the date of construction of this monument. See Northrup, *Slave to Sultan*, 118-119.

<sup>59</sup> *Ibid.*, 119.

<sup>60</sup> *Ibid.*, 85.

<sup>61</sup> See text of inscription, dated Rabī' II 682/July 1283, in *Répertoire chronologique d'épigraphie arabe*. eds. Et. Combe, J. Sauvaget and G. Wiet, XIII (Cairo: Institut Français d'Archéologie Orientale, 1944), 13-14, No 4820.

<sup>62</sup> Text of Qalāwūn's *'ahd*, al-Qalqaṣandī, *Ṣubḡ*, 10:116-20; see also Ibn 'Abd az-Zāhir, *Taṣrīf al-ayyām*, appendix, 241. Is it possible that we have another *double entendre* here, a play on Qalāwūn's *laqab* al-Manṣūr and the title of a work by al-Rāzī, *Kitāb aṭ-ṭibb al-manṣūrī*?

Among the motives identified so far are: 1) the legitimization of his sultanate; 2) the restoration of balance between Islamic religious learning and the “secular”, ancient sciences; and 3) Islamization of the medical profession, but there may be others. It seems possible, for instance, that given the intellectual environment of the thirteenth and early fourteenth centuries, Qalāwūn may have sought to influence the future course of medicine either in favor of elevating the status of medicine and attracting students by maintaining the status quo in line with the traditional Galenic/Avicennian approach of the twelfth and early thirteenth centuries or in favor of the approach of those such as Ibn Qayyim al-Ġawziyya, Ibn Mufliḥ and aḍ-Ḍahabī, who promoted a reconciliation between Islam and Galenic medicine, a non-Islamic science, in the form of *aṭ-ṭibb an-nabawī* which became increasingly popular in the fourteenth century, or of something in between the two. The hospital was founded at a pivotal moment in the history of medicine, straddling this cultural shift, and may, I suggest, therefore, be used as a lens to study the links between politics, medicine and the intellectual environment of the early and later Mamluk period. The focus in this paper will be on the early Mamluk period through the mid-fourteenth century although my ultimate goal is to extend the study of this hospital to the end of the Mamluk period, if not even beyond.

Qalāwūn ordered that a location suitable for the construction of his complex be found in the center of Cairo. According to one contemporary historian and head of the chancellery (*kātib as-sirr*), Ibn ‘Abd aḏ-Ḍāhir, the only site available was Dār al-Quṭbiyya, a former Fatimid palace in Bayn al-Qaṣrayn, at that time inhabited by some female descendants of the Ayyubid royal family. But perhaps the choice of location was not so haphazard as this historian suggests. The choice of site is significant and was certainly deliberate, for Qalāwūn’s complex stands directly opposite the tomb of his master, aṣ-Ṣāliḥ Ayyūb and the madrasa of his predecessor aḏ-Ḍāhir Baybars. The sultan, perhaps in the interest of legitimizing his claim to the sultanate, apparently sought to emphasize his connections with both aṣ-Ṣāliḥ and Baybars. At the inaugural ceremony for the new complex, Qalāwūn is reported to have gone on foot to visit the tomb of aṣ-Ṣāliḥ Ayyūb just across the street.<sup>63</sup> The site of Qalāwūn’s complex also stands out in another way; it is situated in the midst of a gallery of madrasas including the Kāmiliyya, Ṣāliḥiyya and the Ḍāhiriyya, as is actually mentioned in the *waqfiyya*.<sup>64</sup> The location of the hospital while creating a visual link with aṣ-Ṣāliḥ Ayyūb and aḏ-Ḍāhir Baybars also sets him apart from his predecessors. In any case, the palace reverted by an undisclosed process to the Bayt al-Māl or public treasury from which Qalāwūn is said to have purchased the property with his private funds (*min māl ḥāṣṣihi*).<sup>65</sup> Qalāwūn’s mamluk, the amir Ḥusām ad-Dīn Ṭurunṭāy, *nā’ib as-salṭana* during most of his reign, served as Qalāwūn’s agent (*wakīl*) in the transaction.<sup>66</sup>

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<sup>63</sup> Northrup, *From Slave to Sultan*, 119.

<sup>64</sup> Northrup, “Qalawun’s Patronage,” 129, n. 53. See Ibn Ḥabīb, *Tadkira*, 1:appendix, 355, lines 194-95 for the text of the *waqfiyya*.

<sup>65</sup> Ad-Dawādār, *Zubdat al-fikra*, 236. See Northrup, *From Slave to Sultan*, 122, regarding the possibility, according to al-Maqrīzī’s account, that the funds were obtained in a questionable manner. al-Maqrīzī, *al-Mawā’iz*, 2:406.

<sup>66</sup> Northrup, *From Slave to Sultan*, 119, n. 408.

Although the inhabitants received Qaṣr az-Zumurrud in compensation, they were evicted from Dār al-Quṭbiyya against their will.<sup>67</sup> The location chosen for Qalāwūn's complex, and especially the hospital, is important evidence that must be considered in any interpretation of textual materials pertaining to the hospital as will become apparent in what follows. This cluster of monuments continued to have symbolic significance not only in the context of Qalāwūn's personal ambitions, but throughout the early Mamluk period as it was incorporated into Mamluk ceremonial.<sup>68</sup>

## Approaches

### 1. Source Analysis: Documents

The sources for this research range from original documents to narrative sources, including chronicles and biographical dictionaries, scribal manuals, and travel literature. For the present, however, we shall focus on documentary evidence. Most historians, as Bauden notes, consider documents to be the most value-free, factual type of evidence available for the study of a given topic.<sup>69</sup> And, in some instances, that may in fact be the case, as for example, in a legal document that records a simple land transaction. In other instances, however, documents may reflect political, ideological or other agendas that cannot be understood without more holistic analysis of their structure, themes, and various other elements that may have been included (e.g., Qur'ānic texts, *ḥadīth*, etc.) such as that undertaken by Konrad Hirschler in his analysis of narrative texts,<sup>70</sup> Jo Van Steenbergen's recent semiotic analysis of Ibn al-Qaysārānī's fourteenth-century panegyric text for sultan al-Ṣāliḥ Ismā'īl<sup>71</sup> or perhaps even my own early efforts in a similar vein with regard to Qalāwūn's *'ahd* or diploma of investiture.<sup>72</sup>

The documents pertaining to the hospital, far from being simple transactions, are of the more complex type and will benefit from the type of analysis indicated above. Copies of the diplomas for both the *riyāsat at-ṭibb* and the *tadrīs al-bīmāristān* are preserved in chronicles and/or scribal manuals. Although the founding *waqfiyyāt* and the diploma issued to the Mālikī qāḍī Taqī d-Dīn Ibn Ṣāš for the *tadrīs* at the Maṣūfī madrasa<sup>73</sup> will be referenced, we focus our attention for the most part on the two diplomas of appointment since my original aim was to mine these two documents for information on medical education in the period. It soon became clear, however, that the documents could not be fully appreciated unless the framework within which this kind of data was presented was also explored. Moreover, not only can the data they contain not be fully

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<sup>67</sup> Ibid., 119.

<sup>68</sup> Van Steenbergen, "Politics" (in publication). I am most grateful to Jo Van Steenbergen for sharing a draft of this article with me.

<sup>69</sup> Bauden, "Documentary Studies," 15.

<sup>70</sup> Hirschler, *Medieval Arabic Historiography*.

<sup>71</sup> Van Steenbergen, "Qalāwūnid Discourse," 1-28.

<sup>72</sup> Northrup, *From Slave to Sultan*, 172-74.

<sup>73</sup> Ibn al-Furāt, *Ta'rīḥ*, 8:27-28.



interpreted without this kind of analysis, but the documents must also be studied in light of the political, social, religious and intellectual environment of the time. In this regard a comparative study of a later diploma for the *riyāsat aṭ-ṭibb*, found in Ibn Ḥiǧǧa's *k. Qahwat al-inšā'*,<sup>74</sup> to be considered here but undertaken more fully in another article, will highlight the necessity of such a contextual analysis.<sup>75</sup> In addition, documents in general and the two diplomas on which we shall focus here in particular must be used with caution because they may on the one hand exhibit some topoi perhaps used pro forma, i.e., not reflecting the "facts on the ground," or on the other well used traditional themes that have been employed because they actually do speak to the circumstances at the time.<sup>76</sup> Examples of such themes include such motifs as the need to search out and avoid charlatans, the decline in medical education, and perhaps even the invocation of the Galenic tradition through names associated with the medical canon of the time, names such as Hippocrates, Galen, Dioscorides, and Ibn Sīnā. Interpretation of such motifs must be analyzed in light of verifiable factual evidence or through comparative analysis with other documents of the same type that may bring into relief the purpose served by employing particular themes.

### ***1.1 Structure***

The two diplomas studied to date are not original documents. The texts are preserved in literary sources, either as model documents for chancellery scribes (as was probably true in the case of al-Qalqašandī's inclusion of the teaching diploma in his scribal manual) or as texts that offer some sort of instruction, propaganda or commentary (as may be the case with Ibn al-Furāt's inclusion of both *riyāsa* and *tadrīs* diplomas in his chronicle). In this instance, there seems to be little doubt regarding their authenticity, given that the factual information they contain can be verified in narrative and biographical sources. However, they do exhibit some of the flaws that are usual in documents preserved in literary sources rather than as originals: they do not bear the registration marks of the chancellery or signatures or mottos (*'alāma*), of the judge and although a date is given for the appointment in each case, it is provided by the author in the narrative, but omitted from the text of the document itself, where it would normally appear in the closing protocol.

For the most part the diplomas are structured in the typical manner.<sup>77</sup> They begin with an introductory protocol (*iftitāḥ*) including the *basmala*, *ḥamdala*, *tašahhud*, *tašliyya*, *salām* and *ba'diyya* (*ammā ba'du*), followed by the core text (*matn*), whose beginning is signaled by the *ammā ba'du*. The core text comprises a preamble, a statement regarding the actual purpose of the document (in this case, the appointment), and the job description (*waṣiyya*). The usual

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<sup>74</sup> Ibn Ḥiǧǧa, *Qahwat al-inšā'*, omits the date for this document, but since the order for the appointment was issued by the sultan al-Mu'ayyad Shaykh (*rusima bi-l-amr aš-šarīf al-'alī l-mawlawī l-sultānī l-malikī l-mu'ayyadī s-sayfī*), I assume that it was issued during his reign 815/1412 - 824/1421.

<sup>75</sup> *Tawqī'* for *riyāsat aṭ-ṭibb* in Egypt in Ibn Ḥiǧǧa, *Qahwat al-inšā'*, 35-37.

<sup>76</sup> Hirschler has raised this issue as well in his *Medieval Arabic Historiography*, 93.

<sup>77</sup> Bjorkman, "Diplomatic," 301-02.

concluding protocol, generally formulaic in nature, is omitted by Ibn al-Furāt and al-Qalqašandī in the copies of the documents studied here.

## 1.2 Themes

Three themes, among some others found in the two diplomas examined, have been explored to date: a) *ḡihād*, b) *ilm*, and c) medical education.<sup>78</sup>

### 1.2.a *ḡihād*

An analysis of the structure and contents of the diplomas for both the *riyāsat at-ṭibb* and the *tadrīs* has led to the somewhat surprising discovery that, although *ḡihād* is not the only theme, it is a theme that is prominent in both diplomas of appointment. It is also prominent in the founding *waqfiyyāt*. What, after all, does *ḡihād* have to do with appointments to the chief physicianship or to the chair of medicine at the hospital? In the case of the diploma for the chief physicianship, the *ḥamdala* praises God “for having given us the opportunity for the sharing/fate of kingship (*‘alā an waffara lanā min al-mulk al-qisma*)<sup>79</sup> and for having prepared every person with our assistance against our enemies and His enemies and for having turned our glorious resolve to the victory of His faith and the well-being of His creation, for we have no other aim than that.”<sup>80</sup> After noting Qalāwūn’s efforts in the way of *ḡihād*, the duty of *ḡihād* also appears at the head of a list of deeds that justify the appointment to the chair of medicine at the hospital. The passage reads: “Since God established with us the symbols/distinguishing marks of the faith and his faith has become, with God’s praise, victorious (*manṣūran*) over the other faiths, we took up the duty of *ḡihād* for the sake of, or in the way of, God (*fī Allāh*) with hand, heart and tongue..., etc. ..., and we built a hospital...and endowed it....”<sup>81</sup>

A cursory reading of the documents might leave the impression that the references to *ḡihād* are, notwithstanding Qalāwūn’s real military *ḡihād* against both Mongols and Crusaders, nothing more than empty, well-worn rhetoric in this context, since similar references to *ḡihād* are encountered virtually everywhere.<sup>82</sup> Such references are, for example, typical of Qalāwūn’s titulary as revealed in the founding *waqfiyya* for the hospital<sup>83</sup> and in his inscriptions.<sup>84</sup> However, the true significance of this theme is revealed when linked with other internal evidence, namely, an explicit and unambiguous expression of intent to Islamize the medical profession. The diploma for the *tadrīs* or teaching post at the hospital states that the goal is to train in this

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<sup>78</sup> The diploma for the *riyāsat at-ṭibb* references the theme of charlatans, a traditional motif, as part of the *waṣiyya* or job description. See Ibn al-Furāt, *Ta’rīḥ*, 8:24, lines 4-5. The theme of the decline and neglect of medicine is mentioned in the diploma for the *tadrīs*, e.g., idem, *Ta’rīḥ*, 8:25, lines 12-23; p. 26, lines 5-6

<sup>79</sup> Most probably a reference not only to his destiny but also to the fact that among the sultan’s titles is “*qasīm amīr al-mu’minīn*,” (co-ruler/partner of the caliph).

<sup>80</sup> Ibn al-Furāt, *Ta’rīḥ*, 8:22, lines 22-23.

<sup>81</sup> Ibid., 8: 25, lines 13-23; al-Qalqašandī, *Subḥ*, 9:253, line 14 – p. 254, line 6.

<sup>82</sup> See, for example, Sivan, *L’Islam et la croisade*.

<sup>83</sup> *Waqfiyya*, dated 12 Šafar 685/9 April 1286 in Ibn Ḥabīb, *Taḍkira*, 1: appendix, 333, lines 35ff.

<sup>84</sup> Linda S. Northrup, “Qalāwūn’s Inscriptions.” Unfortunately no inscriptions are extant for the hospital since it has been demolished; nor are they recorded in works published before its destruction. See Herz-Pascha, *Baugruppe*.

institution specialists in the various fields of medicine (physicians, ophthalmologists, surgeons, bonesetters, those who work with *ḥadīd* (knives) and those who work with *ḥašāyiš* (herbal medications?), “*qawm ba’d qawm*” (group after group) so that tomorrow there will be twice as many [Muslim specialists] as there are today.”<sup>85</sup> But, of crucial importance to understanding the full significance of this text is that another document, the founding *waqfiyya* for the hospital, dated 12 Šafar 685/9 April 1286, forbids the employment or even the treatment of non-Muslims at the hospital.<sup>86</sup> Clearly, therefore, the hospital was to function as a center of medical learning, education and treatment for Muslims alone. Thus, while the document provides tantalizing information about medical regulation and education, the full significance of the information surrounding this appointment lies in the intent to Islamize the medical profession. This text appears just as Ġāzī b. al-Wāsiṭī (d. 687/1288) was pressuring the regime to purge the military and financial *dīwāns* of non-Muslim (*ḍimmī*) employees,<sup>87</sup> as the highly revered and renowned poet al-Buṣīrī (d. 696/1296), who had written verses praising the sultan’s founding of the hospital<sup>88</sup> where he later died, was also penning his *Lāmiyya fī r-radd ‘alā l-yahūd wa-n-našārā wa-madḥ Sayyid al-Kā’ināt ‘alayhi aṣ-ṣalāt wa-s-salām*,<sup>89</sup> and as Ibn al-Uḥuwwa (d. 1329) confirmed in his *al-Ma’ālim al-qurbā*, that the lack of Muslim physicians was perceived to be a problem. Ibn al-Uḥuwwa writes,

Medicine is an art both theoretical and practical the acquisition of which is permitted by the law for the reason that thereby health is safeguarded and weaknesses and sicknesses repelled from this noble structure [of the body]... It [the practice of medicine] is one of the duties for which the community is responsible and yet there is no Muslim to fulfil it. Many a town has no physician who is not a dhimmī belonging to a people whose evidence about physicians is not accepted [in the courts] where the laws of medicine are concerned. No Muslim occupies himself with it; everyone repairs to the study of the law and more particularly that portion of it given over to disputes and litigiousness and the town is full of legists occupied with granting *fatwās* and giving replies to legal queries on points which arise. Can there be any reason for the faith’s permitting a state of things in which large numbers occupy themselves with one particular duty while another is neglected, except that by medicine there is no access to judgeships and governorships whereby it is possible to claim superiority over rivals and to acquire authority over enemies?<sup>90</sup>

<sup>85</sup> *Taqīd* for *tadrīs al-bīmāristān*: Ibn al-Furāt, *Ta’rīḥ*, 8:27, line 4.

<sup>86</sup> *Waqfiyya*: Amīn, *Fihrist*, Catalogue # 15, Document # 15/2. For text see Ibn Ḥabīb, *Taḍkira*, 1: appendix, 358, line 215; p. 363, lines 250-51; and p. 367, lines 294-96 where the *nāẓir* is forbidden to treat or employ Christians or Jews.

<sup>87</sup> Gottheil, “Answer.” Eddé, in her “Les médecins,” 93, notes that even earlier, ‘Abd al-Laṭīf al-Baġdādī (d. 629/1231), who had spent time in Syria, had authored several polemical pamphlets against Jews and Christians.

<sup>88</sup> See ‘Isā Bey, *Ta’rīḥ*, 90; idem, *Histoire*, 42

<sup>89</sup> N.p. 1906.

<sup>90</sup> Ibn al-Uḥuwwa, *al-Ma’ālim*, 56-57 (English). For Arabic text, see pp. 165-66. See Eddé (“Les médecins,” pp. 91-92) for numbers of *ḍimmī* physicians in contrast to Muslim physicians in Syria and Upper-Mesopotamia from the time of Šalāḥ ad-Dīn to the beginning of the Mamluk period.

Clearly, there seems to have been an acute awareness among some people of the demographics of the situation, as well as attitudes within the Muslim community that had led to the neglect of medicine. Qalāwūn's intent appears to have been to rectify the situation within what might be called a *ġihādī* context, to pursue *ġihād* on the socio-cultural and intellectual as well as on the military plane.

Qalāwūn's appointee to the two posts (*riyāsa* and *tadrīs*), Muḥaddab ad-Dīn b. Abī Ḥulayqa, demonstrated the intent to Islamize the profession in another way. Muḥaddab ad-Dīn was a recent convert to Islam.<sup>91</sup> His two brothers, Muwaffaq ad-Dīn Aḥmad and 'Alam ad-Dīn Ibrāhīm were appointed to assist him in the *riyāsa*, although he was to be the senior member of the triumvirate. One of the brothers had converted just in time to accept his appointment to the *riyāsa* under Qalāwūn.<sup>92</sup> This appointment demonstrated that the push to Islamize the profession extended beyond mere rhetoric. It affected even eminent physicians in the sultan's entourage at court, in particular those of Christian origin who were encouraged or felt pressure to convert. The *ġihādī* framework of these documents no longer seems so strange and clearly signifies more than empty rhetoric. The Islamizing policy must be viewed in light of social, political and military events. Even if only for propagandistic purposes, Qalāwūn (or his advisors) seems to have sought to bring the bureaucracy in line with his military *ġihād* either as a matter of belief or in an effort to garner support for his regime. However, the Islamizing policy evident here in the medical field in an official policy context and milieu is thoroughgoing and, it seems, new.

### 1.2.b. *ʿilm*

Perhaps not so surprisingly, the term *ʿilm* (science, knowledge, learning) appears in a variety of contexts in relation to Qalāwūn's complex in reference to both the science of medicine or medical learning and the religious sciences or theological learning. It appears in the founding *waqfiyya* with regard to the appointment of "a *ṣayḥ*" whose profession is the science/knowledge of medicine.<sup>93</sup> It is used more conspicuously in the diplomas of appointment for the posts of Chief Physician and Chair of Medicine at the hospital, as well as with regard to the Mālikī teaching post at the madrasa that was part of the same complex. The diploma for the Chair of Medicine, perhaps deliberately giving medicine precedence in order, states, "we (the sultan) have selected for it the best of the learned people in *ṭibb* (medicine), *fiqh*, *ḥadīth*, and Qur'ān (*wa-iḥtarnā lahu al-aḥyār min ahl al-ʿilm bi-ṭ-ṭibb wa-l-fiqh wa-l-ḥadīth wa-l-qur'ān*)."<sup>94</sup>

Of even greater interest, however, is a refrain that appears or is referenced repeatedly in the documents pertaining to Qalāwūn's complex as a justification for his establishment of a hospital and the teaching of medicine: "*al-ʿilm ʿilmān: ʿilm al-adyān wa-ʿilm al-abdān* (knowledge is of two kinds: the religious sciences and the health sciences [lit. science of bodies]). Although

<sup>91</sup> He had converted during the reign of al-Zāhir Baybars according to Ibn Abī Uṣaybī'a, *Uyūn al-anbā'*, p. 598.

<sup>92</sup> Al-Maqrīzī, *Sulūk*, 1/3:722.

<sup>93</sup> *Waqfiyya*, dated 12 Šafar 685/9 April 1286. See Ibn Ḥabīb, *Taḍkira*, 1: appendix, 322, lines 284-86.

<sup>94</sup> *Taqlīd* for *tadrīs* in the hospital, Ibn al-Furāt, *Ta'rīḥ*, 8: 25, line 16.

several variations of this saying exist elsewhere,<sup>95</sup> and a variety of other maxims can be found in the literature, the choice of the version “*al-‘ilm ‘ilmān: ‘ilm al-adyān wa-‘ilm al-abdān*,” the only one used in relation to the hospital, appears to be quite intentional. The poet al-Buṣṣirī, who composed the famous “Burda” *qasīda*, references the phrase in another work: “*ansha’ata madrasatan wa māristānan li-tusaḥḥiha al-adyān wa-al-abdānan*.”<sup>96</sup> This version provides an opportunity for the sultan to complain about the neglect and decline of medicine, a traditional theme, which nevertheless seems to have some basis in fact here. It allows the sultan to compare himself with his predecessors (probably his immediate predecessors) who had focused exclusively on *‘ilm al-adyān* to the exclusion of *‘ilm al-abdān*, and thus to distinguish himself from them and legitimize his sultanate on that basis; he would live up to the *alleged* Prophetic *ḥadīth* and support both categories of knowledge, thus perhaps proving himself a better Muslim than his predecessors.

Although the saying is not found in any of the canonical *ḥadīth* collections, it is sometimes cited as a Prophetic *ḥadīth*.<sup>97</sup> In fact, a prophetic origin is alluded to as this saying is used in the diploma for the chair of medicine at the hospital. The diploma states that the sultan had noticed that while each of his predecessors had concerned himself with theological learning and had built a madrasa, they had neglected the health sciences and none had built a hospital. They had, in fact, “ignored” or at best “*forgotten his [i.e., the Prophet’s] word... al-‘ilm ‘ilmān*.”<sup>98</sup> On the other hand, the diploma for *ar-riyāsat aṭ-ṭibb* may possibly indicate a murkier origin, for it states, “*wa-limā kāna al-‘ilm, kamā ruwiya min anna al-‘ilm ‘ilmān: ‘ilm al-adyān wa-‘ilm al-abdān, ta’ayyana ‘alaynā an nuḥassin fī ḥaḍayn al-‘ilmayn an-naẓar...*” (Since learning is, *as it was related* [leaving the source ambiguous], of two kinds, theological learning and health sciences, it was incumbent on us to improve the study of both of these sciences).<sup>99</sup> A reference to this saying is also found in the *taqlīd* for the appointment to the Mālikī teaching position in the madrasa that was part of the complex where medicine (certainly theoretical rather than practical) was taught.<sup>100</sup> Ibn ‘Abd ar-Rabbīh al-Andalūsī (d. 328/940) in his *Iqd al-farīd* suggests a non-Prophetic source; he attributes this saying to aṣ-Ṣāfi‘ī,<sup>101</sup> as do the later Ṣāfi‘ī scholars aḍ-Ḍahabī (d. 749/1348) and as-Suyūṭī (d. 911/1505). Aḍ-Ḍahabī and as-Suyūṭī claim that aṣ-Ṣāfi‘ī

<sup>95</sup> Several variations of the saying beginning with the refrain “*al-‘ilm ‘ilmān*” appear from at least the fourth/tenth century on, but ending with a variety of phrases. For example, “*al-‘ilm ‘ilmān: ‘ilm yarfa’u wa-‘ilm yanfa’u, fa-r-rāfi’ ad-dīn w-n-nāfi’ aṭ-ṭibb*” (“science is twofold, that which exalts and that which is useful—that which exalts is religion and that which is useful is medicine”). Yet another, somewhat closer to the adage found in our documents, reads, “*al-‘ilm ‘ilmān: ‘ilm al-fiqh li-l-adyān wa-‘ilm aṭ-ṭibb li-l-abdān*” (“knowledge is of two kinds: knowledge of *fiqh* for faith and knowledge of medicine for health/the body.”). See Isaacs, “Arabic Medical Literature,” 342. Isaacs does not cite sources for these two versions of the saying.

<sup>96</sup> Al-Buṣṣirī, as cited by ‘Isā Bey in his *Ta’rīḥ al-bīmāristānāt*, 90; idem, *Histoire*, p. 42.

<sup>97</sup> One needs only to google the phrase to find this kind of attribution.

<sup>98</sup> *Taqlīd* for *tadrīs al-madrasa*: Ibn al-Furāt, *Ta’rīḥ*, 8: 25, ll. 17-19. Emphasis is mine.

<sup>99</sup> *Taqlīd* for *riyāsat aṭ-ṭibb*: Ibn al-Furāt, *Ta’rīḥ* 8: 23, lines 4 – 5 ff. Emphasis is mine.

<sup>100</sup> *Taqlīd* for *tadrīs al-madrasa*: Ibn al-Furāt, *Ta’rīḥ*, 8: 27, lines 24-25.

<sup>101</sup> alwaraq.net search: *al-‘ilm ‘ilmān*

“actually spoke these words.”<sup>102</sup> It is also found in two Imami Shi’i sources, both by Muḥammad b. ‘Alī Karāḡakī (d. 449/1057), one entitled *Ma’din al-ḡawāhir wa-riyādat al-ḡawātir* and the other *Kanz al-fawā’id*. Al-Karāḡakī was a Shi’i *faqīh* who was also interested in mathematics and the physical sciences.<sup>103</sup> It also appears in the *Rasā’il Iḡwān al-Ṣafā*.<sup>104</sup>

In his *al-Maqāla aṣ-ṣāliḡiyya fī iḡyā’ aṣ-ṣinā’a aṭ-ṭibbiyya* (*Treatise to Ṣalāḡ ad-Dīn on the Revival of the Art of Medicine*) Ibn Ğumay’ (d. 1198), a Jewish physician in Ṣalāḡ ad-Dīn’s service, thus closer in time to the founding of Qalāwūn’s complex, writes,

Therefore, the sages said: ‘Health is a hidden property without which visible properties will not be sound.’ Thus, then, only through health can any deeds of corporal obedience and worship be performed. Therefore, the right-guiding law joins the art of medicine and religious learning, it even gives precedence in the order to the former over the latter by saying: ‘Knowledge is twofold, knowledge of the body and knowledge of religion.’ This explains its [i.e., medicine’s] preeminence sufficiently.”<sup>105</sup>

The adage is also referenced by Ibn Abī Uṣaybī’a (d. 668/1269-70) in his *‘Uyūn al-anbā’* wherein he states, “*fa-innahu limā kānat ṣinā’at aṭ-ṭibb min aṣrāf aṣ-ṣanā’i wa-arbaḡ al-baḡā’i wa-qad warada tafḡīluḡā fī-l-kutub al-ilāḡiyya wa-l-awāmir aṣ-ṣar’iyya ḡattā ḡā’ala ‘ilm al-abdān qarīnan li-‘ilm al-adyān*” (And since the craft of medicine is among the most noble crafts and most beneficial affairs and esteem for it is evident in the scriptures and the *ṣar’iyya*, the health sciences have thus become linked with the religious sciences).<sup>106</sup>

Given the turbulent intellectual environment of the late thirteenth century, characterized by the on-going debates over reason versus revelation, the competition among various religious and scholarly groups for authority,<sup>107</sup> as well as interfaith tensions, one suspects that this saying was used with intent to convey a message. But what might that message have been? Was this adage used simply to underline the dichotomy between the two categories of science/knowledge (theological sciences and health sciences, i.e., the Islamic sciences as opposed to the non-Islamic sciences of the Ancients including medicine)? Or, was this saying used to promote acceptance of traditional Galenic medicine on the one hand, or of ideas present in the emerging “system” of Prophetic medicine on the other, the idea that the medical sciences were actually mandated by

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<sup>102</sup> Richardson, *Difference and Disability*, 27.

<sup>103</sup> Al-Karāḡakī, *Ma’din al-jawāhir*. I would like to thank Mr. Mohammadreza Ardehali and Dr. Nasrin Askari who both provided this reference.

<sup>104</sup> Lutz Richter-Bernburg, oral communication. See also alwaraq.net search: *al-‘ilm ‘ilmān*. Nevertheless, I have as yet been unable to pinpoint the location in the *Rasā’il*.

<sup>105</sup> Ibn Ğumay’, *Treatise*, 9; cf. Arabic text, 11, last line, paragraph 209B. Incidentally, other authors do not always accord precedence, as previous examples illustrate, to *‘ilm al-abdān*.

<sup>106</sup> Ibn Abī Uṣaybī’a, *‘Uyūn al-anbā’*, 1:2-3.

<sup>107</sup> Chamberlain, *Knowledge*, 169.

Islam or at least not in conflict with the Prophet's *sunna* or the *šar'īyya*? Richardson suggests that Ibn Abī Uṣaybī'a's reference is either a "corruption" of the saying (i.e., the saying as found in our documents) or possibly "even a reference to the specialized study of prophetic medicine (*aṭ-ṭibb an-nabawī*)."<sup>108</sup> Yet the idea encapsulated in Ibn Abī Uṣaybī'a's "corrupted" version of the saying resembles Ibn Ğumay's usage, and it seems unlikely that Ibn Ğumay, a Jewish doctor, would use a term closely connected to the emergent system of *aṭ-ṭibb an-nabawī*, unless he was simply aiming to please his patron, Ṣalāḥ ad-Dīn, or was influenced by ideas about medicine that were "in the air" at the time. Whatever the case may be, the use of this saying in relation to the hospital surely signaled something about the role the hospital was to play that may have been evident to the audience at that time, but which is difficult to ascertain with certainty today, at least at the present state of research.

It may be significant that while the saying is found in several traditional Galenic works on medicine, such as for example, the Jewish physician Ibn Ğumay's *Maqāla* and Ibn Abī Uṣaybī'a's *Uyūn al-anbā'*, a cursory search for similar sayings in Ibn Qayyim al-Ġawziyya's work, *aṭ-Ṭibb an-nabawī*, failed to produce results for *al-ilm 'ilmān*.<sup>109</sup> Ibn Qayyim's focus is in fact somewhat different as revealed in another adage found in the introduction to his work: "*al-maraḍ naw'ān: maraḍ al-qulūb wa-maraḍ al-abdān*," (sickness is of two kinds: sickness of the hearts and sickness of bodies), both of which, he goes on to say, are mentioned in the Qur'ān: "*wa-humā maḍkūrān fī-l-qur'ān*."<sup>110</sup> Each of the two categories of illness in Ibn Qayyim's saying is further subdivided: *maraḍ al-qulūb* is divided into: 1) uncertainty and doubt and 2) desire and temptation. *Maraḍ al-abdān* is concerned with 1) preservation of health, 2) getting rid of harmful substances, and 3) protection from harm. Treatment is of two kinds: the first type of illness, which concerns states such as hunger, thirst or cold, does not require a physician; the second, is concerned with restoring balance, equilibrium and so is in accord with traditional Galenic medicine.<sup>111</sup> The underlying idea seems to be that good health entails both spiritual and physical health. While the structure of the two statements is similar, the ideas reflected in each are quite different. Whereas science/knowledge/learning, whether in relation to faith or health, is central to *al-ilm 'ilmān*, the spiritual/emotional state of the soul and physical illness is the focus of *al-maraḍ naw'ān*. While reason plays a role in *al-ilm 'ilmān*, it is less evident, if not absent, from *al-maraḍ naw'ān*. Both sayings appear to have similar intent, i.e., to show that the science of medicine is not in conflict with the Qur'an and sunna. Whereas, however, Ibn Qayyim al-Ġawziyya's saying is explicitly linked to the Qur'an, the saying *al-ilm 'ilmān* appears less certainly so. It is for this reason that it is important to trace the source of the latter saying to understand in what contexts it has been used to achieve a better interpretation of its use in relation to the hospital.

<sup>108</sup> Richardson, *Difference and Disability*, pp. 56-57.

<sup>109</sup> Ibn Qayyim al-Ġawziyya, *aṭ-Ṭibb an-nabawī*, 4-7; idem, *Medicine of the Prophet*, 4-7.

<sup>110</sup> Ibn Qayyim al-Ġawziyya, *Medicine of the Prophet*, 4-7.

<sup>111</sup> *Ibid.*, 4-7.

The saying *al-‘ilm ‘ilmān* appears to be compatible with the thinking of Ibn an-Nafīs who, as Fancy has shown, was interested in reconciling reason and revelation.<sup>112</sup> Fancy demonstrates that reason was prominent in the thinking of Ibn an-Nafīs, though not to the exclusion of revelation, as demonstrated, for example, in his work on *hadith*.<sup>113</sup> In his view, the main problem for Ibn an-Nafīs was philosophy and philosophers such as Ibn Sīnā who had tipped the balance in favor of philosophy to the exclusion of revelation.

As recent research is making clear, Ibn Taymiyya, who was only about twenty-seven years old when Ibn an-Nafīs died (687/1288), was thinking along similar lines as Ibn an-Nafīs.<sup>114</sup> Though much could be known through the use of reason, knowledge gained through reason could be confirmed only by revelation and revelation itself was rational.<sup>115</sup> Despite their apparently similar ways of thinking about this issue, Ibn Taymiyya probably never met Ibn an-Nafīs although it is quite possible he was aware of him. Since aḍ-Ḍahabī, Ibn Qayyim al-Ġawziyya and Ibn Muflīḥ, who had written treatises on *aṭ-ṭibb an-nabawī*, were all students of Ibn Taymiyya, it is reasonable to assume that they were influenced to some extent by their teacher’s ideas and that he in turn *may* have been influenced by Ibn an-Nafīs or simply by ideas or ways of thinking perhaps widely shared or “in the air”. As Fancy suggests, aḍ-Ḍahabī, Ibn Qayyim al-Ġawziyya and Ibn Muflīḥ coopt Ibn an-Nafīs as the paradigmatic Muslim physician and traditionalist for their own purposes, while ignoring his commitment to reason (though not at the expense of revelation). Ibn an-Nafīs’ rejection of the philosopher Ibn Sīnā in whose thought reason is supreme as well as his antagonism to “philosophical Sufism” which provided an alternative path to truth while bypassing revelation made Ibn an-Nafīs the perfect “mascot” for these proponents of *ṭibb an-nabī* whose ultimate goal was, according to Fancy, to attract more Muslims to the study of medicine by emphasizing revelation while downplaying alternative paths to truth or knowledge of God. However, because of the way he was used by Ibn Qayyim al-Ġawziyya, aḍ-Ḍahabī and Ibn Muflīḥ, Ibn an-Nafīs becomes almost guilty by association. Thus Ibn an-Nafīs’ actual position with respect to *ṭibb an-nabī* remains unclear. Fancy leaves open the question of where Ibn an-Nafīs stands. Yet it is important to know Ibn an-Nafīs’ views because of his association with al-Bīmāristān al-Manṣūrī at its founding.

Although there is no evidence that Ibn Taymiyya ever met Ibn an-Nafīs before his death, he may have been aware of this well-known physician, and Ibn Taymiyya must have known of Qalāwūn’s hospital. It may be significant therefore that Ibn Taymiyya employs a variation of the saying *al-‘ilm ‘ilmān* in his *fatwā* entitled “Concerning Sickness of the Hearts (*marāḍ al-qulūb*) and Their Cure.” He thus juxtaposes in his *fatwā* the ideas found in both sayings, *al-‘ilm ‘ilmān* and *al-marāḍ naw‘ān*, which are seemingly at odds with each other. He writes, “*fa-ṭibb al-adyān*

<sup>112</sup> Fancy, *Science and Religion*, 36-40 and 47-48, for example, and *passim*.

<sup>113</sup> *Ibid.*, 24 and 29-35.

<sup>114</sup> For example, see Fancy, *Science and Religion*, p. 49; Rapoport, Ahmed, *Ibn Taymiyya*; Anjum, *Politics*, 196 ff.; Bori, Holtzman, “A Scholar in the Shadow,” 37.

<sup>115</sup> Rapoport, Ahmed, *Ibn Taymiyya*, 8-9; see also Perho, “Ibn Qayyim al-Ġawziyyah’s Contribution,” 146-47.



*yaḥtaḍī ḥāḍw ṭibb al-abdān*” (The medicine of religion/faith imitates the model of the medicine of the body).<sup>116</sup> Once again, we are left with ambiguity regarding Ibn an-Nafīs’ position on the spectrum of views ranging from the traditional Galenic based system at one end to *aṭ-ṭibb an-nabawī* at the other.

In any case the meta-network that seems to connect Ibn an-Nafīs, Ibn Taymiyya and Ibn Taymiyya’s three students needs further research. And, a systematic study of the use of such emblematic sayings as *al-‘ilm ‘ilmān: ‘ilm al-adyān wa-‘ilm al-adyān* and *al-maraḍ naw‘an: maraḍ al-qulūb wa-maraḍ al-abdān*, and their variations, may shed light on the sultan’s agenda for this hospital with respect to its orientation to the field of medicine in the context of the larger debates of the time.

Finally, it is of great interest, and perhaps importance, that even a perfunctory comparison of the diploma issued to Burhān ad-Dīn Ibrāhīm b. al-marḥūm Ġars ad-Dīn Ḥalīl as-Sikāndaṛī on the occasion of his appointment to the *riyāsat aṭ-ṭibb* at al-Bīmāristān al-Manṣūrī<sup>117</sup> by al-Mu’ayyad Ṣayḥ (r. 815/1412 – 824/1421) and the diploma studied here, reveals that not only are the structure and themes significantly different from those used in the diploma issued by Qalāwūn, but that the diploma issued by al-Mu’ayyad Ṣayḥ actually includes explicit reference to both *maraḍ al-qulūb* and *aṭ-ṭibb an-nabawī* with a not so subtle reference to Ibn Qayyim al-Ġawziyya himself in the phrase “*ġuzītum bi-mā sabartum*” (Your reward will be for your patience/endurance).<sup>118</sup> Thus each of these diplomas reflects the different political, religious and cultural environments of their time, provides additional evidence for cultural shift and perhaps evidence that would tentatively allow us to associate the use of *al-‘ilm ‘ilmān* as used in Qalāwūn’s diploma with traditional Galenic medicine and the use of *al-maraḍ naw‘ān* as used in the later document with *ṭibb an-nabī*.

It thus seems clear that the debate over reason and revelation and the shifting currents surrounding medicine and religion are not unrelated. The equal emphasis accorded to theological learning and medicine, as highlighted in the saying *al-‘ilm ‘ilmān*, appears to provide a foundation for the regime’s efforts to make medicine more attractive to Muslim students and thereby to Islamize both the discipline itself and the medical profession from the ground up. The rise of *aṭ-ṭibb an-nabawī* brought about a further degree of assimilation of Greek based medicine and the traditional Islamic-Galenic system and a somewhat different approach to assimilating this “foreign” science. In the same way that revelation was a necessary confirmation of reason, Prophetic medicine confirmed the legitimacy of Greek medicine.

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<sup>116</sup> Ibn Taymiyya, *Maḡmū‘at al-fatāwā*, 10:87.

<sup>117</sup> Ibn Ḥiġġa, *Qahwat al-inṣā’*, 35-37.

<sup>118</sup> Ibn Ḥiġġa, *Qahwat al-inṣā’*, 36, lines 3 and 6.

### 1.2.c. Medical education

Despite recent advances in our knowledge of traditional education in the early Islamic world, knowledge of medical education lags behind, mainly because the sources themselves are less than forthcoming. Gary Leiser noted that a medical education could be obtained in at least three ways: through study with a teacher; through self-study; or in a hospital setting.<sup>119</sup> It was a craft or art that might be passed down from father to son, as was the case in the Ibn Abī Ḥulayqa family, among many others. Several hospitals, even before the Mamluk period, were renowned as teaching hospitals with which some of the most famous physicians were affiliated: e.g., the ‘Aḍudī hospital in Baghdad, the Ṭulūnid hospital in Cairo and the Nūrī hospital in Damascus. Michael Dols states, “apparently, there was keen competition for instruction in these hospitals, which played an increasingly important role in medical education.”<sup>120</sup> In his program for rejuvenating the “art of medicine after its effacement”, Ibn Ḡumay‘ recommends, among other things, concern for its teachers. After persons of excellent knowledge have been selected, he advises, they must be trained and states, “The best and most excellent way [to do this] is in the hospital, as they are the places where the doctors and the sick gather and where students can perfectly train themselves in the practice of this art under the supervision of professors skilled in it.”<sup>121</sup> By the thirteenth century, since the number of hospitals had greatly increased, the latter method seems to have become more popular, a development that is reflected in Ibn Abī Usaybī‘a’s biographical dictionary. However, on the basis that “it had only one teacher of medicine and no funds for students,” Doris Behrens-Abouseif asserts, “the main function of this foundation [al-Bīmāristān al-Manṣūrī]...was charity and benevolence rather than academic research in medicine.”<sup>122</sup> However, despite the fact that the *waqfiyya* provides for just one chair of medicine/head physician, we know that other doctors were employed at al-Bīmāristān al-Manṣūrī as practioners, if not as teachers.<sup>123</sup> In fact, this document itself alludes to the presence of other physicians in addition to the head doctor.<sup>124</sup>

Yet, as we have seen above, medical education for Muslims emerges from the diplomas for the *riyāsat at-ṭibb* and the *tadrīs al-bīmāristān* as a major goal of this institution. How to explain this contradictory evidence? Under the circumstances, is it possible that although hospitals had proliferated in the twelfth and thirteenth centuries, there were too few Muslim physicians who could serve as instructors? It may be that there was only one chair of medicine (i.e., head doctor) at the Manṣūrī hospital, not because its function was primarily charity, but because there was a dearth of Muslim physicians just as there may have been a dearth of Muslim students and, as we

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<sup>119</sup> Leiser, “Medical Education.”

<sup>120</sup> Dols, *Medieval Islamic Medicine*, 32.

<sup>121</sup> Ibn Ḡumay‘ *Treatise*, 28; Arabic text, 39.

<sup>122</sup> Behrens-Abouseif, “Faḥ Allāh,” 17.

<sup>123</sup> See, for example, Ahmad ‘Isa Bey, *Histoire*, 72-74. The list given here is presently being updated as part of my research.

<sup>124</sup> See, for example, the text of the *waqfiyya* dated 12 Ṣafar 685/9 April 1286 in Ibn Ḥabīb, *Taḍkira*, 1: appendix, 355, line 193; p. 360, line 234; and p. 365, line 276.

have seen, this was a situation the sultan sought to rectify.<sup>125</sup> Is it possible that Muḥaddab ad-Dīn Ibn Abī Ḥulayqa and his brothers, recent converts to Islam, were the only “Muslim” physicians with the qualifications appropriate to the *riyāsa* and in the case of Muḥaddab ad-Dīn to the *tadrīs*? Perhaps it was considered essential to mention only the head doctor at the hospital who doubled as chief physician of Egypt and Syria, while it was not so important to mention the doctors who served under him.

While, charity and benevolence were certainly among the underlying motives for establishing this hospital, our two documents clearly indicate, as we have seen, that charity may not have been the only or even the most important of these aims. The hospital was intended to be a center of medical learning for the purpose of training more Muslim physicians. As already noted, the saying “*al-‘ilm ‘ilmān...*” provides the opportunity to discuss the neglect of medicine by Qalāwūn’s predecessors, thus justifying his initiative to focus on health care with the aim of Islamizing the medical profession and producing more doctors in the various specializations, thus also creating greater balance or equality between the theological and health sciences.

In addition, however, these two documents are informative with regard to how Muḥaddab ad-Dīn Ibn Abī Ḥulayqa, the person appointed on this occasion to occupy both the chief physicianship and the chair of medicine at the hospital, was chosen, his duties as both professor of medicine and chief physician, and even perhaps with regard to curriculum. The importance attached by the sultan to the teaching mission of the hospital is further emphasized by the appointment of one and the same person to both the *tadrīs* at the hospital and the *riyāsat aṭ-ṭibb*, as well as by the instruction that he is to remain in Cairo and to refrain from travels and being away on campaigns (*al-bayākīr*; sing. *al-bīkār*) in order to be available for those duties concerned with teaching at the hospital.<sup>126</sup> It is also of interest that Qalāwūn chose to appoint a *ra’īs aṭ-ṭibb* rather than a *muḥtasib* to oversee the profession. In some periods and in some places the *muḥtasib* carried out many of the duties here exercised by the *ra’īs aṭ-ṭibb*. The sultan may also have viewed the appointment of the *ra’īs aṭ-ṭibb* to the chair of medicine at the hospital as a way to elevate the prestige of medical studies and provide the discipline with its own platform.<sup>127</sup>

The diploma for the *riyāsat aṭ-ṭibb*, in addition to outlining the duties that one might expect of a chief physician, such as insuring the high quality of medicines sold in the market and monitoring the qualifications of medical students especially when they reach the level of their *tazkiya*

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<sup>125</sup> See Gary Leiser’s comments on numbers of non-Muslim physicians compared to Muslim physicians in the third/ninth century, in “Medical Education,” 49 and information on Ṣalāḥ ad-Dīn’s reign in Jadon, “The Physicians of Syria.”

<sup>126</sup> *Taqīd* for *riyāsat aṭ-ṭibb*: Ibn al-Furāt, *Ta’rīḥ* 8:24 lines 24-26. It may be, however, that he was simply following custom. According to aṣ-Ṣafadī, as cited by Pormann and Savage-Smith (*Medieval Islamic Medicine*, 142, n. 48), Baybars I was treated by his Chief Physician who was, incidentally, none other than Muḥaddab ad-Dīn Ibn Abī Ḥulayqa.

<sup>127</sup> See Savage-Smith, “Ṭibb,” 457 on the positions of *ra’īs aṭ-ṭibb* and *muḥtasib*.

(certificate of good character)<sup>128</sup> and *iğāza* (certificate attesting the successful completion of study of a specific work), further suggests that personal connections, loyalty and integrity were of prime importance. Muḥaḍḍab ad-Dīn had been selected, the document states, because he and his father had served rulers and had grown up (*naṣa'a*) among them, and thus his qualifications and expertise were known to the sultan. They (the rulers) had preferred him and honored him and witnessed his merit with their own eyes. They had put him in charge previously and had advanced him.<sup>129</sup> The diploma for the appointment to the chair of medicine further states, “from among those learned in medicine, we went back to the person who was suitable for giving instruction.”<sup>130</sup> A talent for teaching was thus also taken into consideration. In a passage that recalls Ibn Abī Usaybī'a's description of a typical day in the life of an instructor of medicine and his medical *mağālis* or lessons at the Nūr hospital in Damascus,<sup>131</sup> the diploma exhorts the appointee, Muḥaḍḍab ad-Dīn, to let all of the students gather around him that he may give to each student what he seeks. He is to “open his chest,” i.e., share the secrets or perhaps his personal knowledge of this science and show his students things whose true nature is hidden from them.<sup>132</sup> Moreover, the appointee is to train specialist physicians, eye doctors, surgeons and bonesetters, etc., so that “there may appear tomorrow from among them twice the number of those who are present today.”<sup>133</sup>

Of course, in a diploma such as this, it is the good intentions that are voiced. The extent to which the teaching mission was implemented and whether the hospital was successful in training cohorts of Muslim specialists in the various fields has not yet been assessed. Ongoing research into the history of this hospital may eventually provide answers.

The diploma for the teaching post at the hospital also suggests a possible curriculum. The document urges whoever wishes or is interested in this science to occupy himself with the compendia (*muṣannafāt*) and the science of nutrition (*'ilm at-tağḍiya*); with knowledge (*ma'rifa*) of *al-Masā'il* (a reference to Ḥunayn b. Ishāq's *al-Masā'il fī t-ṭibb li-l-muta'allimīn*); and *hiḍẓ* (memorization) of *al-Fuṣūl* (a reference to *K. al-Fuṣūl* or *The Aphorisms of Hippocrates*, translated into Arabic by Ḥunayn b. Ishāq);<sup>134</sup> and with study of the *Qānūn* (i.e., Ibn Sīnā's

<sup>128</sup> For the term “*tazkiya*,” see Isaacs, “Arabic Medical Literature,” 347.

<sup>129</sup> *Taqīd* for *riyāsat at-ṭibb*: Ibn al-Furāt, *Ta'rīḥ* 8:23, lines 16-18.

<sup>130</sup> *Taqīd* for *tadrīs* at the *bīmāristān*: Ibn al-Furāt, *Ta'rīḥ*, 8:26, line 7.

<sup>131</sup> Regarding Nūr ad-Dīn's appointment of Muḥammad b. Abī l-Ḥakam at al-Bīmāristān an-Nūrī in Damascus, Ibn Abī Uṣaybī'a says that “Each day Muḥammad made the rounds of the patients, checking their diet and medication. Then he left the hospital to visit anyone among the ruling elite who was ill. Upon his return to the hospital, he would sit in a great hall (*īwān*) and consult medical texts. Nūr ad-Dīn had endowed his *bīmāristān* with a large collection of books which were deposited in two storage areas at the front of the *īwān*. Many doctors and students came and sat with Muḥammad. Medicine was discussed and the students read aloud. The session lasted for three hours, and then Muḥammad would go home.” Ibn Abī Uṣaybī'a, as cited by Gary Leiser, “Medical Education,” 55.

<sup>132</sup> *Taqīd* for *tadrīs* at the *bīmāristān*: Ibn al-Furāt, *Ta'rīḥ*, 8:26, lines 23-25 ff.

<sup>133</sup> *Taqīd* for *tadrīs* at the *bīmāristān*: Ibn al-Furāt, *Ta'rīḥ*, 8:26, ll. 25-27, line 5.

<sup>134</sup> Dietrich, “Buḵrāt,” 155; see also Joose, Pormann, “Decline and Decadence,” 6-7.

*Qānūn*) and the *Kulliyyāt* (a reference to the first of the five books of the *Qānūn*<sup>135</sup>). In other words, students were to study the traditional medical curriculum. The focus on these authors and texts is reinforced by the fact that the appointee to the *riyāsat aṭ-ṭibb* and to the *tadrīs* is compared favorably with Hippocrates, Galen and Ibn Sīnā.

It is of some interest that the curriculum suggested by these references conforms to the traditional Galenic curriculum, including the *Qānūn* of Ibn Sīnā. It will be interesting to compare the curriculum intimated here with what is found in *aṭ-ṭibb an-nabawī* literature since Prophetic medicine was also largely based in the Galenic tradition. Are there ways in which the *ṭibb an-nabī* curriculum differed?

## 2. Network analysis

The hospital employed not only physicians and teachers but also administrators and staff. And of course there were students and patients as well who are occasionally mentioned in the sources. As we have already seen, Qalāwūn appointed a physician to the *riyāsat aṭ-ṭibb* and *tadrīs al-bīmāristān* who was well known in elite circles and thus received notice in chronicles and biographical dictionaries. The position of *nāẓir* (chief administrator or director) at the hospital was also regarded as a very high position, at least at the time of the founding of the hospital. Individuals appointed to this post were of sufficient renown that they too appear in the chronicles of the period in regard to a variety of events in addition to their activities at the hospital and receive attention in biographical dictionaries. The hospital thus provides fertile ground on which to investigate networks of individuals linked in some way with it. Konrad Hirschler has been able to situate Ibn Wāṣil (d. 697), the qāḍī with rationalist tendencies and chronicler, in his social milieu with results that contrast with his portrait as drawn on the basis of the official positions he held. Constructing Ibn Wāṣil's network of informal relationships allowed Hirschler to see Ibn Wāṣil as having a greater degree of agency than is apparent on the basis of his formal institutional ties.<sup>136</sup> I would argue that a similar approach may be followed to shed light on the role of al-Bīmāristān al-Manṣūrī. The socio-political-intellectual networks that formed around the hospital or radiated from it, may, if we pursue an approach similar to Hirschler's, enable us to answer some of the questions posed regarding the hospital in relation to medicine, politics and culture during the Mamluk period.

Three clusters of individuals emerge from the foregoing explorations as constituting potential networks for study and I expect that others will be found as this project progresses diachronically. The first network centers around ad-Daḥwār (d. 628/1230), the Damascene physician, who established what appears to have been the first "medical madrasa," from which *ḍimmīs* were excluded. His student Ibn an-Nafīs provides the link to the hospital in Cairo since as we have seen Ibn an-Nafīs not only donated his home and library as an endowment (*waqf*) for

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<sup>135</sup> Fancy, *Science and Religion*, 13, 206; Conrad, "Arab-Islamic Medicine," 701; Joose, Pormann, "Decline and Decadence," 6-7.

<sup>136</sup> Hirschler, *Medieval Arabic Historiography*, 18 ff.

the hospital, but also taught *fiqh* at the madrasa that was part of the hospital complex. Ibn Abī Uṣaybī‘a also studied with ad-Daḥwār, and so may have been a classmate of Ibn an-Nafīs, and Ibn Abī Uṣaybī‘a’s student was the Christian, Amīn ad-Dawla Ibn al-Quff, who wrote an acclaimed textbook on surgery.<sup>137</sup> Of these individuals only Ibn an-Nafīs became directly affiliated with the Maṣṣūrī hospital as far as we know, although Ibn al-Quff attended the evening gatherings at the home of Ibn an-Nafīs that must have taken place before the hospital was established. However, the “*silsila*” or teacher-student chain suggested here is worth noting, for in the early thirteenth century Syria, not Egypt, was the center of medical learning. Ibn an-Nafīs’ move to Cairo and affiliation with the Maṣṣūrī hospital (and madrasa) may therefore have had the effect of transferring that honor and the medical knowledge that went with it to Cairo or at least creating the potential for such a transfer to occur. More research will be necessary to confirm the hypothesis that Cairo superseded Damascus as the centre of medical learning post thirteenth century, especially as al-Bīmāristān al-Nūrī in Damascus continued to function and was even renovated by Qalāwūn during his reign and so may have continued to share the limelight.<sup>138</sup>

The primary member of the second network is Ibn an-Nafīs himself. Al-‘Umarī, quoting Ibn an-Nafīs’ biography, though he admits to not knowing the source of the report, states, “a group of amirs, Muḥaḍḍab ad-Dīn Ibn Abī Ḥulayqa, *ra’īs al-aṭibbā’*, Šaraf ad-Dīn b. Ṣaḡīr, and the most senior doctors, used to attend a *majlis* in his house. The *nās* (a term often used in this period to refer to the Mamluk elite) would sit according to their ranks. Among Ibn an-Nafīs’ notable students [in attendance] were al-Badr Ḥasan *ar-ra’īs*, Amīn ad-Dawla Ibn al-Quff, as-Sadīd aḍ-Ḍimyāṭī, Abū l-Faraḡ al-Iskandarī, and Abū l-Faraḡ b. Ṣaḡīr.<sup>139</sup> Al-‘Umarī also reports that al-Sadīd aḍ-Ḍimyāṭī, the Cairene Jewish physician and student of Ibn an-Nafīs, told him (al-‘Umarī) that Ibn an-Nafīs and Ibn Wāṣil (d. 697/1298), the qāḍī, diplomat and chronicler, who also had an interest in medicine,<sup>140</sup> would spend the night in animated conversation while he, aḍ-Ḍimyāṭī, had fallen asleep next to them. When they had finished the late evening prayers, the two of them would begin discussing, jumping from once science/field/discipline (*‘ilm*) to another. The ṣayḥ ‘Alā’ ad-Dīn (Ibn an-Nafīs) would do that with ease without confusion whereas the qāḍī ‘Alā’ ad-Dīn (Ibn Wāṣil) would become confused and raise his voice; his eyes would become red, the veins of his neck would swell, and they would continue like that until dawn.<sup>141</sup> These two anecdotes pertaining to networks of individuals with links to Qalāwūn’s hospital through Ibn an-Nafīs provide additional material for network analysis.<sup>142</sup> However,

<sup>137</sup> Vernet, “Ibn Abī Uṣaybī‘a,” 694.

<sup>138</sup> Inscription regarding Qalāwūn’s renovation of al-Bīmāristān al-Nūrī, dated Rabī‘ II 682/July 1283. For text, see *Répertoire Chronologique d’Épigraphie Arabe*, 8:13-14, No. 4820.

<sup>139</sup> Al-‘Umarī, *Masālik al-abṣār*, 8:360. Aṣ-Ṣafadī (*A’yān*, 2:404, # 696) mentions the story of Ibn al-Nafīs and Ibn Wāṣil in his biography of as-Sadīd aḍ-Ḍimyāṭī, but does not go into details.

<sup>140</sup> Hirschler, *Medieval Arabic Historiography*, 61.

<sup>141</sup> Al-‘Umarī, *Masālik al-abṣār*, 8:359.

<sup>142</sup> At the time of the soirées described in these anecdotes, the hospital had not yet been founded, since some of the participants were already deceased (e.g., al-Qāḍī Ibn Wāṣil, Amīn ad-Dawla Ibn al-Quff, etc.). Others, such as Ibn an-

while al-ʿUmarī shows interest in this rather significant circle of individuals, he unfortunately, and most frustratingly, does not provide any details except that it seems to have been of an intellectual nature (*ilm*). What precisely were they discussing? The “nuts and bolts” of the various disciplines or the larger issues of the day?

We also observe that among those who, according to this anecdote, met in the intimacy of Ibn an-Nafīs’ home were, in addition to Ibn an-Nafīs himself, a Šāfiʿī theologian and physician, a rather diverse group including: members of the Mamluk military (amirs but unnamed); the chief physician of Egypt and Syria, Muḥaḍḍab ad-Dīn, a recent Christian convert to Islam; Šaraf ad-Dīn b. Ṣaġīr, a physician; the most senior/greatest doctors (unnamed); as well as some of Ibn an-Nafīs’ most notable students, including as already noted, al-Badr Ḥasan *ar-raʿīs*; the Christian physician Amīn ad-Dawla Ibn al-Quff, author of a surgical manual; the Jewish physician al-Sadīd ad-Ḍimyātī; and the physicians Abū l-Faraġ al-Iskandarī and Abū l-Faraġ b. Ṣaġīr. Given the cultural shift, in part characterized by exclusionary tendencies as the century progressed, a diverse group of this sort, representing some of the highest echelons of the government and the medical community, is rather remarkable, especially given their relationship with Ibn an-Nafīs. It is a network worthy of further investigation. On the one hand, Qalāwūn’s *waqfiyya* and the diplomas of appointment examined above suggest that at an official or formal level, the primary educational goal was the training of more Muslim physicians. On the informal level, however, non-Muslims were on intimate terms with members of the Mamluk military and medical elite. The exclusionary policies implemented in the hospital do not seem to have affected social relations, at least at the time of this incident which could not have occurred later than 685/1286, Ibn al-Quff’s date of death. The network of individuals, including members of the political-military, scholarly and medical elite with links to the hospital, suggests that such a history could provide clues to the relationship between medicine, politics and intellectual history in the Mamluk period.

A third network revolves around the administration of the hospital and in particular the post of *nāzir* (chief administrator, supervisor or director). The *waqfiyya* for the hospital specified that the supervision (*naẓar*) of the hospital should remain with the donor, i.e., the sultan, during his lifetime after which it was to pass to family members, then his mamluks, and failing all else, eventually the Šāfiʿī chief judge.<sup>143</sup> Whether these specifications were followed is unclear, for from an early date the post of *nāzir* was filled by high-ranking persons, perhaps acting on behalf of the individual as specified in the *waqfiyya*. The post of *nāzir al-bīmāristān* was a political appointment and, according to al-Qalqašandī, one of the greatest or highest offices.<sup>144</sup> An-

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Nafīs himself who taught at the madrasa and donated his home and library to the hospital, Muḥaḍḍab ad-Dīn Ibn Abī Ḥulayqa, the future chair of medicine at the hospital, however, was very much alive at the time the hospital was founded. Nevertheless, these associations may tell us something about the orientation of the hospital once these individuals have been thoroughly studied and analyzed.

<sup>143</sup> *Waqfiyya*, dated 12 Šafar 685/9 April 1286: See Ibn Ḥabīb, *Taḍkira*, 1:369, lines 309 ff.

<sup>144</sup> Al-Qalqašandī, *Šubḥ*, 11:259.

Nuwayrī (d. 732/1332), a member of the civilian secretarial elite served as *nāzir* from 703-707.<sup>145</sup> Baybars al-Manṣūrī (d. 725/1324-25), originally a *mamlūk* in Qalāwūn's service, who served as *nā'ib as-saltāna* (viceroys of the sultan) at the fortress of al-Karak, a center renowned for its climate favorable to the rational sciences, famous as author of *Zubdat al-fikra fī ta'rīḥ al-hiğra*, *at-Tuḥfa al-mulūkiyya fī d-dawla at-turkiyya*, and *Muḥtaṣar*, and who rose to the highest military rank, amir of one hundred, was appointed by an-Nāṣir Muḥammad b. Qalāwūn, ca. 709, as *nāzir*.

Baybars al-Manṣūrī was not alone in being appointed *nāzir* after spending time at al-Karak. Ğamāl ad-Dīn Āqūš al-Ašrafī (d. 736/1336), had served as governor of al-Karak before being appointed *nāzir* al-Bīmāristān al-Manṣūrī.<sup>146</sup> The amir 'Alam ad-Dīn Sanğar al-Ğāwulī (d. 745/1344-1345) likewise had spent time at al-Karak before eventually being appointed by an-Nāṣir Muḥammad to the post of *nāzir* al-Bīmāristān.<sup>147</sup> In fact, al-Jāwulī had been instrumental in bringing an-Nāṣir back to Cairo from al-Karak following the usurper Lāğīn's death in 698/1298-1299.<sup>148</sup> In any case, several *nāzirs* appointed by an-Nāṣir Muḥammad b. Qalāwūn had spent time in this town and fortress where the rational sciences were highly regarded and pursued. We appear to have another network, based on a connection with al-Karak, that requires further investigation.

In order to study these networks and well-known individuals affiliated with the hospital, I am now experimenting with the use of the relational database developed at the University of Gent under the direction of Prof. Jo Van Steenberg, known as the Mamluk Political Prosopography Project (or MP3),<sup>149</sup> as a tool in relation to my research for mapping networks affiliated with the hospital. The Gent MP3 project focuses on the late fifteenth century whereas my work commences in the thirteenth century but will continue to the end of the Mamluk period, and whereas the Gent project studies the Mamluk elite of the later period, my project will consider all individuals with ties to the hospital. Yet the framework of MP3 seems perfectly suited to my goals since it will allow me to identify and study the nature of relationships of individuals associated with the hospital at a given moment as well as across time in order to illuminate the role of al-Bīmāristān al-Manṣūrī in the medicine, politics and culture of the Mamluk period.

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<sup>145</sup> An-Nuwayrī, *Nihāyat al-arab*, 30:19, 29, 45

<sup>146</sup> Aṣ-Ṣafadī, *A'yān*, 1:578-82, # 314. Ibn Tağrībīrdī, *Les biographies*, 9:74, # 512.

<sup>147</sup> Aṣ-Ṣafadī, *A'yān*, 2:469, # 737

<sup>148</sup> Abū l-Fidā', *K. al-Mukhtaṣar*, 4:40.

<sup>149</sup> I am extremely grateful to Prof. Dr. Jo Van Steenberg, Hoogleraar Arabistiek en Islamkunde Universiteit Gent for his generosity in providing access to his database and some training in its use, as well as to his students who have given generously of their time to work with me over the several days I spent there. I also wish to thank most profoundly Prof. Stephen Conermann and the Anne-Marie-Schimmel Kolleg, University of Bonn for creating the amazing opportunity to "network" with our colleagues at Gent!



## Conclusions

What began as a fairly simple plan to study the history of al-Bīmāristān al-Manṣūrī is developing into a complex project that has the possibility to illuminate not only the history of this institution but aspects of the intellectual history of the Mamluk period as well, which until now, despite some recent ground-breaking studies, remains relatively uncharted territory. The two documents that have provided the focus for this paper were selected because of my original interests and now because they contain elements that suggest ways to explore the history of the hospital in its own right. They also demonstrate that the hospital may be used as a lens through which to examine the links between medicine, politics, and culture broadly speaking. On the basis of these two documents alone, several lines of inquiry have been opened up. A study of the structure of the documents has led, so far, to the revelation that the hospital project had a *ḡihādī* aspect to it. Whatever the charitable or legitimizing motives may have been, the main mission of the hospital was to train more Muslim physicians, in other words, to Islamize the medical profession. Secondly, textual analysis of the two documents has brought to attention a saying (*al-‘ilm ‘ilmān...*) that though its meaning remains ambiguous, seems to reflect a view of medicine that may have been central to the sultan’s agenda and the mission of this hospital. Despite uncertainty as to its interpretation, the phrase *al-‘ilm ‘ilmān*, with its reference to science, learning, knowledge contrasts with the phrase found in a later *tawqī‘* for the *riyāsat at-ṭibb* at al-Bīmāristān al-Manṣūrī that is clearly linked to *ṭibb an-nabī*. While firm conclusions cannot yet be drawn, the evidence seems to indicate that al-Bīmāristān al-Manṣūrī was founded with an orientation that while clearly aiming to train more Muslim physicians nevertheless favored the traditional Galenic system as modified by physicians like Ibn Sīnā and Ibn an-Nafīs for whom reason to varying degrees was an important component of their thought. Although the later document issued by Mu’ayyad Ṣayḥ has not yet been thoroughly analyzed, even a superficial reading of the text demonstrates that it reflects a *ṭibb an-nabī* orientation. Perhaps at this point we can tentatively conclude that the sultans who issued these documents, Qalāwūn and Mu’ayyad Ṣayḥ, both strove to Islamize the medical profession though they chose different paths, paths that are reflected in the two documents. The documents clearly reflect the cultural shift that had occurred from the time of the hospital’s founding in the late thirteenth century to the reign of al-Mu’ayyad Ṣayḥ in the early fifteenth century.

Textual analysis has also yielded information regarding medical education in the late thirteenth century, e.g., qualifications that influenced the selection of the chair of medicine and chief physician, his duties, and perhaps even the curriculum.

Finally, the appointment of Muḥaddab ad-Dīn Ibn Abī Ḥulayqa to the chair of medicine and chief physicianship led us to search the biographical literature with the result that an in depth study of the networks of individuals with links to the hospital, remarkable for their diversity in terms of social and political status, religion, and profession, has become imperative. Appointments to the *nazar* of the hospital during an-Nāṣir Muḥammad b. Qalāwūn’s reigns points to another network that links individuals not only to the hospital but to the fortress and

town of al-Karak, a center for the study of rational sciences. This link seems to be lost following the death of an-Nāṣir in 741/1341. An exploration of the networks radiating from the hospital thus has the possibility to tell us a great deal about the connections between medicine, politics, and culture at the time of the founding of al-Bīmāristān al-Manṣūrī and across time through the Mamluk period.

Rather than resolving issues related to the hospital, this exploratory research has raised more questions than it has answered. The surface has only been scratched.

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