THE MEDIEVAL ISLAMIC HOSPITAL

Medicine, Religion, and Charity

The first monograph on the history of Islamic hospitals, this volume focuses on the underexamined Egyptian and Levantine institutions of the twelfth to fourteenth centuries. By the twelfth century, hospitals serving the sick and the poor could be found in nearly every Islamic city. Ahmed Ragab traces the varying origins and development of these institutions, locating them in their urban environments and linking them to charity networks and patrons' political projects. Following the paths of patients inside hospital wards, he investigates who they were and what kinds of experiences they had. *The Medieval Islamic Hospital* explores the medical networks surrounding early hospitals and sheds light on the particular brand of practice-oriented medicine they helped develop. Providing a detailed picture of the effect of religion on medieval medicine, it will be essential reading for those interested in the history of medicine, history of Islamic sciences, or history of the Mediterranean.

AHMED RAGAB is the Richard T. Watson Assistant Professor of Science and Religion at Harvard Divinity School, where he also directs the Science, Religion, and Culture Program. He is a member of the Commission on History of Science and Technology in Islamic Societies and the International Society for Science and Religion.

THE MEDIEVAL ISLAMIC HOSPITAL

Medicine, Religion, and Charity

AHMED RAGAB
Harvard University

CAMBRIDGE UNIVERSITY PRESS

CAMBRIDGE
UNIVERSITY PRESS

32 Avenue of the Americas, New York, NY 10013-2473, USA

Cambridge University Press is part of the University of Cambridge.

It furthers the University's mission by disseminating knowledge in the pursuit of education, learning, and research at the highest international levels of excellence.

www.cambridge.org
Information on this title: www.cambridge.org/9781107109605

First published 2015

Printed in the United States of America

A catalog record for this publication is available from the British Library.

ISBN 978-1-107-10960-5 Hardback

To Soha and Carmen

Contents

Acknowledgments

I am fortunate that I have many people to acknowledge for their help with this project and that the debts accrued in the making of this book have led to valuable intellectual encounters and the reinforcement of treasured relationships that continue to enrich my life and scholarship after this project has been completed. My friend, mentor, and adviser, Anne-Marie Moulin, watched this project develop from its earliest phases and was present not only as it took shape, but also as I became a historian. Her mentorship, companionship, and friendship will always lie behind my work as a historian of science. I was also so fortunate as to work with Danielle Jacquart, whose work helped shape the history of medieval sciences as we know it; it has been an honor and a privilege to participate in so distinguished a scholarly tradition. Danielle Jacquart's comments, interventions, and advice were integral to my work. I am also grateful to my friend, colleague, co-instructor, and co-author (of another book!), Katharine Park. She remains a mentor and interlocutor to whom I owe much. Katy spent many hours with the draft of this book; thanks to her suggestions, a more coherent story and decisive voice emerged.

I cannot describe my gratitude to Anne Harrington – a central force in my development as a scholar – whose encouragement and mentorship continue to inspire and guide my work. I am deeply indebted, too, to Janet Browne's continued care, advice, and support, and for her investment in my growth as a scholar. Bill Graham's and Janet Gyatso's counsel and guidance bore tremendous impact on my scholarship, as well as on the development of this project over the past years. I am also much obliged to David Hempton for all he has done to facilitate my work and scholarship.

Faye Bodley-Dangelo edited the book and helped guide it to its current state. Joseph Vignone and Hadel Jarada helped me revise the transliterations. Anna Attaway, Lewis West, and Will Morningstar patiently and carefully copyedited and proofread the final version of the book, with Anna and Lewis making sure that the narrative was lucid and unencumbered by

errors or oversights. Alex Chen helped me with the preparation of the maps and illustrations. I am beholden to them all.

The comments of my anonymous reviewers were integral to the development of this project and the execution of the book; their insights and views were very beneficial and are much appreciated. I have also been grateful, throughout this process, for the sure hands of Laura Morris – my editor at Cambridge University Press – and for her care of the manuscript and project as a whole, which were a major force in bringing it to completion.

It is hard to imagine being here without the care, support, encouragement, and doubts of my parents. Their love and dedication to the education and well-being of my siblings and myself are at the heart of all that I do.

Throughout the years of working on this project and of writing this book, there has been one person, especially, who stood by me through it all: my love, partner, wife, and friend, Soha Bayoumi. Her insights and opinions helped move this research on to more interesting, more innovative grounds. Her patience with the emotional and psychological toll that this work exacts allowed the book to come to life. As the book was slowly coming together, our little one, Carmen, arrived in our family. It is not possible to describe the joy that she brought, and continues to bring, to our lives. No words can describe my gratitude for all that Soha did at that time to allow this book to come to life and how she did so with such grace, love, care, and personal investment. This book is as much hers as it is mine.

Preface

For a long time, the study of the history of Islamic hospitals has focused on what Michael Dols called "their apparent modernity."[1] Earlier historians of Islamic medicine were attracted to what seemed to be a premodern ancestor of modern hospitals: Islamic hospitals were seen as "relatively secular" (to use Dols's terms again) because they were run by physicians or state officials – and not by religious scholars – and also because they had non-Muslim physicians working in them. This "medical" nature of the Islamic hospital was embodied in a number of qualities, namely, that it was designed and managed by educated Galenic physicians; furthermore, the hospital focused on the sick with the intention of curing rather than isolating them (and, because of this, hospitals were built in the centers of cities and not on their outskirts) and sponsored medical education and training.

As such, the Islamic hospital stood in contrast to earlier and contemporary charitable institutions, where physicians had little role or control and care was generally focused either on the needy – such as paupers, the hungry, crippled, blind, and the like – or on a specific group of diseased people that the institution cared for but isolated, like lepers. The Islamic institution was thus medicalized in that it was not a hospice, an orphanage, or a leprosarium. This focus on medicalization as a distinctive characteristic of hospitals in general, and of Islamic hospitals in particular, legitimized and prompted investigations into the origins of these hospitals. When did the first (true) Islamic hospital appear? What are the premedicalized, prehospital origins of these practices? And how did they become medicalized over time? Finally, how and when did the hospital deteriorate, or lose its medical nature by allowing religious scholars to dominate the field and the institution?

[1] Dols, "The Origins of the Islamic Hospital."

At the same time, the study of Islamic hospitals followed in the footsteps of the historiography of Islamic medicine and sciences in how the field was delimited and organized temporally and geographically. On one hand, all institutions throughout the expanses of Islamdom, much like all medical practice, were seen as part of a larger whole. Although changes and developments were admittedly explored and explained, the "Islamic hospital" was reduced to a singular, if multifaceted, unifying category, with different examples from anywhere between Iran and Andalusia. On the other hand, the perceived coherence of this category served to alienate and negate influences from neighboring charitable institutions, which belonged to a different religio-cultural realm – such as Crusader hospitals – or which belonged to different intellectual or professional environs – such as khānaqāhs and madrasas. Islamic hospitals were thus perceived as a rarified category stretching across time and space; their historians limited themselves to searching for the origins and developments of medicalization, as well as to attempts to chart the stages in which the Islamic hospital had consolidated or rejected its medical nature.

Recently, the works of Peter Pormann and Peregrine Horden began to challenge these assumptions and to ask more nuanced questions about the history and impact of these institutions.[2] This book continues their lines of inquiry, arguing against the previously mentioned two assumptions: first, the medicalized nature of the Islamic hospital, and second, the unity and coherence of the "Islamic hospital" itself, but arguing against them in reverse order. First, the book argues that the analytical category of "Islamic hospital" is far from coherent or discrete. Not only did these institutions develop from different origins and on different trajectories, they also served different audiences and purposes and had different raisons-d'etre. The book identifies two major models or prototypes of Islamic hospitals: one that was most common in Iraq and Iran, and another in the Levant and Egypt. I argue that these institutions need to be considered not from within a rarified medical category, but rather as part of local and embodied networks of charity and as institutions that served specific audiences and specific goals, some historical and some contemporaneous with their particular context.

This focus on the physical and embodied entails two major commitments. The first is to locate any given Islamic hospital within its local environment and landscape. This means that one must consider seriously

[2] See Pormann, "Medical Methodology and Hospital Practice," and "Islamic Hospitals"; Horden, "The Earliest Hospitals in Byzantium," and *Hospitals and Healing*.

the local encounters and influences (such as Crusader hospitals in the case of the Levantine and Egyptian institutions). Although these influences may not be represented in our written sources – which were produced by scholarly elites with specific religio-cultural and professional commitments – they may be observed in physical, architectural, and administrative arrangements and through the expectations of institutions' audiences. These influences may also be seen animated by artisanal knowledge as by elite, interpolity religio-cultural and military competition. Similarly, this commitment requires a focus on other institutions that shared physical space with a given hospital – be they madrasas, mausoleums, sabils, or khānaqāhs – and on other institutions that shared the imaginary discursive spaces of a particular patronage project or built heritage. These institutions and establishments played a significant role in shaping how a given hospital was imagined and created, as well as in shaping the hospital's functions throughout its history.

Second, this emphasis on material history entails a commitment to the physical experience of patients and practitioners. In this vein, the architectural design of a given hospital, the decorations on the walls, and even the amulets hanging from its roof need to be taken into consideration, as do the lines of movement people traced through their cities and inside the institutions at hand. Such physical experience is part and parcel of how these institutions passed their lives and their histories and, as such, merit our careful analysis. Here, I explicitly argue for integrating as much architectural and urban history as possible into the study of medical institutions and medical practice. In this regard, the excellent work done by many historians of art and architecture serves as a tremendous resource.

I will also argue in this book that the historiography of Islamic hospitals needs to dispense with preconceived considerations of medicalization, beginning with the term "hospital" itself. Bīmāristāns were certainly institutions that cared for the sick and were undeniably suffused with medical intellectual, social, and professional priorities, but they were primarily charitable institutions, aimed at serving the poor as part of a patron's charitable and pietistic endeavors. The focus on the sick was not an exclusionary function, wherein the bīmāristān refused to care for those who did not fit the paradigmatic definition of "the sick." It was, rather, inclusionary: the focus on the sick located the bīmāristān within a wider network of charity and allowed it to better serve particular populations as other institutions better served others. The bīmāristān was not a "secular" institution – not least because "secularism" is an anachronism and thus is not useful as a category here, but also because the bīmāristān was deeply

rooted in charitable and pietistic endeavors that were, in turn, embedded in religio-social traditions and conventions. Even the medical education that eventually became a role played by most bīmāristāns was part of a charitable commitment to teaching and learning, a commitment that animated medical learning as it did legal and religious learning in madrasas and mosques. However, this understanding of the bīmāristān's charitable role should be tempered by the commitment – stated earlier – to the incoherence of the category of the "bīmāristān" or "Islamic hospital" in light of the institution's variable histories, roles, and genealogies. This book explains that bīmāristāns' pietistic and charitable characteristics performed and manifested in unique and various ways throughout different regions and time periods.

That said, this book also takes care to understand the role of medical elites and medical practitioners in the bīmāristān. It is also deeply concerned with exploring patients' experiences of their patienthood; these experiences were defined by medical expertise, by preexisting medical paradigms, by nonlearned healing practices, and by embodied physical and pietistic performances. As a professional group, physicians had highly adaptable relationships to their various bīmāristāns. They were entrusted with much of the bīmāristān's functions, were sometimes invested in the project's construction and development, and were part of the same patronage networks that gave birth to bīmāristāns; as such, physicians were as connected to patrons and to their projects as were the bīmāristāns themselves. This book takes seriously the professional and intellectual commitments of physicians working in bīmāristāns but is careful not to see them as a single coherent group (the "Islamic Galenic physician") but as descendants of various intellectual genealogies and commitments. At the same time, this book's focus on materiality allows for the consideration of medical practice qua practices rooted in the physical building of the bīmāristān and in its financial and institutional commitments; all of these impacted medical practice and shaped what might be called bīmāristān-specific medical priorities and traditions.

In short, this book is a study of the material and embodied histories of bīmāristāns. It proposes to study bīmāristāns as physical institutions that were part of charitable networks and specific physical and architectural environments. These institutions will be investigated as variable historical occurrences that differed from one another based on locality and on regional and historical specificities; they will be explored as projects that animated, were engaged in, and were influenced by medical and bureaucratic elites and their particular priorities.

In this vein, this study is indebted to the work of new generations of historians of Islamic medicine, as well as to historians of hospitals in different regions and periods, particularly John Hendersen and Charles Rosenberg. It relies also on the work of a number of historians of science who – with Katharine Park, Joan Cadden, and Lorraine Daston as exemplars – have highlighted the importance of the physical, the embodied, and the gendered. Finally, this study has served to show me, as I hope it will show you, that there is much more work to be done.

Note on Transliteration

I followed the Library of Congress conventions with some modifications, as outlined below:

ء	ʾ	ط	ṭ	ـَ	a
ب	b	ظ	ẓ	ـُ	U
ت	t	ع	ʿ	ـِ	I
ث	th	غ	gh	ـّ	Double consonant
ج	j	ف	f	آ	ā
ح	ḥ	ق	q	ا	ā
خ	kh	ك	k	وُ	ū
د	d	ل	l	يِ	ī
ذ	dh	م	m		
ر	r	ن	n		
ز	z	ه	h		
س	s	و	w		
ش	sh	ي	y		
ص	ṣ	ة	h		
			t (in construct)		
ض	ḍ	ال	al-		

- *Ibn* and *bint* were rendered "b." and "bt." when between two proper names. They were kept as *Ibn* and *bint* when part of a known *Kunya*. For instance: Muḥammad *b.* Qalāwūn, *Ibn* Sīnā, Muḥammad *b.* Abī Bakr *ibn* al-Qayyim.
- The *lam* of the definite article before "sun" letters was not assimilated.
- A hyphen was used with the definite article and inseparable propositions except for the proposition *li-* followed by the definite article as in *lil-sultan*. The proposition *wa* was not linked to subsequent words.

- Final inflictions were represented only in verbs and adverbs (*ḥāl*).
- Diacritics were not used in dynastic names (Abbasid, not ʿAbbāsid) or Arabic words that have entered English (mufti, not muftī).
- English spelling was given to known English place names (Cairo, not Qāhirah; Homs, not Ḥimṣ)
- Transliterations in cited non-Arabic works were left as found in their original source.
- All proper names were transliterated according to previous rules except for modern names when a preferable spelling is known (Maqrīzī, not Maqrizi; Ragab not Rajab)
- *The* was not added to nouns in *Iḍāfah* constructions or nouns starting with *al-* (Bīmāristān al-Sayyidah, not *the* Bīmāristān al-Sayyidah; Bīmāristān Badr, not *the* Bīmāristān Badr; al-Bīmāristān al-Manṣūrī, not *The* al-Bīmāristān al-Manṣūrī).
- An exception to the above rule is when *Iḍāfah* constructions refer to generic institutions. (*the* Dār al-ʿAdl, and *a* Dār al-ʿAdl)
- Unless explicitly mentioned, plural of arabic nouns was created by adding *s*.
- *yāʾ al-nasab* was transliterated as double *yāʾ* (al-ṣāliḥiyyah, not al-ṣālihīyah)