Introduction

> When the Sultan ... al-Manṣūr [Qalāwūn] observed (raʾā) the mausoleum [of al-Ṣāliḥ Ayyūb], he ordered that a mausoleum for himself be built [with] a *madrasa*, a bīmāristān and a *maktab*.[1] So the Quṭbī palace (*al-dār al-Quṭbiyyah*) and [the buildings] beside it were bought from the Sultan's own money (*min khāliṣ māl al-sulṭān*). [The Sultan] appointed the emir ʿAlam al-Dīn al-Shujāʿī to supervise the construction (*mashadan ʿalā al-ʿimārah*). [Al-Shujāʿī] showed unheard of interest and dedication and [the construction] was completed in the shortest time ... in the months of the year 638 [1285 CE]. If one saw this huge construction and heard that it was completed in this short time, he may reject it as false. When the construction was completed, the Sultan endowed (*waqafa*) property, shops, bath-houses, hotels, etc. ..., and dedicated the majority of [the revenue] to the bīmāristān, then to the mausoleum.[2]

Shihāb al-Dīn al-Nuwayrī (d. 1333) placed this account at the opening of his more extensive description of al-Bīmāristān al-Manṣūrī, thus highlighting the significant political and symbolic role of this new complex, erected in the center of the Mamluk empire's capital in 1285. Al-Nuwayrī suggested that it was the mausoleum of al-Ṣāliḥ Ayyūb (r. 1240–1249), the last sovereign of the previous Ayyubid dynasty, that motivated al-Manṣūr Qalāwūn (r. 1279–1290) to build his own. Qalāwūn's complex was built

---

[1] *Maktab* is usually used to refer to a children's school, where they would learn Quran in addition to reading and writing. The Egyptian historian and scholar Ibn al-Furāt (1334–1405) explained that "al-Manṣūr [Qalāwūn] appointed [in the *maktab*] two scholars (*faqīh*) to teach sixty orphan children ... the Book of God [the Quran]. [He gave them] an appropriate salary and [food] ration for each of them; thirty dirhams a month [as salary] and three pounds of bread a day [as food ration], in addition to a garment in the winter and a garment in the summer. He appropriated for each of the orphans two pounds of bread a day, a garment in the winter and a garment in the summer" (Al-Furāt, *Tārīkh Ibn al-Furāt*, 8:10). The *maktab* was probably the least endowed among the different parts of the Qalawunid complex and is hardly mentioned in the majority of contemporaneous or later sources, but it does give us an idea, by contradistinction, of the size and impact of the other parts of the complex. On *Maktab al-Aytām* (school for orphans), see Little, "Notes on Mamluk Madrasahs," 13.

[2] Al-Nuwayrī, *Nihāyat al-Arab,* 31: 105–06.

1

just across the street from the Ayyubid mausoleum, rising to literally overshadow the latter as they flanked the most important boulevard in the center of Cairo.[3] Although Qalāwūn's mausoleum was the discursive center of the complex in al-Nuwayrī's account, the bīmāristān was the effective one: it was the most richly endowed of all the different parts of the complex,[4] was the largest in size, and was situated at the physical heart of the complex.[5] In fact, many Mamluk historians, when discussing different events or issues attached to the complex, referred to the entire complex as the Bīmāristān.[6] The complex was built at the height of al-Manṣūr Qalāwūn's career and symbolized the stability of his rule,[7] and, soon enough, the new mausoleum would replace al-Ṣāliḥ Ayyūb's as the center of political and religious events and the bīmāristān would become the heart of an expanding network of charitable institutions that served the growing population of Cairo and its suburb al-Fusṭāṭ.[8]

In building a bīmāristān, al-Manṣūr Qalāwūn was reenacting an old tradition; for centuries, sovereigns had built hospitals as part of their charitable endeavors and also as symbols of their political power and control. An earlier bīmāristān, built ca. 872 by the Abbasid governor of Egypt, Aḥmad b. Ṭūlūn (r. 868–884), was thought to be the first bīmāristān built in Egypt.[9] The ambitious Abbasid governor, aiming to build a dynastic kingdom out of his prized province of Egypt, built a new capital, al-Qaṭāʾiʿ, at the center of which stood the governor's palace, his mosque, and his bīmāristān.[10] The emir and his offspring ruled over Egypt and regions of the Levant from their capital until the Abbasids reconquered the region in 905. In 935, Muḥammad b. Ṭughj al-Ikhshīd was appointed governor of Egypt by the Abbasid caliph and was given the province to rule with his descendants for thirty years. Al-Ikhshīd moved the center of his realm back to the old city of al-Fusṭāṭ and built Bīmāristān al-Ikhshīd there.[11] Medical supplies and

---

[3] More details on the political significance of the complex and its architecture will be explained in the third chapter of this book. See also al-Harithy, "Space in Mamluk Architecture" and "Urban Form and Meaning."

[4] Al-Furāt, *Tārīkh Ibn al-Furāt*, 8: 9.

[5] Al-Harithy, "Space in Mamluk Architecture."

[6] See, for instance, al-Maqrīzī, *al-Sulūk.*

[7] See Northrup, *From Slave to Sultan.*

[8] For more information on charitable institutions, see Sabra, *Poverty and Charity in Medieval Islam*; Cohen, *Poverty and Charity*; Borgolte and Lohse, *Stiftungen in Christentum, Judentum Und Islam Vor Der Moderne*; Frenkel and Lev (eds.), *Charity and Giving in Monotheistic Religions.*

[9] Al-Maqrīzī, *al-Khiṭaṭ*, 4: 405.

[10] Al-Kindī, *Al-Wulāh wa al-Quḍāh*; al-Balawī, *Sīrat Aḥmad Ibn Ṭūlūn.*

[11] Al-Maqrīzī reported that Bīmāristān al-Ikhshīd was not, in fact, built by Muḥammad b. Ṭughj (the dynasty's patriarch) himself, but rather by his son in 957. See al-Maqrīzī, *al-Khiṭaṭ*, 4: 407.

equipment, including cookware and tools to make medications, were moved from al-Bīmāristān al-Ṭūlūnī to the new bīmāristān, a move symbolic of the change from an older to a newer dynasty.[12] Similarly, when the Fatimids conquered Egypt and removed the Ikhshīdids from power, their victorious general Jawhar al-Ṣiqillī laid the foundation for their new capital Cairo in 969. In their new capital, the Fatimids established a bīmāristān as well, one that – alongside the Caliph's palace and the huge new mosque and college, al-Azhar – represented the new rule.[13] Ultimately, however, Ṣalāḥ al-Dīn (d. 1193), the famous founder of the Ayyubid dynasty and warrior against the Crusaders, dealt the coup de grace to the ailing Fatimid Caliphate (ca. 1171), establishing his own dynasty under nominal Abbasid control. Ṣalāḥ al-Dīn revamped and remodeled Fatimid Cairo by adding a huge citadel and by expanding its walls. At the heart of his remodeled capital, Ṣalāḥ al-Dīn built al-Bīmāristān al-Nāṣirī (named after his honorific title: al-Nāṣir) in 1181 to replace a Fatimid palace built in 994.[14] In the Levent, Nūr al-Dīn Zankī (d. 1174), another warrior against the Crusaders – the true founder of the Zangid dynasty in the Levant and, by turns, Ṣalāḥ al-Dīn's master then enemy, built al-Bīmāristān al-Nūrī in the heart of Damascus, the capital of his growing dominion. In turn, al-Manṣūr Qalāwūn, one of the stronger sovereigns in the new Mamluk empire, built his own bīmāristān that overshadowed his predecessors' monuments.

In all these examples, bīmāristāns were integral parts of a new sovereign's plan. The size of these endeavors and the investments of time, money, and influence needed to make them, made these bīmāristāns political and social edifices that symbolized a ruler's wealth, power, and magnanimity, as well as the stability of his rule and his control over his realm. Their charitable mission symbolized his generosity, piety, and care for his flock and gained him immortality as well as Divine reward. Although many of these bīmāristāns continued to exist alongside their predecessors, newer bīmāristāns were generally envisioned as replacing the old – whether by literally moving supplies and tools from the old to the new (as in the case of Bīmāristān al-Ikhshīd in relation to al-Bīmāristān al-Ṭūlūnī) or by effectively diverting attention and care to

---

[12] Al-Quḍāʿī, *Tārīkh al-Quḍāʿī,* cited in ʿĪsá, *Tārīkh al-Bīmāristānāt fī al-Islām*, 51. Al-Ikhshīd's bīmāristān was also known as the Lower Bīmāristān (*al-Bīmāristān al-Asfal*) compared to al-Bīmāristān al-Ṭūlūnī (known as *al-Bīmāristān al-Aʿlā* because it was located on higher ground, close to al-Muqattam Hill).

[13] See also Behrens-Abouseif, *Islamic Architecture in Cairo.*

[14] Ibn Jubayr, *Riḥlat Ibn Jubayr*, 21.

the new bīmāristān as the old fell into oblivion (as with al-Bīmāristān al-Manṣūrī in relation to al-Bīmāristān al-Nāṣirī).

Origins and Identities

Since Michael Dols's monumental work on the history of Islamic hospitals, historians of medieval Islamic medicine have continued to regard the "Islamic hospital" as a singular institution that developed sometime in the late ninth or early tenth century in Baghdad and was replicated throughout Islamdom in a basically identical fashion.[15] Moreover, and with few exceptions, hospital historiography has taken the Eastern regions of Islamdom, such as Iraq and Iran, as the major loci for the development of these institutions, tracing the development of hospitals there but overlooking important evidence from the Levant and Egypt because it fell outside the usual scope of analysis. Modern scholarship on medieval Islamic hospitals has also sought to isolate the bīmāristān from other institutions of care and to identify the specific moment at which these institutions became "hospitals." This emphasis on medicalization as a distinguishing factor of the quintessential bīmāristān has led to historians' neglect of an array of institutional developments across Islamdom, as well as – because of perceived similarities attributable to their medical nature – their neglect of many differences between various medical institutions.

Much attention has also been paid to the question of the origin of Islamic hospitals: when was the first hospital built? Can we even call it a hospital? How medicalized was it? And how were these institutions connected to (or disconnected from) a Byzantine and Syriac heritage? As Peter Pormann has recently shown, there is no conclusive contemporaneous evidence confirming later reports that the first "Islamic hospital" was founded by Harūn al-Rashīd (r. 786–809). However, there are clear references to the Bīmāristān in ninth-century writings, such as those by al-Jāḥiẓ (767–868), indicating the existence of an audience aware of and familiar with bimāristāns, probably since the early or mid-ninth century.[16] Similarly, Ibn Ṭūlūn built his bīmāristān in Egypt ca. 872, clearly

---

[15] See, for instance (before Michael Dols's work), ʿĪsá, *Tārīkh al-Bīmāristānāt fī al-Islām*; see also (after Dols) Dunlop, Colin, and Sehsuvaroglu, "Bīmāristān," in *Encyclopedia of Islam*; Pormann, "Islamic Hospitals" and "Medical Methodology and Hospital Practice"; Khafipoor, "A Hospital in Ilkhanid Iran"; Horden, *Hospitals and Healing* and "The Earliest Hospitals"; Hamarneh, "Development of Hospitals in Islam"; Conrad, "Did al-Walid I Found the First Islamic Hospital?"; Baqué, "Du Bimaristan À l'Asile Moderne."

[16] Pormann, "Islamic Hospitals," 352–55.

emulating a model with which he became familiar in the Abbasid capital
and major Iraqi cities. All this suggests that the first bīmāristāns were built
in the first decades of the ninth century in Baghdad, whether by al-Rashīd,
his Persian viziers the Barmakids, or one of al-Rashīd's sons and successors.
Also, the use of the term "bīmāristān" to refer to these institutions suggests
an Eastern origin, somewhere in the major Iraqi and Iranian centers.

Despite such inconclusive evidence regarding the origins of the
bīmāristān, there is no doubt that, by the tenth century, many of the
cities and urban centers in Islamdom knew of this institution. Most
Arabophone authors and audiences were able to understand and identify
this institution, referring to it as a distinguishable institution within their
own social fabric – despite the differences between bīmāristāns in different
times and locales. By the end of the twelfth century, Ibn Jubayr (d. 1217),
during his pilgrimage from 1183 to 1185, expected to see a bīmāristān in
each town he visited, inquiring when he could not find one.[17] The
question of the origin of the bīmāristān, or of the date on which the first
one was built, has proved itself unanswerable with any accuracy. More
significant questions, then, concern what makes a bīmāristān and what
role this institution played in society.

When Ibn Jubayr asked about a bīmāristān in Homs, he was told by an
older man that the entirety of Homs was a bīmāristān. Undoubtedly, then,
neither Ibn Jubayr nor his interlocutor understood the "bīmāristān" in this
statement as simply a place for the sick. Instead, both men, as well as Ibn
Jubayr's readers, understood the bīmāristān primarily as a site of charitable
care and support, as part of the growing network of charitable institutions
at the heart of the medieval Islamicate urban center that were very helpful
to travelers like Ibn Jubayr himself.[18] Although bīmāristāns stood out from
other charitable institutions because of their ostensible concern for health
and disease, it seems that their fundamental character was found in their
charitable mission, their role within a network of support for the poor,
travelers, the sick, and the disabled. In this view, its "specialization" in
caring for the sick and tired or its ostensible commitment to medicine
should not be seen as an exclusionary function (as if a particular bīmāristān

---

[17] Ibn Jubayr, *Riḥlat Ibn Jubayr*, 246.
[18] See Frenkel and Lev (eds.), *Charity and Giving in Monotheistic Religions*; Pahlitzsch, "Christian Pious
Foundations"; Lev, "Ethics of Islamic Medieval Charity"; Borgolte and Lohse, *Stiftungen in
Christentum, Judentum Und Islam Vor Der Moderne*; Sabra, *Poverty and Charity in Medieval Islam*;
Bonner, Ener, and Singer (eds.), *Poverty and Charity in Middle Eastern Contexts*. For the non-Islamic
context of the region, see Cohen, *Poverty and Charity*; Galinsky, "Jewish Charitable Bequests." See
also Brodman, *Hospitals and the Poor in Medieval Catalonia*.

would not accept anyone who was not clearly identifiable as "sick"). Rather, this care was inclusionary in its institutional scope, as one among a number of other sites of charitable care. That is, the bīmāristān would welcome anyone, but would have a specific advantage in supporting populations with specific needs. In a similar way, sabils were better suited to care for the thirsty, hostels in providing housing, and khānaqāhs as a place for Sufis, and so forth. The bīmāristān, thus, would have been approached by those it could serve best.

This approach makes the question of medicalization redundant. It suggests a gradual, nonlinear, and inconsistent medicalization. It also does not trace a progressive trajectory, does not ask how "developed" these institutions were, or whether they might legitimately be recognized as "hospitals." Rather, this approach argues that bīmāristāns acquired their social identity through their charitable existence and attention to the sick and tired – regardless of how effectively this attention was mediated by learned medical practitioners and regardless of the extent to which these practitioners controlled the institution or determined its trajectory.[19] That being said, there is no doubt that certain bīmāristāns could boast of the services of some of the most highly recognized Galenists in the region. However, there is little evidence that bīmāristāns grew consistently more medicalized with time or that these institutions based their identities on how medicalized they were.

That being said, bīmāristāns played a significant role in medical education and training, which was in fact part of their charitable role as well. For instance, al-Bīmāristān al-Manṣūrī required the chief physician of the Mamluk capital to give public medical lectures that would be available to those seeking medical education but who did not have access to the more exclusive relations of apprenticeship.[20] Ibn Abī Uṣaybiʿah, similar to other physicians, discussed the details of his own training at al-Bīmāristān al-Nūrī in Damascus, where a student or a young physician would accompany a master as the latter practiced in the bīmāristān and examined

---

[19] The emphasis on the charitable role of the bīmāristān can be seen in other regions and other periods as well. See, for instance, Pormann's discussion of Abbasid Bīmāristāns, in which a charitable role is equally evident ("Medical Methodology and Hospital Practice"). Contemporaneous institutions in Europe maintained a similar focus on charity and care for the poor; see Henderson, *The Renaissance Hospital*.

[20] Ibn Ḥabīb, *Tadhkirat al-Nabīh*, 1: 366. According to the *OED*, a *waqf* is, "[i]n Islamic countries, the custom of giving a piece of land [or other property], etc., to a religious institution, so that the revenue can be used for pious or charitable purposes; also, the property given in this way" (for full reference list: "wakf | waqf, n."). OED Online. September 2014. www.oed.com/view/Entry/225194?redirectedFrom=waqf (accessed November 20, 2014).

patients. Students and young physicians were often given the opportunity to read and discuss medical texts with their masters after a day of examining patients. Ibn Abī Uṣaybiʿah seemed to have particularly valued attending discussions among the masters of the profession serving together in al-Bīmāristān al-Nūrī.[21] Here, we find what appear to be two distinct methods of medical education. The first method is reminiscent of public lectures in mosques and madrasa, which were ostensibly open to everyone. There were other public lectures on medicine, such as the one in the Tūlūnid mosque, that continued to exist well into the fifteenth century. This practice was not concerned with the actual education of attendees (since much of medical education required an apprenticeship), but rather with disseminating medical knowledge and with opening spaces for more Muslim students to join the ranks of the profession, as will be shown later.[22] These lectures were also part of the patron's pietistic and charitable endeavor, where the bīmāristān resembled madrasas as sites for education.[23] The second method, described by Ibn Abī Uṣaybiʿah and other physicians, is similar to Vivian Nutton's portrayal of medical training in Byzantine Nosokomeia, where the main method was apprenticeship: students followed their masters in the Nosokomeion as they did elsewhere.[24] Similar apprenticeship procedures are described in Ibn Abī Uṣaybiʿah's biographies of some of his masters and contemporaries whose education appears to have been connected to their masters, each of whom worked in a bīmāristān; students trained where their masters worked, but the bīmāristān itself was not an independent site of medical education.

Finally, bīmāristāns were largely urban institutions, found in different cities and urban centers to serve the growing population of urban poor.[25] These structures, whether built de novo, from other repurposed structures, or from renovated older bīmāristāns, played a significant role in shaping the local urban environment. For instance, the mere physical existence of al-Bīmāristān al-Manṣūrī altered the structure of Cairo's central corridor and influenced the movement of people in what were Cairo's busiest avenues.[26] A century earlier, when Ṣalāḥ al-Dīn decided to build al-Bīmāristān al-Nāṣirī in Cairo, he chose to convert one of the more

---

[21] See Ibn Abī Usaybiʿah, ʿ*Uyūn al-Anbāʾ*, 3: 189–95. Pormann's analysis of al-Kaskari's *kannash* and the bīmāristāns mentioned there shows the presence of libraries, books, and also lessons of medicine. See Pormann, "Islamic Hospitals," 345–52.

[22] Lewicka, *Medicine for Muslims?*

[23] Northrup, "Qalawun's Patronage."

[24] Nutton, " 'Birth of the Hospital,' Essay Review."

[25] Bonner, "Rise of the Muslim Urban Poor."

[26] Al-Harithy, "Space in Mamluk Architecture."

luxurious pavilions in the Fatimid Caliphal Palace in the center of Fatimid Cairo into a bīmāristān to serve the poor. This new bīmāristān opened up to the public the center of the Fatimid city and its most sacred and revered site – the seat of the Caliphs and the sacred cemetery of the Imams who were buried inside the palace complex – transforming a seat of government into a site for the poor. Although Ṣalāḥ al-Dīn's repurposed structure did not alter the physical appearance of the city, it dramatically changed its population traffic by bringing travelers, students, the sick, and the poor into what had originally been a closed-off quarter of the royal city.

In these cases – al-Bīmāristān al-Manṣūrī, al-Nāṣirī, and many others – the location of the bīmāristān was directly connected to the specific population it intended to serve: either that population already frequented the city, as in al-Manṣūrī's case, or the bīmāristān purposefully attracted its population to its locale, as in al-Nāṣirī's case. Alternatively, Crusader hospitals, along with other charitable structures intended for pilgrims of different traditions, were not necessarily intended to serve local residing urban populations (although they probably did so as well). Instead, they focused on serving the potential population of those traveling for pilgrimage. Their locations on pilgrimage routes and their sizes, which sometimes exceeded the needs of residing populations, were directly related to their imagined and intended audiences. In these different iterations, bīmāristāns were social institutions, performing a number of functions in medieval Islamicate cities whose stories cannot be reduced simply to their medical, charitable, or political roles. More importantly, the complex identity of this institution requires that special attention be paid to regional variations, different trajectories, and local traditions that may have played a role in their development.

Book Organization

Focusing on al-Bīmāristān al-Manṣūrī (built ca. 1285), this book attempts to address several aspects of the history of Islamic hospitals in Egypt and the Levant from the twelfth to fourteenth centuries. This period witnessed the creation of large bīmāristāns in this region, ranging from al-Bīmāristān al-Nūrī in Damascus and al-Ṣalāḥī in Jerusalem, to al-Nāṣirī and al-Manṣūrī in Cairo. During the same time period, the region witnessed the rise of Crusader Xenodocheia, with the Jerusalem Xenodocheion and House of the Hospitaller Order located at the center of a constellation of houses spreading across pilgrimage routes from Latin Europe to Jerusalem. Whereas Islamic literary sources hardly describe any influence

or interaction between these Crusader institutions and the Islamicate ones, it is hard to imagine how al-Bīmāristān al-Ṣalāḥī in Jerusalem, built in part on the grounds of the House of the Hospitallers, could fail to be influenced by such an institution or by the century-long practices that prevailed in the city throughout Crusader rule. It is also safe to assume that Crusader institutions were influenced by neighboring Islamic institutions – including the bīmāristān, which functioned in Jerusalem before the Crusades and that Nāṣir-i Khusraw (d. 1088) saw in his visit to Jerusalem in 1047.[27] Although this book tries to highlight these connections, there is much work to be done in writing an integrated history of these charitable institutions in the Levant.

The prologue analyzes institutions of charitable and collective care in late antiquity, thus providing a historical background for charitable practice in the twelfth to fourteenth centuries. It discusses Byzantine and Syriac Xenodocheia, as well as the Islamicate institutions that developed in the eighth and ninth centuries in a manner consistent with pre-Islamic traditions. It analyzes the accounts of Gundisapur, which represent a significant chapter in the historiography of bīmāristāns but have recently raised much doubt. The prologue traces the origins of these narratives about the Syriac-Sassanid-Abbasid center. Finally, the prologue compares near-contemporary bīmāristāns in Iraq and Egypt in an attempt to discern possible differences among these institutions in these different regions.

Part I of the book, composed of three chapters, looks at al-Bīmāristān al-Manṣūrī as a story of royal patronage, seeking this institution's location within the history of its patron and within the precedents established by earlier sovereigns. This part of the book also draws special attention to the bīmāristān as an architectural monument symbolic of its patron's power and piety[28] and illustrates how earlier bīmāristāns in Egypt and the Levant functioned in the same manner. Chapter 1 will address the Levantine precedents: in particular, al-Bīmāristān al-Nūrī (seen within Nūr al-Dīn Zankī's program of architectural patronage), the Crusader Xenodocheion of Jerusalem, and Ṣalāḥ al-Dīn's al-Bīmāristān al-Ṣalāḥī in the city. The connections between al-Manṣūr Qalāwūn and Nūr al-Dīn, and between their two bīmāristāns, were referenced many times by historians contemporary to al-Bīmāristān al-Manṣūrī; these references indicate that Qalāwūn and his elites were deeply impressed and influenced by the Zangid ruler.

---

[27] Khusraw, *Nāṣer-E Khosraw's Book of Travels (Safarnāma)*, 23.
[28] See Pruitt, "Fatimid Architectural Patronage and Changing Sectarian Identities (969–1021)"; O'Kane, "Monumentality in Mamluk and Mongol Art and Architecture"; Williams, "Urbanization and Monument Construction in Mamluk Cairo."

Moreover, Qalāwūn renovated al-Bīmāristān al-Nūrī early in his reign, adding on new wings and new *waqfs*, thus further demonstrating his connection to the Zangid ruler and to his bīmāristān. In Jerusalem, where both al-Bīmāristān al-Ṣalāḥī and the Crusader Xenodocheion continued to function into the thirteenth and fourteenth centuries, Qalāwūn was also interested in creating a number of establishments of his own. These included a bīmāristān (also called al-Bīmāristān al-Manṣūrī) located in the city of Hebron, which was connected to Jerusalem, as will be discussed later. In all these cases, the earlier bīmāristāns of the Levant constituted points of inspiration, forming the historical and architectural backdrop of al-Bīmāristān al-Manṣūrī.

Chapter 2 moves to Cairo, opening with a background discussion of the city and the formation of its politico-architectural landscape over time, ending with the Ayyubid-Mamluk city. The chapter then discusses the works of Ṣalāḥ al-Dīn in Cairo, focusing on al-Bīmāristān al-Nāṣirī, which was located only some hundred meters from al-Bīmāristān al-Manṣūrī. This is followed by an examination of Qalāwūn's architectural patronage throughout his ten-year reign, as well as the place of al-Bīmāristān al-Manṣūrī within this larger plan of architectural patronage, and addresses the bīmāristān's location, its planning, and its inauguration. Chapter 3 begins with a discussion of Qalāwūn's medical patronage via an analysis of the three main documents of his medical patronage surviving from the period: namely, the bīmāristān's *waqf* document, as well as the two decrees appointing the chief physician and the lecturer in medicine to the bīmāristān. These documents help us further understand the process of medical patronage in this period. This chapter's analysis of the *waqf* document sheds light on the bīmāristān's administration, its finances, and the different rules by which it was governed. It is important to remember that the *waqf* document does not represent a statement of actuality but rather a statement of legality; it outlined how the bīmāristān was *supposed* to function rather than describing how it actually did so. The discussion will be supplemented by some contemporaneous accounts that help us discern some of the details of the bīmāristān's functioning.

The book's second part focuses on medical practice in al-Bīmāristān al-Manṣūrī and other bīmāristāns in Egypt and the Levant. The first chapter in this part attempts to paint an intellectual landscape for medical practice at that time. It traces a circle of physicians and medical authors who gathered around a Baghdadi emigre named Muhadhdhab al-Dīn al-Naqqāsh (d. 1178). Al-Naqqāsh came to Damascus, worked for Nūr