

Ahmed Ragab. *The Medieval Islamic Hospital: Medicine, Religion, and Charity*. New York: Cambridge University Press, 2015. xviii + 263 pages. ISBN: 9781107109605.

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The Medieval Islamic Hospital: Medicine, Religion, and Charity is the first monograph on the history of the *bīmāristān/māristān*, which was an important charitable institution of healing and care, as well as a prominent feature of pre-modern Islamic cities. There is little to recommend it, however, as most of the book's novel claims are either unsubstantiated and/or inaccurate.

Ahmad Ragab's stated intention is "to ask more nuanced questions about the history and impact of these institutions," building upon the recent work of Peter Pormann and Peregrine Horden (xii). Ragab stresses that historians need to dispense with two central assumptions about these institutions: the overriding concern with "the medicalized nature of the Islamic hospital"; and a commitment to "the unity and coherence of the 'Islamic hospital' itself" (xii). Dispensing with these assumptions, Ragab puts forth four distinct claims: (1) the "Islamic hospital" was not a coherent category but rather included institutions that had different origins and served different purposes; (2) Islamic hospitals should be seen as parts of "the growing network of charitable institutions at the heart of the medieval Islamic urban center" not necessarily focused on the sick (5–6); (3) historians should consider the professional and intellectual commitments of physicians who worked in these hospitals without collapsing them into "a single coherent group" (xiv); and (4) a circle of Damascene physicians connected to Muḥaddhab al-Dīn al-Dakḥwār (d. 628/1230) developed a practice suitable for hospitals that came to "dominate the medical scene in the Levant and Egypt throughout the thirteenth and fourteenth centuries" (175).

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The book is divided into an introduction, a prologue, two parts, a conclusion and an annex that addresses the debate over the founding of the first Islamic hospital (Umayyad origin versus Abbasid origin). In the prologue, Ragab claims that Islamic hospitals emerged from two distinct origins, each serving different purposes. The first type, founded in Damascus under the Umayyad caliph al-Walīd I (r. 86-96/705-715), was prominent in the Levant and Egypt. It traced its origins to the pre-Islamic Byzantine *xenodocheia* “built under the auspices of political authorities,” in which “physicians played a limited” administrative role (41). For the author, the exemplar of this type is Cairo’s Ṭūlūnid hospital (est. 259/872), which was “built as part of the sovereign’s urban and charitable plan” (41).

The second type, founded in Baghdad during the reign of the Abbasid caliph Hārūn al-Rashīd (r. 170-193/786-809), was common in Iraq and Iran. It evolved from the sixth-century Sassanian-Syriac Nestorian *xenodocheia* that were “more closely linked to physicians” (18). For Ragab, the exemplar of this type is Baghdad’s famous ‘Aḍudī hospital (est. 371/981). The Iraqi hospitals, like the earlier Nestorian *xenodocheia* of Nisbis (ca. 510) and Joseph (ca. 560), served as sites for medical scholarship, learning and medical care “that were supervised by the physicians themselves” (27). Nonetheless, both types played “a charitable role in the urban centers” of the Islamic world (42).

The remainder of the book focuses predominantly on Cairo’s Manṣūrī hospital (est. 683/1285). Part 1, which comprises three chapters, situates it within the history of the first type of Islamic hospital in post-Crusader Syria and Egypt. Chapter 1 argues that the Manṣūrī was influenced by three institutions: Nūr al-Dīn Zankī’s famous hospital of Damascus (est. ca. 569/1174), the Crusader hospital of Jerusalem (est. 493/1099), and Saladin’s hospital of Jerusalem (est. 588/1192). The link between the Manṣūrī and Nūrī hospitals is apparent not only in terms of their architectural scale and design, but also in the fact that the Mamluk Sultan al-Manṣūr Qalāwūn (r. 678-689/1279-1290) renovated the latter in 681/1283 (74), two years before building his own hospital in Cairo. The link to Saladin’s Jerusalem hospital, in Ragab’s eyes, is that both rulers sought to serve Muslim pilgrims on their way to the Holy Land by establishing hospitals (Saladin in Jerusalem and Qalāwūn in Hebron). Moreover, Saladin had founded the Ayyubid dynasty, which the Mamluk rulers had served and then succeeded. The influence of Jerusalem’s Crusader hospital on Cairo’s Manṣūrī hospital is presumed due to the former’s continued functioning under Saladin and Qalāwūn, although no archaeological and/or literary evidence is provided to substantiate this influence (74–75).

Chapter 2 focuses on how hospitals signaled the beginning of a new order in Cairo, in particular Saladin's hospital (est. 567/1171) and the Maṣṣūri. Ragab argues that the Ayyubids and Mamluks converted old Fatimid palaces into hospitals and Sunni institutions, particularly on the avenue of *Bayn al-Qaṣrayn* (between the two palaces), which desecrated the old centers of Fatimid power. He also compares the Maṣṣūri hospital complex's architectural orientation with that of the mausoleum-madrasa complex of al-Ṣāliḥ Ayyūb (est. 648/1250) – the last Ayyubid ruler and Qalāwūn's master – in order to show how the hospital complex legitimized “the new Mamluk state and the ... Qalawunid dynasty” (99).

Part 1 concludes with an analysis of the Maṣṣūri hospital's endowment deed (*waqfiyya*) and the two decrees (684/1285) appointing Ibn Abi Ḥulayqa (b. 620/1223) its chief physician and chair of medicine. By focusing on the deed's spending priorities, Ragab argues that this hospital was primarily a charitable institution “that offered much more than care delivered by medical practitioners,” unlike the Abbasid hospitals of Iraq (138). The analysis of the two decrees, however, is very brief (130–134),¹ even though they undermine the author's claims concerning Qalāwūn's lack of interest in medical patronage (137–138).

In part 2, which comprises two chapters, Ragab turns his attention to an “emerging practice-oriented tradition that started at al-Bimāristān al-Nūri” and then spread to Egypt (156). In chapter 4, he examines the development of this tradition (“the bimāristān ‘project’”) in al-Dakhwār's circle in Damascus during the thirteenth century (173). He claims that this group traced its lineage to the physician-centered type of hospital, specifically Baghdad's 'Aḍūdi hospital. This practice-oriented tradition prioritized diseases over preserving health, and treatments using drugs and surgery over diet management (175). This chapter contains the bulk of Ragab's most original claims, which I shall evaluate shortly.

Finally, in the absence of any surviving documentary evidence, Ragab uses architectural, medical, and literary sources to uncover medical practices at the Maṣṣūri (chapter 5). He reconstructs the possible sensory experience of patients as they entered and moved through this hospital (178). In doing so, he relies upon an architectural survey of the hospital, albeit without citing his source. The rest of the chapter uses literary sources to describe the various types of clients that benefited from its services. Finally, the chapter attempts to recreate how the Maṣṣūri's physicians applied the new *bimāristān* medical practice of al-Dakhwār's circle to examine and treat their patients.

1 For a thorough analysis of the decrees, see Linda Northrup, “Qalāwūn's Patronage of the Medical Sciences in Thirteenth-Century Egypt,” *Mamluk Studies Review* 5 (2001): 119–140.

As this summary shows, *The Medieval Islamic Hospital* situates its examination of the Maṣṣūri hospital within the larger social, political, architectural, and religious history of the thirteenth-century Levant and Egypt. Ragab thus stays true to his stated goal of dispensing with the overriding concern about the “medicalized nature” of Islamic hospitals. He is not, however, the first to have done so. Adam Sabra has already placed this hospital within the network of charitable institutions that served Cairo’s poor.² Yasser Tabbaa has highlighted the hospitals’ charitable role in providing refuge for the poor and travelers and even suggested the link between the Crusader hospital and Levantine *bīmāristāns*.³ Both Linda Northrup and Howyda al-Harithy have highlighted how the Maṣṣūri reconfigured urban space.⁴ Northrup has also shown the connections between the Maṣṣūri and Nūri hospitals, including Qalāwūn’s renovation of the latter.⁵ Ragab cites these works without adding anything substantial.

On the other hand, Ragab’s failure to cite and/or engage with other works undermines his own argument. For example, he claims that “at the symbolic level,” the Maṣṣūri “expressed particular narratives of power and authority” (104). This claim should have been substantiated using Van Steenberg’s analysis of how this hospital physically participated in “an active [political] ritual space” of the *Bayn al-Qaṣrayn* avenue since, in so doing, it engendered “the Qalāwūnid household’s socio-political monopoly” once the Mamluk investiture rituals were moved to it.⁶ Similarly, he fails to compare the Maṣṣūri’s architecture to hospitals other than the Nūri, as done by Patricia Baker.⁷ Baker’s emphasis on space (a key concern of Ragab) and how hospital layouts followed Galenic medical philosophy across Granada, Anatolia, Levant, and Egypt would have forced the author to reconsider the importance of medical care in both types of Islamic hospitals.

2 Adam Sabra, *Poverty and Charity in Medieval Islam: Mamluk Egypt, 1250–1517* (Cambridge: Cambridge University Press, 2000), 78ff.

3 Yasser Tabbaa, “The Functional Aspects of Medieval Islamic Hospitals,” in *Poverty and Charity in Middle Eastern Contexts*, ed. Michael Bonner, Mine Ener and Amy Singer (Albany: SUNY Press, 2003), 95–119.

4 Linda Northrup, *From Slave to Sultan: The Career of al-Manṣūr Qalāwūn and the Consolidation of Mamluk Rule in Egypt and Syria (678–689 A.H./1279–1290 A.D.)* (Stuttgart: F. Steiner Verlag, 1998), 121; and Howyda al-Harithy, “The Concept of Space in Mamluk Architecture,” *Muqarnas* 18 (2001): 73–93.

5 Northrup, *From Slave to Sultan*, 120.

6 Jo van Steenberg, “Ritual, Politics and the City in Mamluk Cairo: The Bayna l-Qaṣrayn as a Dynamic ‘Lieu de Mémoire’, 1250–1382,” in *Court Ceremonies and Rituals of Power in Byzantium and the Medieval Mediterranean: Comparative Perspectives*, ed. Alexander Beihammer, Stavroula Constantinou and Maria Parani (Leiden: Brill, 2013), 227–277, 265.

7 Patricia Baker, “Medieval Islamic Hospitals: Structural Design and Social Perceptions,” in *Medicine and Space: Body Surroundings and Borders in Antiquity and the Middle Ages*, ed. Patricia Baker, Han Nijdam and Karine van ’t Land (Leiden: Brill, 2011), 245–272.

The book also suffers from an uncritical and selective reading of specific primary sources, particularly Ibn Abī Uṣāybi‘a’s (d. 668/1270) biographical dictionary of physicians. For example, Ragab accepts literally this biographer’s claim that Ibn Ṭūlūn’s (r. 255-270/868-884) “relations with his physicians ... were ... rather strained,” from which he concludes that the Ṭūlūnid hospital in Cairo was “not built within a context of the emir’s medical patronage” (37). This is the only evidence provided to support his major contention that “physicians played a limited role in the management” of the Islamic Levantine and Egyptian hospitals (41). Given the stakes, he should have spent more time critically evaluating Ibn Abī Uṣāybi‘a’s claim, especially since the latter himself refers to a tenth-century Andalusian physician, al-‘Udhri, heading a local hospital in Fuṣṭāṭ (Cairo).

This is not the only time that the author overstates the differences between the two types of hospitals. For example, he maintains that the Iraqi hospitals were “not ... intended to immortalize the patron’s name,” as opposed to the Levantine and Egyptian ones (39), even though hospitals in both regions were often named after rulers, such as the Abbasid caliph al-Muqtadir (r. 295-320/908-932) and the Buyid ruler ‘Aḍud al-Dawla (r. 338-372/949-983) in Iraq, and Ibn Ṭūlūn and Qalāwūn in Egypt.

The two aforementioned problems in Ragab’s scholarship – his uncritical and selective reading of certain primary texts and his neglect of relevant secondary scholarship – are most evident in part 2, where he makes some of his boldest claims. As stated above, the author asserts that physicians associated with al-Dakhwār developed a *bimāristān* practice that reflected the group’s experience in hospitals. This practice was more focused on treatment through drugs rather than diet management.

Ragab’s hypothesis is certainly worth investigating; however, a proper investigation would examine the actual works of this circle, such as its members’ commentaries on Avicenna’s *al-Qānūn fī al-Ṭibb* (*The Canon of Medicine*) and various Hippocratic works (e.g., the *Prognostics*, *Epidemics*, and the *Aphorisms*), many of which are extant in accessible manuscripts. And yet, basing himself entirely upon Ibn Abī Uṣāybi‘a’s literary description of al-Dakhwār’s circle, Ragab concludes that this group “rediscovered” al-Rāzi’s (d. 313/925) *al-Ḥāwī* (Lat. *Continens*) as a “practical corpus” (152). He further claims that these physicians placed a new emphasis on the first book (*Kulliyāt* [Universal Principles]) of Avicenna’s *Canon of Medicine*, the Hippocratic *Aphorisms*, and Ḥunayn ibn Isḥāq’s *Questions on Medicine*, which he states was uncommon “in the Levant and Egypt outside this circle” (154). “These texts,” so he argues, “formed the foundation for this group’s works ... and their view

of medical practice” (156). On the contrary, these texts were in fact well-known and were being used by twelfth- and thirteenth-century Levantine and Egyptian physicians outside of this circle.

For example, Ragab asserts that this circle used a version of al-Rāzī’s *al-Ḥāwī* that was different from the text circulating under the name of *al-Jāmi’* (The Compilation) in Syria. However, Emilie Savage-Smith has shown that al-Rāzī himself referred to the text that became known as *al-Ḥāwī* as *al-Jāmi’* or *al-Jāmi’ al-kabīr*.⁸ She also documents that Ibn Jumay’ (d. 594/1198), Saladin’s physician in Cairo, included passages from *al-Ḥāwī* while commenting on the *Canon*,⁹ thus proving that those “outside of or prior to” al-Dakhwār’s circle were already using these two seminal medical texts in conjunction (149).

Ragab further claims that this circle’s interest in the *Kulliyāt* continued the legacy of Ibn al-Tilmidh (d. 560/1165) in order to connect this circle’s medical practice to that of Baghdad’s ‘Aḍudī hospital. However, he overlooks the important role played by the philosopher Fakhr al-Dīn al-Rāzī (d. 606/1209) and his students in promoting the study and teaching of the *Kulliyāt* in Syria and Egypt, a fact that has been highlighted by Gerhard Endress using Ibn Abī Uṣāybi’a’s work itself.¹⁰ For example, the physician Shams al-Dīn al-Khusrawshāhī (d. 652/1254), who settled in Damascus, and the physician Afḍal al-Dīn al-Khūnajī (d. 646/1248), who settled in Cairo, were students of Fakhr al-Dīn and wrote commentaries on the *Kulliyāt*.¹¹ These commentaries were read and used by al-Dakhwār’s students, such as Najm al-Dīn al-Minfākh (d. 652/1254) who responded directly to Fakhr al-Dīn and al-Khūnajī’s commentaries in his own commentary on the *Kulliyāt*.

Ragab’s undercutting of Fakhr al-Dīn’s influence is not accidental. Throughout chapter 4, he underplays the circle’s philosophical interests in order to play up its practical orientation (157). Yet, apart from Ibn al-Nafīs (d. 687/1288), Najm al-Dīn al-Labūdī (d. after 664/1266) and al-Minfākh composed philosophical works. Moreover, al-Dakhwār himself studied philosophy under the “principal teacher of logic, ... and philosophical theology in Damascus under the Ayyubids,” al-Āmidī (d.

8 Emilie Savage-Smith, “The Working Files of Rhazes: Are the *Jāmi’* and the *Ḥāwī* Identical?” in *Medieval Arabic Thought: Essays in Honor of Fritz Zimmermann*, ed. R. Hansberger, M. Afifi al-Akiti and C. Burnett (London: Warburg Institute, 2012), 163–180.

9 Ibid, 3.

10 Gerhard Endress, “Reading Avicenna in the Madrasa: Intellectual Genealogies and Chains of Transmission of Philosophy and the Sciences in the Islamic East,” in *Arabic Philosophy, Arabic Theology: From the Many to the One; Essays in Celebration of Richard M. Frank*, ed. James Montgomery (Leuven: Peeters, 2006), 371–422.

11 Ibid., 406.

631/1233).¹² Ragab also overplays the circle's connection to Baghdad's hospitals by first speculating that Muhadhhab al-Dīn al-Naqqāsh (d. 574/1178), a student of Ibn al-Tilmīdh and a teacher of al-Dakhwār's teachers, "probably trained" in the 'Aḍudi hospital (p. 144). A few pages later, he confidently asserts that "Al-Naqqāsh ... received his training in al-Bīmāristān al-Aḍūdi" (173). This is, unfortunately, not the only time that the author turns his own speculations into confident assertions. For example, he muses about the possibility that a specific hall in the Manṣūrī hospital was for eye patients and, in the very next paragraph, calls it the "oculist hall" (183).

Ragab also claims that al-Dakhwār's circle "renewed interest in books such as the *Aphorisms*" (154), since "the most celebrated commentary" on this Hippocratic book was composed by Ibn Abī Ṣādiq (d. after 460/1068) a century earlier (155). But as Ibn Abī Uṣāybi'a documents, Arabic commentaries on the *Aphorisms* were indeed composed by prominent physicians in Egypt in the intervening period, such as Ibn Riḍwān (d. 453/1061), and Maimonides (d. 601/1204).¹³ Al-Dakhwār's circle was thus not "unique" in engaging with *al-Ḥāwī* and the aforementioned texts in the Levant and Egypt (155). Consequently, if a *bīmāristān* practice had been developed by this circle, it would have to be demonstrated by examining the actual works of its members, such as the extant commentaries of al-Dakhwār, al-Minfakh, Ibn al-Nafīs (d. 1288), and Ibn al-Quff (d. 1286), amongst others.

Ragab examines one such work: Ibn al-Nafīs's *Commentary on the Aphorisms*.¹⁴ Yet here too, his unfamiliarity with primary sources and secondary scholarship on the *Aphorisms* leads him astray. Not only does he state that Ibn al-Nafīs rearranged the order of the *Aphorisms* to reflect his lack of interest in diet management, in line with the circle's *bīmāristān* practice, he also claims that the preface reveals that "Ibn al-Nafīs was aware of [his] unique ordering" (162). Both these claims are false. First, as Peter Pormann has already shown, Ibn Abī Ṣādiq, in his very popular commentary, rearranged the order of the Hippocratic *Aphorisms*.¹⁵ Had Ragab consulted the original Hippocratic text, he would have seen that Ibn al-Nafīs merely reverts back to the original Hippocratic order. *Aphorisms* I.2 and I.3 (on evacuations) are identical in both Hippocrates and Ibn al-Nafīs. Ibn Abī Ṣādiq moves I.2 to I.18

12 Ibid., 391.

13 Peter Pormann has been directing a project on examining the extant Arabic commentaries on the *Aphorisms* since 2012 at the University of Manchester.

14 Technically, he also briefly examines al-Dakhwār's *Commentary on Hippocratic Prognostics*. However, that examination is even more superficial than that of Ibn al-Nafīs's *Commentary on the Aphorisms*.

15 Peter Pormann and N. Peter Joosse, "Commentaries on the Hippocratic *Aphorisms* in the Arabic Tradition: The Example of Melancholy," in *Epidemics in Context: Greek Commentaries on Hippocrates in the Arabic Tradition*, ed. Peter Pormann (Berlin: Walter De Gruyter, 2012), 211–250, 221.

and I.3 to I.2, not the other way around as Ragab claims, based on which he argues that Ibn al-Nafis's thinking "was entirely dominated by evacuation and its rules" and not "nourishment for the healthy" (161–163).

Second, Ragab reads Ibn al-Nafis's preface as stating that he rearranged the order of the *Aphorisms*, whereas other scholars (including Yusuf Zaydan, the editor of the work) have read it as stating that he had composed multiple commentaries on it.¹⁶ Nonetheless, at no point does the author provide evidence from an existing manuscript or show how he would vocalize and/or modify the original Arabic text to support his reading. He also claims that there "is no other evidence that Ibn al-Nafis composed more than one commentary on the *Aphorisms*, nor was it customary to do so" (162), despite the fact that there is plenty of evidence to support the standard reading. Ibn al-Nafis's fourteenth-century biographers claimed that Ibn al-Nafis had composed two commentaries on each Hippocratic text.¹⁷ The practice of composing more than one commentary on a given text was thus well known. It is also supported by the fact that Ibn Abi Šādiq composed two commentaries on the *Aphorisms*,¹⁸ and that Ibn al-Nafis himself composed at least two commentaries on Ḥunayn's *Questions*.¹⁹ Further still, Emilie Savage-Smith has shown that one Bodleian manuscript of Ibn al-Nafis's *Commentary on the Aphorisms* differs considerably from the remaining copies of this work.²⁰

Finally, Ragab fails to stick to his own stated principles. He criticizes earlier scholarship for treating the "Islamic hospital" as a monolithic entity and commits himself "to locate any given Islamic hospital within its local environment and landscape" (xii). While this contextualization is a worthy goal for any historical study, Ragab is inconsistent in his efforts to do so. For example, he never compares the Maṣūri hospital's *waqfiyya* to the *waqfiyyas* of other charitable institutions from that time and region (chapter 3).

Similarly, he uses al-Rāzi's clinical notes to ascertain medical practice at the Maṣūri hospital. Presumably, Ragab finds this acceptable because he thinks

16 See Ibn al-Nafis, *Sharḥ Fuṣūl Abuqrāt*, ed. Yusuf Zaydan (Cairo: al-Dār al-Miṣriyya al-Lubnāniyya, 1991), 94; and Nahyan Fancy, "Medical Commentaries: A Preliminary Examination of Ibn al-Nafis's *Shurūḥ*, the *Mūjaz*, and Subsequent Commentaries on the *Mūjaz*," *Oriens* 41 (2013): 525–545 (especially 529).

17 Joseph Schacht and Max Meyerhof, eds., *Theologus Autodidactus of Ibn al-Nafis: edited with an introduction, translation and notes* (Oxford: Clarendon Press, 1968), 16.

18 Pormann and Jooose, "Commentaries on the Hippocratic *Aphorisms*," 221.

19 Nahyan Fancy, *Science and Religion in Mamluk Egypt: Ibn al-Nafis, Pulmonary Transit and Bodily Resurrection* (New York: Routledge, 2013), 14.

20 Emilie Savage-Smith, *A New Catalogue of Arabic Manuscripts in the Bodleian Library, University of Oxford*, Volume I: Medicine (Oxford: Oxford University Press, 2012), 18ff.

that the Damascene circle's *bimāristān* project was primarily developed through its "unique" engagement with al-Rāzī's text. Nonetheless, for one who is against the homogenizing of Islamic hospitals or medical practice, it is odd that he uses a tenth-century text from Baghdad to explain Cairene hospital practice during the fourteenth century. Worse still, many of the clinical cases Ragab discusses from al-Rāzī's works do not even refer explicitly to patients at the hospital (201, 205), even though there are numerous such references in *al-Ḥāwī* (twelve alone in the first volume that deals with diseases of the head).²¹

On the other hand, his use of the *Mūjaz* (Epitome), a text attributed to Ibn al-Nafis, is understandable given that it is from that era and region. But he does not attempt to ascertain whether it was in fact used at the Manṣūrī by consulting the vast number of extant manuscripts of the text and its commentaries. Some commentators of this work, such as Jamāl al-Dīn al-Aqṣarā'ī (d. 791/1389), were trained in medicine in Egypt and ostensibly could have had some experience at the Manṣūrī (or other hospitals in the region). In fact, Hāji Pāsha al-Ayḍīnī (d. circa 827/1425) learned medicine in Cairo, worked at the Manṣūrī, and composed numerous medical works that were influenced by the *Mūjaz*.²² Someone interested in examining the use of the *Mūjaz* in Manṣūrī's practice would thus be advised to consult such works, for the *Mūjaz* itself is predominantly a summary of the text of Avicenna's *Canon* – a fact unknown to Ragab. For example, he states that the *Mūjaz* addresses afflictions of individual organs from head to toe (part 3) before generalized afflictions of the body (part 4), thus following the order of *al-Ḥāwī*, unlike the *Canon*, which places the "generalized afflictions earlier" (212). According to Ragab, this shows that the *Mūjaz* was "a book of practical medicine" and "mimicked ... a physician's thinking process" (211, 212). However, afflictions of individual organs precede generalized afflictions even in the *Canon* (part 3 of the *Mūjaz* corresponds to book 3 of the *Canon*, and part 4 to book 4). Ragab's argument that the *Mūjaz* reflects medical practice based on its difference from the *Canon* is thus flawed.

Other claims in the book are highly speculative and often false. To pick an example alluded to earlier, Ragab claims that, outside of his hospitals, Qalāwūn

21 For more on al-Rāzī's clinical cases, see the works of Cristina Alvarez-Milàn (none of which are cited by Ragab): "Graeco-Roman Case Histories and Their Influence on Medieval Islamic Clinical Accounts," *Social History of Medicine* 12 (1999): 19–43; "Practice versus Theory: Tenth-Century Case Histories from the Islamic Middle East," *Social History of Medicine* 13 (2000): 293–306; and, most recently, "Disease in Tenth Century Iran and Irak According to al-Rāzī's Casebook," *Suḥayl* 14 (2015): 49–88.

22 Sara Nur Yıldız, "From Cairo to Ayasuluk: Hacı Paşa and the Transmission of Islamic Learning to Western Anatolia in the Late Fourteenth Century," *Journal of Islamic Studies* 25 (2014): 263–297, 269ff.

“showed no interest in any aspect of the medical sciences” (137). However, using the appointment decrees of Ibn Abi Ḥulayqa and other evidence, Northrup has shown Qalāwūn’s genuine interest in medical patronage.²³ We also have personal testimony from the physician-philosopher-astronomer Qutb al-Dīn al-Shirāzī (d. 710/1311) that he acquired the medical commentaries of Ibn al-Nafīs and other physicians directly from Qalāwūn by corresponding with him.²⁴

Ragab concludes his book by stating that “[t]his volume is the first part of a longer study on al-Manṣūrī and other bīmāristāns in Cairo. The next part ... will trace the history of this bīmāristān throughout the Ottoman period” (230). However, as I hope this review has shown, the first part of the history still needs to be written, and that too urgently in order to prevent uninitiated scholars from being misled by Ragab’s many unfounded claims.

23 Northrup, “Qalāwūn’s Medical Patronage”; and Linda Northrup, “al-Bīmāristān al-Manṣūrī—Explorations: The Interface between Medicine, Politics and Culture in Early Mamluk Egypt,” in *History and Society During the Mamluk Period (1250–1517): Studies of the Annemarie Schimmel Research College I*, ed. Stephan Conermann (Goettingen: Bonn University Press, 2014), 107–142.

24 Endress, “Reading Avicenna,” 392.