

Peter E. Pormann & Emilie Savage-Smith (eds.), *Medieval Islamic Medicine*, Edinburgh: Edinburgh University Press, 2007, 240 pages, ISBN-10: 1589011619

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When considering the publications, translations, theses, and articles composed on the place of medicine within the history of sciences and culture in Turkey in terms of both their quality and quantity, it would not be an exaggeration to state that historical studies related to Islamic medicine are still in their infancy. However, based on the publications in the field, it is possible to understand that interest in the history of Islamic medicine has increased in America and in some European countries over the last fifty years. Specifically, the name Manfred Ullmann stands out among others when the history of Islamic medicine is mentioned. In 1968, Ullmann published his work *Die Medizin im Islam* which has been on the agenda of all scholars in the field after his time. Consciously avoiding the history of medicine in his work, Ullmann preferred to study the evidence attained through hand written texts, published resources, and secondary literature. In this shorter, discursive work titled *Islamic Medicine* published in 1976, he purposely excluded some issues from his study due to his research position. *Islamic Medicine* consists of surgery and hospital institutions, the social position of doctors, physician-patient relationships, and medical training. It may be claimed that over the previous thirty years, the climate for studying these issues has improved due to researchers such as Cristina Alvares-Millan, Lawrence I. Conrad, Avner Gil'adi, and the deceased Michael W. Dols who studied various social and practical aspects of the history of medicine in the Islamic world. One of the most recent studies presented in this field is the topic of the current review; *Medieval Islamic Medicine*, by Peter E. Pormann and Emilie Savage-Smith.

First of all, I would like to shortly make reference to the time frame and the issues around which this work has been written. Although Egypt, Syria, Iraq, and Iran were the central lands in the medieval Islamic world which played crucial roles, the borders of medieval Islamic geography stretched from Spain and North Africa in the west all the way to India in the east. Three different empires, the Ottoman Empire, the Safavid

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Empire, and the Babur Empire, ruled over these lands for a period of approximately nine hundred years beginning in the middle of the seventh century and continuing until the end of the fifteenth century. The authors did not discuss their perspectives on Islamic medicine as practiced by the the Safavids in Iran, the Baburs in India, or the Ottomans in Anatolia, giving only very brief examples about these periods and preferring instead to address the nine hundred year-time frame mentioned above. On the other hand, the authors conducted research centering on the medical needs and implementations of the Islamic world. Within this framework, the authors specifically indicated that the book did not aim to compress the whole of medieval Islamic medicine into a compact study, and instead that this work envisioned to present a general perspective providing both striking and specific examples. However, the issues addressed in the book pertain to various aspects of the history of social medicine, such as female physicians and female patients (pp. 103-108), hospitals, general public health, rural and urban services, medical ethics, medical training, and the like. The authors also emphasized that they were not in a position to commit to writing a comprehensive history of Islamic medicine since many issues during the reported period required serious medical rigor (pp. 2-3).

The authors' preference in using the expression "Islamic medicine" in their title is significant due to the nomenclature problem which exists in discussions related to the concept of "Islam" within the field of Islamic philosophy and its alternative "Arabic philosophy." According to Pormann and Savage-Smith, the medieval Islamic community was composed of both Muslims and non-Muslims who spoke a myriad of languages, among which included Arabic, Persian, Syriac, Hebrew, and Turkish as well as a wide variety of regional dialects. Although Arabic was the dominant language in Islam due to its being the language of the Qur'an, it also functioned as the general language of the educated milieu for centuries and was also used for various other official purposes, similar to the role of Latin in Europe. The use of Arabic provided an opportunity for a mosaic of nationalities speaking different languages to communicate with each other. Therefore, even though the authors of the Islamic period might have been Persians, Arabs, Jews, or Christians who spoke Greek, Syriac, or Turkish, the majority of them wrote in Arabic. The originating medical literature and practice consisted of a richness observed not only in the physicians and the doctors themselves, but also in the mixture of various religions and cultures. For this reason, while the authors did not interpret the concepts related to Islamic culture or Islamic medicine as solely pertaining to "the religion of Islam" (p. 2), they also did not find it appropriate to use the expression "Arabic medicine" simply because a large part of the literature was written in Arabic. A noteworthy point in the book reflecting its perspective is the focus on how Islamic medicine affected Europe. According to the authors, the medical tradition described in the book later

contributed extensively to late medieval and Renaissance period medicine in Europe. Medical training in Europe both at the end of the medieval period and at the beginning of the Renaissance owed a great deal to the Islamic medical tradition. As a matter of fact, according to Pormann and Savage-Smith, this debt was so grand that the history of medieval Islamic medicine is, in essence, the history of the roots of early modern European medicine (pp. 3-4).

The work is organized around five main themes which are reflected in the titles of the first five chapters: (i) The Emergence of Islamic Medicine and its intense cross-pollination with other cultures especially through translations and even through commerce and travels; (ii) The theoretical medical framework and a comprehensive literature that guided the physicians who received formal training; (iii) [The] Function of physicians coming from various social classes within the larger society; (iv) Medical care as seen through case histories obtained as a result of implementing medical practices for specific patients and the medicines that the patients actually used; and (v) The role of amulets, public traditions, and prayers in scientific medicine as much as in more typical medicine.

The sixth and concluding chapter is on the afterlife of medieval Islamic medicine, i.e., how medieval Islamic medicine established the foundation of the European medical tradition and how it is applicable in the modern period. On the other hand, while there were Arabic and Persian manuscripts on the treatment of horses, camels, hawks, and various other domesticated animals as well as a variety of other topics, these issues were not included in the contents of the book. The book only addressed those issues related to human beings, their health, and the initiatives undertaken in order to understand and improve their wellbeing.

Following these explanations, I would like to focus on some specific aspects of the book, especially on the Alexandria medical curriculum which had a significant impact on how medicine was taught during the first periods of Islam. This curriculum contained a compendium of the Sixteen Books by Galen, written by Galen himself, as a selection of work for “beginners.” In addition, the materials in the Sixteen Books, as well as the other works of Galen, were abridged under the title *Jawāmi‘u Iskanderāniyyīn* (*Summaria Alexandrinorum*) based on their educational purposes. Although originally written in Greek, these works could only be preserved in their Arabic, Persian, and Latin translations. Despite the title, they do not represent the original short versions of Galen’s work since they also include a patchwork of annotations and summaries made while interpreting Galen’s works during late antiquity in the light of syncretic philosophy. Encyclopedia and abridged annotation styles were much in demand in medical circles during the late ancient Alexandria period. Theoretical circles followed Galen, which is to say that medical authors of Alexan-

dria adopted the humoral pathology as argued by Galen, adapting it to their specific educational and practical needs. Galenism, adopted as written in the texts in Alexandria, had a great impact on the Islamic medical tradition (pp. 13-14).

The city of Jundishapur maintained a central place in the history of Islamic medicine. One of the salient aspects of this work is the authors' approach toward the City of Jundishapur, the family of Bukhtishu`, and the birth of hospitals. Although the classical story, the "Legend of Jundishapur," was commonly cited in explaining how hospitals became established in the Islamic world, Pormann and Savage-Smith believe this claim to be a challenge and groundless. Most probably, the legend is based on a story narrated by the thirteenth century medical historian Ibn al-Qifti (d.1248). One of the basic arguments against this legend is as follows: If there had been large institutions such as these, we would not have heard about them from resources dating from the late period. Since such sources are nonexistent, how, then, did the legend come to pass? The legend can only be explained through a retrospective writing of history. The Bukhtishu` family, a Nestorian Christian family of physicians spanning eight generations from the middle of the seventh century until the second half of the eleventh century, served a caliph in Baghdad as medical doctors and consultants. The Bukhtishu` family, originally from the City of Jundishapur, gained a significant reputation in Baghdad with the family maintaining relations with hospital medicine after the 750s during Abbasid period. It seems that either the family itself or the people around them fabricated a story that enabled them to claim to have a legendary and glorious past so as to give the air of both an unparalleled importance and depth of knowledge in their positions within the palace walls. In other words, as long as the Bukhtishu` family alleged that the hospital was something that they had brought with them from Jundishapur, their prestige and medical authority would not only be established, but would also increase. In this case, the authors ask the following question: "If perchance, there was no function of the Jundishapur hospital for the subsequent Islamic tradition as a model and if it was not the first established hospital, where can we find the antecedents of ensuing Islamic institutions?" According to the authors, the closest candidate would be the almshouses under the monasteries developed in the western part of the world in which Greek had been spoken since the fourth century. Based on the Christian concept of charity and also to exalt their dignity, various church leaders established shelters to comfort the poor and the needy. Despite details remaining unclear regarding how they took care of and treated their patients, there were priests who practiced partial medicine in some of the almshouses. Christians who spoke Syriac developed shelters for both pilgrims and the sick to stay overnight (pp. 20-21). However, whether these examples were the antecedents of hospitals in Islamic civilization is open to discussion because I can claim that the authors over-

looked a passage in Ibn Abi Uṣaybi'a regarding the establishment of the first hospitals. Ibn Abi Uṣaybi'a mentions that the first hospital was founded by Hippocrates (و يقال أنه اول من جدد البيمارستان و اخترعه و أوجده), indicating that the concept belongs to the Greek tradition and it is not based on a Christian background. Ibn Abi Usaybi'a reports that this space, established close to the home of Hippocrates and which included personnel to take care of patients, was called *xenodocheion* in Greek, which meant the place in which the sick gathered together and that this term was used for the Persian word *bimāristan*.¹ Additionally, authors' comments regarding the hospital organization in Islamic civilization and the scientific and social functions of hospitals should be considered as important contributions (pp. 96-101).

Another substantial issue is related to the authors' approach to the position of medicine within the translation movement from Greek to Arabic. The ancient medical traditions developed in the regions opened to Islam included Egyptian, Mesopotamian, and ancient Iranian traditions. Muslims also knew the Indian and Chinese medical traditions somehow. However, according to the authors, the Greek medical tradition had the greatest impact on the Islamic medical tradition, as translating the Greek tradition into Arabic was the fundamental element in shaping the Islamic medical tradition. Considering that Greek medical expressions and concepts that guided Islamic medical thought were expressed in Arabic for the first time during this period, it may be claimed that the formative process of Islamic medical was a process of translation. On the other hand, authors' objections to an oft-repeated concept regarding the translation of medical works are noteworthy. It is reported that not only the account of Greek medical texts having been translated into Arabic during the Umayyad period (661-750), but also that of Khālid b. Yazid having given specific instructions for the Greek corpus of medical and chemistry works to be translated are devoid of any historical basis. In that case, it would be more accurate to accept al-Mansūr, the second Abbasid caliph ruling from 754 to 775, as the first powerful sponsor who systematically supported the translation movement of such texts. The authors considered other aspects as subtitles instead of main themes. These included certain misperceptions, translation techniques from Greek to Arabic, the formation of Arabic medical terminology, and Arabic being the *lingua franca* during this process (pp. 21-36). The second chapter of the book entitled "Medical Theory" addresses a number of topics related to the theoretical areas of medicine. This section focuses on humoral pathology based on *akhlāt al-arba'a*, diet, pharmaceuticals, diagnosis and prognosis, epidemics and terminal diseases,

1 Ibn Abi Usaybi'a, *Uyūn al-anbā' fī tabaqāt al-atibbā*, pub. Nizār Rida, Beirut: Dar Maktabat al-Hayat, n.d., p. 47.

anatomy, surgery, ophthalmology, and prophetic medicine (pp. 41-76). The authors discuss issues related to the history of social medicine, such as medical training, how doctors functioned, physicians' ethics, charlatan doctors, the social status of doctors, hospitals, cooperation and competition among Muslim, Jew and Christian physicians, female physicians, and female patients (pp. 80-111).

Patient history, clinical medicine, doctor's rounds, drug treatment, venesection and cauterization, surgical practices, trachoma and eye surgery, anesthesia, and similar headings are addressed as issues related to medical practices (pp. 115-139). Talismans, amulets, charms, astrology, and divination are the striking titles in the fifth section on popular medicine (pp. 133-158). The last section of the book is assigned to such issues as how Islamic medicine was regarded in the Medieval West, how it was addressed, and how and through which channels it was transferred to the West. Examining the impact of the Islamic scientific tradition on the West, this section provides important data in terms of the Islamic history of science. These issues are organized under the following headings: (i) translations of Jewish doctors from Arabic to Latin or Hebrew, (ii) how Islamic medicine was included in the medical training of European universities, (iii) the Crusades, (iv) the role of Crusaders in this transfer, and (v) the Renaissance.