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Qalāwūn's Patronage of the Medical Sciences in Thirteenth-Century Egypt*

INTRODUCTION

It is generally held that the medical sciences in the Islamic world reached their peak during the eleventh century and then subsequently declined.¹ Yet there are many indications that, in fact, medicine, or aspects of it, continued to flourish in the following centuries. One thinks particularly of the hospitals founded by Nūr al-Dīn (ca. 548-49/1154) and by al-Qaymarī (ca. 646/1248) in Damascus and by Ṣalāḥ al-Dīn in Cairo in the twelfth century, as well as the long list of illustrious physicians who served in both, not to mention the biographical dictionaries of Ibn al-Qifṭī (d. 645-46/1248)² and Ibn Abī Uṣaybi‘ah (d. 668-69/1270)³ which vividly portray the vitality of intellectual life, including the medical sciences, in their time.⁴ In the late thirteenth century the Mamluk sultan Qalāwūn established a

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¹Joseph Schacht, for example, says of the eleventh century: "It is the last century before the slow and irresistible decline of the Greek scientific spirit in the Arab-Islamic world." (Cited by Michael Dols, *Medieval Islamic Medicine: Ibn Riḍwān's Treatise "On the Prevention of Bodily Ills in Egypt,"* translated with an introduction by Michael W. Dols; Arabic text, ed. Adil S. Gamal [Berkeley, 1984], 66, n. 344). Joseph Schacht and Max Meyerhof state with regard to some of the great medical figures of the twelfth and thirteenth centuries: "The merit of these men to have maintained the ancient sciences is so much the greater, inasmuch as the Islamic orthodoxy which had been always opposed to these studies was very strong ever since the end of the XIth c., and exerted a well-nigh overwhelming influence at the courts of those kings and princes who were inclined to promote learning." (*The Medico-Philosophical Controversy between Ibn Buṭlān of Baghdad and Ibn Riḍwān of Cairo* [Cairo, 1937], 8-9). See also George Sarton, *Introduction to the History of Science*, (Baltimore, 1927), 1:738.

²*Tārīkh al-Ḥukamā'*, ed. J. Lippert (Leipzig, 1903). A. Dietrich, "Ibn al-Ḳifṭī," *The Encyclopaedia of Islam*, 2nd ed., 3:840.

³*Uyūn al-Anbā' fī Ṭabaqāt al-Aṭibbā'* (Beirut, 1965). J. Vernet, "Ibn Abī Uṣaybi‘ah," *EF*, 3:692-93.

⁴Ibn al-Nafīs, *The Theologus Autodidactus of Ibn al-Nafīs*, edited with an introduction, translation, and notes by Max Meyerhof and Joseph Schacht (Oxford, 1968), 8-9; also Max Meyerhof, "Ibn



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hospital in Cairo which, as both teaching and treatment center, was clearly intended to be the foremost medical facility of its day in the Islamic world. It was also at this very time that his contemporary, the famous doctor and former Chief Physician of Egypt, Ibn al-Nafīs (d. 687/1288),⁵ advanced his theory regarding the lesser circulation of the blood several centuries before Europeans arrived at similar conclusions.⁶ Indeed, Qalāwūn's hospital in Cairo attracted the support of Ibn al-Nafīs who donated his library and house to the institution.⁷ How then shall we reconcile the judgement of historians with the evidence of interest in, and intellectual vitality of, the medical sciences so apparent in the late thirteenth century?

Consideration of the personal and political agenda involved in Qalāwūn's patronage as reflected in the documentation of his activity in the field may yield clues in this regard. After surveying Qalāwūn's activities more generally, we will focus in particular on evidence found in the diploma of appointment (*taqlīd*) issued by the sultan's chancery to the Chief Physician Muhadhhib al-Dīn Ibn Abī Ḥulayqah on the occasion of his appointment to the professorial Chair of Medicine at Qalāwūn's hospital in Cairo, al-Bīmāristān al-Manṣūrī. Although the evidence of the *taqlīd* may not provide conclusive proof regarding Qalāwūn's intentions, it will nonetheless stimulate further discussion of the intellectual environment which framed his patronage of the medical sciences in late thirteenth century Egypt.

Qalāwūn's patronage is rather richly documented. Although the original hospital founded by the sultan in Cairo in 683/1285 is no longer standing, several narrative reports record its commissioning, the purchase of the site, construction, and inaugural ceremonies.⁸ Two extant *waqfiyahs* describe the site and legally attest to

al-Nafīs and His Theory of the Lesser Circulation," *Isis* 23 (1935): 110; reprinted in idem, *Studies in Medieval Arabic Medicine, Theory and Practice*, ed. Penelope Johnstone (London, 1984), 6:103-4.

⁵Ibn al-Nafīs, *Theologus*, 18; on Ibn al-Nafīs see also Max Meyerhof-[J. Schacht], "Ibn al-Nafīs," *IE*², 3:897-98. Ibn Abī Uṣaybi'ah does not include a biography of Ibn al-Nafīs in his dictionary (see *ibid.*, 897, and Ibn al-Nafīs, *Theologus*, 10).

⁶I.e., the "pulmonary circulation of the blood, from the right ventricle of the heart through the pulmonary artery (*vena arteriosa*) to the lung and from there through the pulmonary vein (*arteria venosa*) to the left ventricle of the heart." According to the authors, Ibn Nafīs's theory "boldly" contradicted "the accepted ideas of Galen and of Ibn Sīnā" and anticipated "part of William Harvey's fundamental discovery." See Meyerhof-[Schacht], "Ibn al-Nafīs," 898; Ibn al-Nafīs, *Theologus*, 26.

⁷Ibn al-Nafīs, *Theologus*, 12-13, 17-18. Among the books donated was his *Kitāb al-Shāmil fī al-Ṣinā'ah al-Ṭibbiyah*, or *Kitāb al-Shāmil fī al-Ṭibb* (*The Comprehensive Book on the Art of Medicine*) (*ibid.*, 22).

⁸Baybars al-Manṣūrī, "Zubdat al-Fikrah fī Tārīkh al-Hijrah," vol. 9, Cairo University Library MS 24028 (photocopy of British Museum Or. MS Add. 23325), fol. 144r; idem, "Al-Tuḥfah al-Mulūkīyah



the details of the endowment, its management, and the facilities and services provided.⁹ To these important sources can be added a copy of the *taqlīd* of Muhadhhib al-Dīn Ibn Abī Ḥulayqah¹⁰ on the occasion of his appointment as Chief Physician (*ra'īs al-aṭibbā'*)¹¹ (in Egypt [and Syria?]) and a copy of the diploma issued to the same Ibn Abī Ḥulayqah appointing him to the Chair of Medicine (*tadrīs al-bīmāristān*) at Qalāwūn's hospital in Cairo.¹² Last, but not least, chronicles and biographical dictionaries supply information regarding Qalāwūn's appointees and other well-known physicians of the period, although never enough to satisfy our curiosity.

fī al-Dawlah al-Turkīyah," Cairo University Library MS 24029 (photocopy of Austrian National Library MS Flugel 904), fols. 46r-47v; Ibn 'Abd al-Zāhir, *Tashrīf al-Ayyām wa-al-'Uṣūr fī Sīrat al-Malik al-Manṣūr*, ed. with translation and notes by Murād Kāmil (Cairo, 1961), 55; Shāfi' ibn 'Alī, *Kitāb al-Faql al-Ma'thūr min Sīrat al-Malik al-Manṣūr*, ed. 'Umar 'Abd al-Salām Tadmurī (Beirut, 1998), 166-68; Shams al-Dīn al-Jazarī, *Hawādith al-Zamān wa-Anbā' uhu wa-Wafayāt al-Akābir wa-al-A'yān min Abnā' ihī*, the years 682-87/1283-88, edited with German translation by Ulrich Haarmann in *Quellenstudien zur frühen Mamlukenzeit* (Freiburg, 1969), 24; Shihāb al-Dīn al-Nuwayrī, *Nihāyat al-Arab fī Funūn al-Adab*, vol. 31, ed. al-Bāz al-'Arīnī (Cairo, 1992), 105-13; Qirtāy al-'Izzī al-Khazindārī, "Tārīkh al-Nawādir mim mā Jārā lil-Awā'il wa-al-Awākhir," microfilm copy of Gotha MS 1655, fols. 122v-124v; Nāṣir al-Dīn Ibn al-Furāt, *Tārīkh Ibn al-Furāt*, ed. Quṣṭanṭīn K. Zurayq and Nejla [Abu] Izzedin (Beirut, 1936-42), 8:8-9; Aḥmad ibn 'Alī al-Maqrīzī, *Kitāb al-Sulūk li-Ma'rīfat Duwal al-Mulūk*, ed. with notes by Muḥammad Muṣṭafā Ziyādah and Sa'īd 'Abd al-Fattāḥ 'Āshūr (Cairo, 1934-72), 1:3:716; *ibid.*, trans. Etienne Quatremère, *Histoire des sultans mamlouks de l'Égypte, écrite en arabe par Taki-eddin-Ahmed Makrizi* (Paris, 1837-45), 2:64; *idem*, *Al-Mawā'iz wa-al-I'tibār fī Dhikr al-Khiṭaṭ wa-al-Āthār fī Miṣr wa-al-Qāhirah* (Bulaq, 1270; reprint edition, n.d.), 2:406-7.

⁹Ḥasan ibn 'Umar Ibn Ḥabīb, *Tadhkirat al-Nabīh fī Ayyām al-Manṣūr wa-Banīh*, ed. Muḥammad M. Amīn (Cairo, 1976), 1, appendix, study, 296-328; edition, 329-96; excerpts (in French), a plan, and photographs can be found in Ahmed Issa Bey, *Histoire des Bimāristans (hôpitaux) à l'époque islamique: discours prononcé au Congrès international de médecine tropicale et d'hygiène tenu au Caire, décembre 1928* (Cairo, 1928), 40-76. See also Muḥammad Muḥammad Amīn, *Fihrist Wathā'iq al-Qāhirah ḥattā Nihāyat 'Aṣr Salāṭīn al-Mamālīk (Catalogue des documents d'archives du Caire)* (Cairo, 1981).

¹⁰That the name is Ḥulayqah and not Khalīfah, as Ibn al-Furāt or his editor writes, is argued by J. Sublet in a note on Muhadhhib al-Dīn and his brothers. See her edition of Muwaffaq Faql Allāh ibn Abī al-Fakhr al-Kātib al-Naṣrānī Ibn al-Ṣuqā'ī, *Tālī Kitāb Wafayāt al-A'yān*, ed. with translation and notes by J. Sublet (Damascus, 1974), 60-61, n. 69, n. 2.

¹¹Ibn al-Furāt, *Tārīkh*, 8:22-25. The diploma does not specify the geographic jurisdiction of the appointee.

¹²*Ibid.*, 25-27; Shihāb al-Dīn Abū al-'Abbās Aḥmad ibn 'Alī al-Qalqashandī, *Ṣubḥ al-A'shā fī Ṣinā'at al-Inshā'* (Cairo, 1913-20; repr., 1963), 9:253-56.



THE HOSPITAL IN CAIRO

The sources tell us that in 682/1283¹³ Qalāwūn purchased the site and commissioned the construction, in the street known as Bayn al-Qaṣrayn in the heart of what had been Fatimid Cairo, of a hospital, which he intended, along with his tomb (*qubbah*), to be the focal point of his monumental complex. The location chosen for the complex was the site of one of the former Fatimid palaces, now inhabited by some female descendants of the Ayyubid ruling family. The choice of site was quite deliberate. Qalāwūn clearly wished his monumental complex to be located in proximity to the tomb of his master, the last Ayyubid sultan of Egypt, al-Ṣāliḥ Najm al-Dīn Ayyūb.¹⁴ The sultan purchased the site through his agent (*wakīl*) and compensated the women with Qaṣr al-Zumurrud to which they were expeditiously removed.¹⁵ Construction began in 683/1284-85 and was completed in 684/1285. Inaugural ceremonies, attended by the sultan, at which he dedicated the hospital to all classes of Muslims, were held soon after.¹⁶

Although this complex also included a madrasah and a Quran school for orphans (*maktab al-sabīl*), it is clear that Qalāwūn took special interest in the hospital. It was not the first hospital that he had founded. Early in his reign, in 680/1281-82, Qalāwūn established a hospital in Hebron about which, unfortunately,

¹³Ibn ‘Abd al-Zāhir, *Tashrīf al-Ayyām*, 55; Baybars al-Manṣūrī, “Zubdah,” fol. 144v; al-Nuwayrī, *Nihāyah*, 31:106; Ibn al-Furāt, *Tārīkh*, 7:278; al-Maqrīzī, *Khīṭaṭ*, 2:406; al-Jazarī, *Ḥawādith*, 24. Ét. Combe, J. Sauvaget, and G. Wiet, eds. *Répertoire Chronologique d’Épigraphie Arabe (RCEA)* (Cairo, 1944), 13:34, no. 4850; 36, no. 4852, like no. 4850, mentions that it was begun in 683/1284-85 and finished in 684/1285-86; 37, no. 4853. These inscriptions, though found in the *bīmāristān*, nevertheless also mention the *qubbah* and madrasah. On the selection of this site see Linda S. 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, 1998), 119-20.

¹⁴Ibn ‘Abd al-Zāhir, *Tashrīf al-Ayyām*, 56; Northrup, *From Slave to Sultan*, 119. John Hoag notes that the plan of Qalāwūn’s complex, with its long passageway dividing the tomb and madrasah, mirrors the plan of al-Ṣāliḥ Ayyūb’s madrasah-tomb complex across the street. See his *Islamic Architecture* (New York, 1987), 80.

¹⁵Northrup, *From Slave to Sultan*, 119.

¹⁶Ibn ‘Abd al-Zāhir, *Tashrīf al-Ayyām*, 126-29; Baybars al-Manṣūrī, “Zubdah”; Shāfi‘ ibn ‘Alī, *Faḍl*, 168; al-Nuwayrī, *Nihāyah*, 31:106-7; Ibn al-Furāt, *Tārīkh*, 8:9; al-Maqrīzī, *Khīṭaṭ*, 2:406-7. Inscriptions from the madrasah containing dates are recorded in *RCEA*, 13:30-36, nos. 4844-50, 4852-53. See also Michael Meinecke, *Die Mamlukischen Arkitektur in Ägypten und Syrien*, Abhandlungen des Deutschen Archäologischen Instituts Kairo, Islamische Reihe, 5 (Gluckstadt, 1992), pt. 2:61. The combination of hospital and tomb in the pre-Mongol period is found in Damascus (Bīmāristān al-Qaymarī, constructed in 646/1248) where, however, the hospital is located across the street from the tomb, and at several sites in Anatolia. Qalāwūn’s complex appears to be the only Mamluk instance of this combination (Dr. Yasser Tabbaa, personal communication). See also *RCEA*, 12, nos. 4408, 4409, 4410, 4411.



no further information has as yet come to light.¹⁷ Also, an inscription at the Nūrīyah in Damascus, dated 682/1283, records that renovations and further embellishments were undertaken at that hospital during Qalāwūn's reign, probably on his orders.¹⁸ Also, although the endowment provided by Qalāwūn for his hospital in Cairo was enormous, that for the madrasah was, say several sources, barely sufficient.¹⁹ In fact, Shāfi' ibn 'Alī, a scribe in Qalāwūn's chancery and the author of a history of Qalāwūn's reign, claims that Qalāwūn had not wanted to build a madrasah in the first place, that this was one of the "ziyādāt,"²⁰ "excesses" or perhaps "additions," of Qalāwūn's mamluk, 'Alam al-Dīn Sanjar al-Shujā'ī, who besides serving several terms as vizier (or *mudabbir al-mamālik*) in charge of the financial administration, also frequently functioned as chief architect, engineer, and project manager in this sultan's building program. In any case nothing was spared with regard to the hospital. Qalāwūn built, as is reported in the diploma for the Chair of Medicine, "a hospital to dazzle the eyes."²¹ Medicine was taught in the hospital²² and also, according to al-Maqrīzī, in the madrasah.²³ The library, housed in the *qubbah*, included medical texts, among them, probably, those donated by Ibn al-Nafīs.²⁴ The importance attached by Qalāwūn to the hospital was underlined by his appointment of the Chief Physician as professor of medicine at this institution. Far from being an honorary post or cushy sinecure, this position carried important responsibilities related to the supervision and regulation of the medical profession and its practitioners, including physicians (*al-aṭibbā' al-ṭabā'īyah*), ophthalmologists (*al-kaḥḥālīn*), and surgeons (*al-jarā' ihīyah*).²⁵ The diploma attests to the fact that a high standard of conduct was expected in the profession and that the responsibility for its upholding was delegated

¹⁷Meinecke, *Arkitektur*, 57, and sources cited therein.

¹⁸Ibid., 59; *RCEA*, 13:13, no. 4820.

¹⁹Shāfi' ibn 'Alī, *Faḍl*, 168, who claims the endowment amounted to one million dirhams per year; al-Nuwayrī, *Nihāyah*, 31:106; Ibn al-Furāt, *Tārīkh*, 8:9.

²⁰Shāfi' ibn 'Alī (*Faḍl*, 168) claims that Qalāwūn did not order the construction of the madrasah, that he had wanted nothing more than the *bīmāristān*, and that at its inauguration, he almost did not enter.

²¹Ibn al-Furāt, *Tārīkh*, 8:25; al-Qalqashandī, *Ṣubḥ al-A'shā*, 11:254.

²²Al-Nuwayrī, *Nihāyah*, 31:108.

²³Al-Maqrīzī, *Khīṭaṭ*, 2:380; Issa Bey, *Bimāristans*, 43. On the teaching of *ṭibb* in madrasahs, see J. Pedersen-[G. Maḳḳdisi], "Madrasa: 6. Courses of instruction and personnel," *EI*², 5:1130; and Gary Leiser, "Medical Education in Islamic Lands from the Seventh to the Fourteenth Century," *Journal of the History of Medicine and Allied Sciences* 38 (1983): 56-59.

²⁴Al-Nuwayrī, *Nihāyah*, 31:111.

²⁵See the *taqlīd* for the *riyāsat al-ṭibb*, Ibn al-Furāt, *Tārīkh*, 8, in which these duties are described. See also Ibn al-Nafīs, *Theologus*, 18; also Leiser, "Medical Education," 71-72.



to the *ra'īs al-ṭibb*. Not only did the Chief Physician have authority over doctors and other practical day-to-day matters, but he was encouraged to pursue the more intellectual and theoretical side of his profession as well. The diploma urges that he "be seized by the desire to occupy himself with works written in the field (*al-muṣannafāt*), the science of nutrition (*'ilm al-taghdhīyah*), knowledge of the questions (*ma'rifat al-masā'il*), *ḥafẓ al-fuṣūl* (attentiveness to or protection of the branches or specializations [?]) and *baḥth* (study of) *al-qānūn wa-al-kulliyāt*."²⁶

QALĀWŪN'S MOTIVES

The founding of hospitals had most often been a royal enterprise, though not exclusively so. One has only to mention the hospitals established by the Buyid ruler 'Aḍūd al-Dawlah (d. ca. 367/978) in Baghdad, Ibn Ṭūlūn (d. 270/884) in Cairo, Nūr al-Dīn ibn Zangī (d. 569/1174) in Damascus, and Ṣalāḥ al-Dīn (d. 589/1193) in Cairo and Jerusalem to demonstrate this point. Moreover, this prerogative seems to have been exercised most frequently not by the caliph, but by military rulers. Philanthropy of this sort was a particularly effective legitimizing strategy for secular military rulers, perhaps because hospitals functioned primarily as charitable and convalescent institutions along with whatever instruction they may have provided, and their charitable role especially gained widespread support. The *waqfiyah* for Qalāwūn's hospital specifies that it was intended for all Muslims in need of medical attention, whether male or female, residing in Cairo or Miṣr (Fuṣṭāṭ) or their environs, or arriving from other provinces or countries. The Muslim sick and infirm would be treated at the hospital irrespective of race or other characteristics, whether rich or poor, regardless of their station in life.²⁷

Not only was the establishment of hospitals an elite prerogative, but the direction of the hospital at this time was an office of state. In late thirteenth-century and early fourteenth-century Egypt, a high-ranking bureaucrat served in this capacity. Al-Nuwayrī (d. 732/1332), the author of the chronicle *Nihāyat al-Arab fī Funūn al-Adab*, held this position at Qalāwūn's hospital from 1303 to 1308, which certainly explains why his report, along with the endowment deed itself, provides the most detailed account of the services provided by the hospital.²⁸ Moreover, as already

²⁶Ibn al-Furāt, *Tārīkh*, 8:23-24. It seems quite probable this last reference alludes to Ibn Sīnā's *Al-Qānūn fī al-Ṭibb* and Ibn Rushd's *Kitāb al-Kulliyāt* although it is possible that the sense intended might also be a more general one.

²⁷Ibn Ḥabīb, *Tadhkirah*, 1, appendix, 358, lines 315-18. See also al-Nuwayrī, *Nihāyah*, 31:107; Ibn al-Furāt, *Tārīkh*, 8:9; al-Maqrīzī, *Khiṭaṭ*, 2:406.

²⁸Al-Nuwayrī, *Nihāyah*, 31:105-13. A well-known amir who later held this post was Ṣarghitmish, appointed by al-Nāṣir Muḥammad. See Muḥammad M. Amīn, *Al-Awqāf wa-al-Ḥayāh al-Ijtīmā'īyah fī Miṣr, 648-923/1250-1517* (Cairo, 1980), 126.



noted, the appointment of the Chief Physician to the Chair of Medicine at the hospital signaled the importance attached by the sultan to this institution and also, perhaps, to the teaching of medicine.

Another factor which may have influenced the sultan's decision to found a hospital is the fact that Cairo was now the preeminent capital of the Islamic world. Qalāwūn's career in Egypt and Syria spanned the period in which Baghdad had fallen to the Mongols and the caliph had been killed. Baybars had brought a surviving member of the Abbasid family to Cairo and put him on the caliphal throne.²⁹ Cairo, then, was, in fact, the new seat of the caliphate. In its newly exalted position it was only fitting that this city should display all the trappings of the throne of Islam, including a hospital equal to the 'Aḡūdī hospital in Baghdad or the Nūrīyah in Damascus. The founding of a hospital was an entirely appropriate gesture, given the rising political star of the new seat of both caliphate and sultanate.

Yet another consideration may have been that the institution of *waqf* provided donors with a means to avoid confiscation of property or its fragmentation in adverse times or at death. Qalāwūn may have had such thoughts in mind when he established this institution with a rich endowment. Moreover, the *waqfiyah* allowed him to retain control during his lifetime. As *nāzir* (supervisor) of the hospital, he would retain the right to administer the properties, a privilege his sons would inherit at his death, and which would devolve to his mamluks should his own bloodline die out.³⁰

Finally, although this sultan gives no evidence of a particularly religious personality, perhaps Qalāwūn may have wished to cover his bases in this regard; a good deed now might win rewards in the Hereafter as the endowment deed actually reminds us.³¹ A prophetic hadith, which constitutes part of the founding inscription for the renovations undertaken at the Nūrīyah during Qalāwūn's reign,³² is repeated in a slightly altered form in the *waqfiyah* for the *bīmāristān* ("Idhā

²⁹See P. M. Holt, "Some Observations on the 'Abbasid Caliphate of Cairo," *Bulletin of the School of Oriental and African Studies* 67 (1984): 501-7; Mounira Chapoutôt-Remadi, "Une institution mal connue: le khalifat abbaside du Caire," *Cahiers de Tunisie* 22 (1972): 11-23; David Ayalon, "Studies on the Transfer of the 'Abbasid Caliphate from Baghdad to Cairo," *Arabica* 7 (1960): 41-59.

³⁰Ibn Ḥabīb, *Tadhkirah*, 1, appendix, 329. See also al-Maqrīzī, *Khīṭaṭ*, 2:407.

³¹Ibn Ḥabīb, *Tadhkirah*, 1, appendix, 329.

³²RCEA, 13:13, no. 4820 ("Idhā māta ibn Ādam inqāṭa 'a 'amaluhu illā min thalāthin: 'ilm yantafi 'u bi-hi aw walad ṣāliḥ yad 'ū lahu aw ṣadaqah jāriyah").



māta al-‘abd inqāṭa‘a ‘amaluhu illā min thalāthin: ṣadaqah jāriyah aw ‘ilm yantafī‘u bi-hi aw walad ṣāliḥ yad‘ū lahu. . . .’ [When a man dies, his deeds come to an end except in three respects: a permanent charitable donation, or learning from which one benefits, or a pious son who prays for him.]³³ and may have been taken to heart by Qalāwūn.

While the above suggestions are somewhat speculative, the sources suggest other possible, and perhaps more concrete, motives. One anecdote claims that Qalāwūn’s troops had massacred a large number of Cairenes over a three-day period. Remorseful, Qalāwūn vowed to build the hospital in recompense. That Qalāwūn would have ordered or sanctioned such a bloodbath, however, seems out of character, for he is described in contemporary sources as mild-tempered, abhorrent of bloodshed, his only fault being greed.³⁴ Elsewhere it is reported that during his amirate, having fallen ill in Syria as he set out on a campaign, Qalāwūn was treated and cured with medicine obtained from the Nūrīyah, the hospital built by Nūr al-Dīn ibn Zangī in Damascus. With health restored Qalāwūn eventually visited the hospital and was so awed by it that he vowed to build a hospital like it should he ever ascend the throne.³⁵ This explanation seems more plausible than the first and the sources do in a rather nebulous way link Qalāwūn with Nūr al-Dīn’s initiative.³⁶ Whether this motive was conjured up after the fact or actually played a role in Qalāwūn’s building program, however, cannot be known.

Qalāwūn’s decision to undertake this project must have been at least partially inspired by such considerations. Nevertheless, I find it of considerable interest that Qalāwūn should choose at this particular time, and in the context of the major monument of his reign, to patronize the medical, rather than the religious, sciences, for as is well attested, this was a religiously conservative age. The Crusades and the Mongol invasions had made Egypt and Syria in the thirteenth century the bulwark and refuge of Islam. The Mamluk ruling elite, in touch with the mood of the times and seeking to gain legitimacy for themselves and the cooperation of the religious establishment, whatever other projects they might undertake, made it their business to establish religious institutions (madrasahs, *khānqāhs*, *zāwiyahs*)—lots of them. Indeed, the urban landscape of cities like Cairo and Jerusalem was transformed during the Mamluk period by building projects of this kind. With the explosion of religious facilities the demand for religious personnel

³³ Ibn Ḥabīb, *Tadhkirah*, I, appendix, 362, lines 246-247 and 330, n. 3.

³⁴ Northrup, *From Slave to Sultan*, 56, 142.

³⁵ Al-Maqrīzī, *Khīṭaṭ*, 2:406.

³⁶ For example, al-Maqrīzī, *Khīṭaṭ*, 2:408, mentions that whereas Nūr al-Dīn financed his hospital from a legal source, Qalāwūn’s financial sources were suspect. Qalāwūn’s renovations at the Nūrīyah also suggest a link (see above).



also grew. The increasingly well-entrenched religious elite and their religious, scholarly, and pedagogical activities eventually brought about an intensification of the religious atmosphere.

On the other hand the medical sciences, associated as they were with the Ancients, though they had provided the starting point and basis for Islamic medicine, were, at least at some level and in some circles, especially perhaps among Hanbalis,³⁷ regarded with a certain disdain because of their non-Islamic or pre-Islamic, secular, origin. A well-trained physician was expected to have studied philosophy as well, a characteristic that would have won disapprobation in some religiously conservative quarters.³⁸ Also, the medical profession had until the eleventh century been dominated by *dhimmīs*, i.e., Christians and Jews. Even in Ṣalāḥ al-Dīn's day in late twelfth-century Egypt, many *dhimmī* physicians were in his service.³⁹ At a time when anti-Christian sentiment was perhaps on the rise, the medical sciences may have suffered to some degree because of their close connection with non-Muslim practitioners. In fact, the *waqfiyah* for Qalāwūn's hospital specifies that Christians and Jews were neither to be treated nor employed there.⁴⁰ It is all the more interesting then that the appointee to the Chair of Medicine was a recent Christian convert to Islam.⁴¹ The medical sciences were, therefore, in some sense "tainted." Among some upper class and well-educated Muslims, however, a more liberal attitude toward the secular sciences does seem to have prevailed. We know, for example, that the medical sciences were among the subjects of interest and discussion in the salons of the ruling elite.⁴²

At the popular level hospitals were seen primarily as charitable institutions, not especially as institutions of medical learning or research associated with a

³⁷Meyerhof and Schacht, introduction to Ibn al-Nafīs, *Theologus*, 6.

³⁸See Emilie Savage-Smith, "Medicine," in *Encyclopaedia of the History of Arabic Science*, ed. R. Rashed (London and New York, 1996), 954.

³⁹Twenty-one physicians were employed in his service, of whom eight were Muslims, eight were Jews, and five were Christians. Max Meyerhof, "Sultan Saladin's Physician on the Transmission of Greek Medicine to the Arabs," *Bulletin of the History of Medicine* 18 (1945): 169; reprinted in idem, in *Studies in Medieval Arabic Medicine*, 3:169. See also Leiser, "Medical Education," 49, and references cited therein.

⁴⁰Ibn Ḥabīb, *Tadhkirah*, 1, appendix, 323, lines 250-51.

⁴¹See below.

⁴²Ibn al-Furāt, *Tārīkh*, 8:23, where in the diploma it is mentioned that Muhadhhib al-Dīn and his father had been in the service of kings and that he and his brothers had grown up in their presence, etc. See also Schacht and Meyerhof, *Medico-Philosophical Controversy*, 9 and Meyerhof and Schacht, introduction to Ibn al-Nafīs, *Theologus*, 16, citing al-Ṣafadī's biography of Ibn al-Nafīs, stating that Muhadhhib al-Dīn was among those amirs and others who used to seek the company of Ibn al-Nafīs at his house.



non-Islamic or pre-Islamic tradition.⁴³ As charitable institutions, hospitals could be used as an instrument to win popular support.⁴⁴ Qalāwūn's reputation as a beneficent ruler flourished at least partly through his association with the hospital as a charitable institution rather than an institution of medical learning. As late as the nineteenth century women visited his tomb to receive the sultan's *barakah* (blessing) which, they believed, would save them from childlessness.⁴⁵ In fact, Qalāwūn's name is still to this day revered; it is now attached to the eye clinic which stands on the site of the original hospital.

Yet, the teaching of the medical sciences was, in my view, a most important aspect of Qalāwūn's hospital.⁴⁶ The *waqfiyah* reiterates the need for members of the medical profession who "are concerned with 'ilm al-ṭibb," not just treatment, to be employed at the hospital.⁴⁷ The *waqfiyah* also specifically provides for the appointment of a doctor who will occupy himself with 'ilm al-ṭibb in its various fields and who will sit in the large "office" (*al-maṣṭabah al-kubrā*, lit. the large stone bench or platform) designated for him.⁴⁸ Al-Nuwayrī, who as *nāzir* of the hospital in the early fourteenth century had personal experience of its administration, records that the *ra'īs al-aṭibbā'*, whose functions have already been described, and who was simultaneously appointed to the Chair of Medicine in the hospital during Qalāwūn's reign, was to give lectures in medicine which the students would find useful ("yajlisu fihi ra'īs al-aṭibbā' li-ilqā' dars ṭibb yantafi'u bi-hi al-ṭalabah").⁴⁹ The *taqlid* for the Chair of Medicine elaborates: included in the *waqf* was the creation of a place specifically for those concerned with 'ilm al-ṭibb "which was [now] almost unknown. . . He selected for the purpose from among the learned in medicine those who were best suited to lecturing (man yaṣluḥu li-ilqā' al-durūs), and from whom both the chief (*ra'īs*) and the deputy (*mar'ūs*) among the people of this profession would benefit."⁵⁰ The emphasis here seems to be on teaching. Thus, though the hospital was perhaps seen primarily as a charitable

⁴³Dols, *Medieval Islamic Medicine*, 31, 35; Doris Behrens-Abouseif, *Faṭḥ Allāh and Abū Zakariyya: Physicians under the Mamluks* (Cairo, 1987), 17.

⁴⁴Dols, *Medieval Islamic Medicine*, 35.

⁴⁵Stanley Lane-Poole, *A History of Egypt in the Middle Ages* (London, 1921; repr. 1925), 283-84.

⁴⁶In this I disagree with Behrens-Abouseif, who states (*Physicians under the Mamluks*, 17) that though many hospitals had a doctor on staff, not much teaching of the medical sciences actually occurred in them. At the Maṣūriyah, she says, the teaching of medicine was not an important function since, according to the *waqfiyah*, only one doctor was employed.

⁴⁷Ibn Ḥabīb, *Tadhkirah*, 1, appendix, 359, line 220; 366, lines 284-85.

⁴⁸Ibid., 366, lines 284-85.

⁴⁹Al-Nuwayrī, *Nihāyah*, 31:108.

⁵⁰Ibn al-Furāt, *Tārīkh*, 8:26.



institution, the teaching of the medical sciences was, nevertheless, an important focus. This once again suggests that Qalāwūn was interested not only in gaining popular favor through charity, but also in fostering medical learning.⁵¹

The documents associated with the hospital and with the appointments to medical posts during Qalāwūn's reign provide further evidence for the importance of the teaching of medicine in the hospital. The *taqlīd* for the Chief Physicianship (*riyāsat al-ṭibb*) suggests that, as has been related, "because 'ilm is of two kinds, the science of religion ('ilm al-adyān) and the science of the body ('ilm al-abdān)," Qalāwūn was determined to improve knowledge (*al-naẓar*) in these two sciences.⁵² This idea is reiterated in the *taqlīd* for the appointment to the Chair of Medicine at the hospital. This document states that whereas those kings who had preceded him had occupied themselves with the science of religion, they had neglected the science of the body; each of them had built a madrasah, but none had concerned himself with a hospital.⁵³ Thus, they had neglected the saying of the Prophet that "learning is of two kinds" [*al-'ilm 'ilmān*].⁵⁴ None of his predecessors had encouraged any of his subjects to occupy himself with the science of medicine; none had created a *waqf* to support the pursuit of learning in this science [*'alā ṭalabat hādihā al-'ilm*]. None had prepared a place for those who occupied themselves with this science; nor had they appointed anyone to represent this occupation. When he realized this, Qalāwūn joined through these religious and worldly means ("waṣalnā min hādhihi al-asbāb al-dīnīyah wa-al-dunyawīyah mā faṣalūhu") what his predecessors had severed and he built a hospital.⁵⁵ These passages make it clear that Qalāwūn made a deliberate decision to sponsor the medical sciences.

⁵¹Dols (*Medieval Islamic Medicine*, 32) remarks that "there was keen competition for instruction in these hospitals, which played an increasingly important role in medical education. . . . A close association can be seen between the highly developed hospitals and medical education in medieval Islamic society."

⁵²Ibn al-Furāt, *Tārīkh*, 8:23.

⁵³To which predecessors does the document refer since, in fact, rulers such as Nūr al-Dīn and Ṣalāh al-Dīn had built hospitals? I would suggest the possibility that the Ayyubids al-Malik al-Kāmil and al-Malik al-Ṣālīh Najm al-Dīn Ayyūb and the Mamluk al-Zāhir Baybars are intended. Qalāwūn had close ties with all three. He had probably been a mamluk of al-Kāmil before passing into the service of al-Ṣālīh and was a close associate of al-Zāhir Baybars. See Northrup, *From Slave to Sultan*, 65-75. Furthermore, the *waqfiyah* states that Qalāwūn built the hospital in the "khaṭṭ" [quarter] of the Kāmilīyah, the Ṣālīhīyah, and the Zāhirīyah madrasahs, thereby making a visual statement regarding his patronage. See Ibn Ḥabīb, *Tadhkirah*, 1, appendix, 355, lines 194-95. See also Ibn Abī Uṣaybi'ah's biography (*'Uyūn al-Anbā'*, 590-99) of the father, Rashīd al-Dīn Ibn Abī Ḥulayqah, in which his relations with these three rulers is well documented.

⁵⁴Ibn al-Furāt, *Tārīkh*, 8:25. Issa Bey (*Bimāristans*, 42) cites a verse by Būsīrī without, unfortunately, giving his source: "Tu fondas une école et un Bimaristan, Pour redresser les religions et les corps."

⁵⁵Ibn al-Furāt, *Tārīkh*, 8:25.



The problem is how to interpret his choice. Did he, perhaps, simply want to distinguish himself from his predecessors? Should his medical project be seen as a challenge to the religious conservatism or narrowmindedness of certain groups? Or was Qalāwūn's aim to restore balance between the spiritual and the physical as the rhetoric suggests?

The deliberate way in which Qalāwūn approached this project, his previous sponsorship of hospitals and the multiple mentions in the documents of the need to redress the balance between the religious and the medical sciences suggest that his agenda, in addition to whatever political and social goals were involved, was also inspired by concern for the medical sciences themselves. His appointments in the field might be expected to reflect this concern.

THE APPOINTMENT OF MUHADHDHIB AL-DĪN IBN ABĪ ḤULAYQAḤ (B. 620/1223) TO THE CHAIR OF MEDICINE

The quality of institutions is determined, not just by the physical facilities, or the services described in brochures (or in this case the *waqfīyāt*), but by those associated with them, who administer them and who practice and teach in them. In this regard the teaching appointment at the hospital may be significant and an inquiry into the holders of the office during Qalāwūn's reign might be expected to provide insights regarding Qalāwūn's decision to support the medical sciences and the agenda behind his patronage. The qādī Muḥadhdhib al-Dīn Ibn Abī Ḥulayqaḥ and his brothers, the qādīs 'Alam al-Dīn Ibrāhīm (d. 708/1308-9)⁵⁶ and Muwaffaq al-Dīn Aḥmad Abū al-Khayr, were the sons of Rashīd al-Dīn Abū al-Waḥsh Ibn Ḥulayqaḥ (d. 676/1277-78).⁵⁷ Rashīd al-Dīn was the most prominent pupil of the well-known Chief Physician in Damascus, Muḥadhdhib al-Dīn Ibn al-Dakhwār (564-65–627-28/1169–1230), who in ca. 622/1225 gave as *waqf* his house for use as a medical school.⁵⁸ Rashīd al-Dīn was thus connected by his training with one of the most outstanding members of the medical profession in thirteenth-century Egypt and Syria. From the diploma for the *riyāsat al-ṭibb* we learn that Rashīd al-Dīn had been in the service of kings (*mulūk*) and that the brothers had grown up in their presence.⁵⁹ This family was, then, also well-connected. Rashīd al-Dīn's three sons were appointed jointly to the *riyāsat al-ṭibb* in 684/1284-85. Muḥadhdhib al-Dīn, however, was designated as the primary *ra'īs* among them.⁶⁰ Qalāwūn

⁵⁶Ibn Ḥabīb, *Tadhkirah*, 1:708-9.

⁵⁷Ibn Abī Uṣaybi'ah, *Uyūn al-Anbā'*, 590-98; Ibn al-Ṣuqā'ī, *Tālī*, 263; see also n. 69.

⁵⁸Issa Bey, *Bimāristans*, 16; Sarton, *Introduction to the History of Science*, 2:1099; Meyerhof, "Lesser Circulation," 110; idem, *Studies in Medieval Arabic Medicine*, 6:103-4, 110.

⁵⁹Ibn al-Furāt, *Tārīkh*, 8:23.

⁶⁰Ibid., 8:24.



appointed him to the Chair of Medicine at the hospital as well.⁶¹ Al-Ṣafadī's biography of Ibn al-Nafīs yields the interesting bit of information that in addition to the "princes" who used to seek company in his house was Muhadhhib al-Dīn Ibn Abī Ḥulayqah, the Chief Physician.⁶² Muhadhhib al-Dīn, therefore, might be considered a protege of Ibn al-Nafīs and thus linked with the great tradition of medical men connected to the Nūrīyah and even the 'Aḏūdī hospital in Baghdad.⁶³ Yet Muhadhhib al-Dīn leaves little trace in the sources. He does not seem to have distinguished himself in any way, nor to have made any outstanding contribution to the science or profession of medicine while in office, if the silence of the sources is any indication.⁶⁴

In the tradition of medieval Islamic prosopography, the biographical dictionaries and necrologies found in many chronicles of the time reflect an ideal but supply little personal detail. The diplomas provide scant additional information. Nevertheless, it may be worthwhile to give some attention to the way in which Ibn Abī Ḥulayqah is described in the two diplomas at our disposal. The diploma of appointment to the *riyāsat al-ṭibb* simply states that Qalāwūn has appointed Ibn Abī Ḥulayqah to both the *riyāsaḥ* and the *tadrīs* because he has raised him to the place of Ibn Sīnā.⁶⁵ In the diploma for the Chair of Medicine at the hospital, Ibn Abī Ḥulayqah is called the "Ḥakīm Hippocrates," "al-Jalīl Socrates," "al-Fāḏil Galen," and "al-Afḏal Dioscorides." He is the "Socrates of the region (*al-iqlīm*)," the "Galen of his time" and "the Ibn Sīnā of the day." Stock phrases though they may be, expectations were apparently high.⁶⁶

Given the fact that hospitals in general were widely seen as charitable, rather than as teaching, institutions, one must also inquire regarding the nature of the Chair of Medicine at Qalāwūn's hospital in Cairo. Qalāwūn appointed not just a learned physician but the same man he had appointed to the *riyāsat al-ṭibb*. Was his main goal simply to elevate the status of the hospital by appointing the Chief Physician to the teaching post in it? Unfortunately, neither the *waqfīyah*, which mentions the teaching function at the hospital, nor the *taqlīd* which appoints Ibn Abī Ḥulayqah to the professorship at the hospital tells us anything about his actual teaching duties or the curriculum other than that he was to sit in the place

⁶¹Ibid., 25.

⁶²Meyerhof, "Lesser Circulation," 110; idem, *Studies in Medieval Arabic Medicine*, 6:110.

⁶³On the chain of teachers and students linking Baghdad with Damascus and Cairo, see Meyerhof and Schacht, introduction to Ibn al-Nafīs, *Theologus*, 8-9.

⁶⁴Issa Bey, *Bimāristans*, 12-74, provides a list of doctors who served at the Bīmāristān. Muhadhhib al-Dīn is not included in his list.

⁶⁵Ibn al-Furāt, *Tārīkh*, 8:24.

⁶⁶Ibid., 26.



provided for him at the scheduled hours, where he would give lectures of benefit to the students.

Although we may not be able to learn much about Ibn Abī Ḥulayqah himself, the diploma of appointment to the professorship of medicine at the hospital suggests expectations for this individual. Indeed, it contains a curious but extremely interesting reference which may be key and which, I believe, addresses the sultan's aspirations for his appointee. The reference reads: ". . . wa li-yubṭil bi-taqwīmihi al-ṣiḥḥah mā allafahu Ibn Buṭlān . . ." (. . . may he [Ibn Abī Ḥulayqah] negate by his Tables of Health that which Ibn Buṭlān wrote . . .),⁶⁷ a play on words which carries an historical allusion clearly intended to awaken the memory of an incident which had occurred two centuries earlier in Fatimid Cairo, namely, the bitter personal encounter and scientific dispute between two physicians, Ibn Buṭlān and 'Alī ibn Riḍwān, of which a partial written record has been preserved.⁶⁸ What meaning would this reference have had for the thirteenth-century reader of this document? Does it shed any light on Qalāwūn's motives?

IBN BUṬLĀN AND IBN RIḌWĀN: GHOSTS FROM THE FATIMID PAST

Ibn Buṭlān (d. 458/1066) was a resident of Baghdad, a Nestorian Christian and theologian, and perhaps a priest.⁶⁹ But he was also a physician and the author of a number of works, the most important and well known of which was his *Taqwīm al-Ṣiḥḥah* or *Tables of Health* (*Tabula* or *Tacuini Sanitatis*). This work, borrowing a technique from astronomy, systematically arranged information on hygiene, dietetics, and domestic medicine in tabular form, an idea that seems to have been original in this field at that time.⁷⁰ The reference in our document plays both on Ibn Buṭlān's name (from the root *b-ṭ-l*, *yubṭil*) and on the title of his work, *Taqwīm al-Ṣiḥḥah*.

In 440/1049, Ibn Buṭlān set out from Baghdad for Cairo. The primary purpose of his trip seems to have been to make the acquaintance of the learned Muslim Cairene doctor Ibn Riḍwān. They did meet but, unfortunately, took an instant and bitter dislike to each other on several accounts. The acrimonious nature of their relationship can be partially explained by Ibn Riḍwān's difficult personality. He was known for his venomous attacks against both the living and the dead (including such luminaries as Ḥunayn b. Iṣḥāq, the famous Nestorian Christian physician

⁶⁷Ibid.

⁶⁸Schacht and Meyerhof, *Medico-Philosophical Controversy*.

⁶⁹J. Schacht, "Ibn Buṭlān," *EF*², 3:740. See Ibn Buṭlān, *Le Taqwīm al-Ṣiḥḥah (Tacuini Sanitatis) d'Ibn Buṭlān: un traité médical du XIe siècle*, history of text, edition, translation, and commentary by Hosam Elkhadem (Louvain, 1990), for a well-documented biography.

⁷⁰Sarton, *Introduction to the History of Science*, 1:731.



and translator of ancient Greek medical texts [d. 260/873], al-Rāzī, the illustrious physician and philosopher [d. 313/925 or 323/935], Ibn al-Jazzār, the Qayrawani physician [d. 395/1004-5], and Ibn Buṭlān's own Christian teacher Ibn al-Ṭayyib, learned in medicine but also in the Islamic religious sciences [d. 435/1043]).⁷¹ At the lowest level their mutual dislike turned on physical appearances. Ibn Riḍwān criticized Ibn Buṭlān's looks, but not to be outdone, Ibn Buṭlān responded in verse:

When his face appeared to the midwives
They recoiled in perplexity
And said, keeping their words to themselves:
Alas, had we only left him in the uterus.⁷²

Though their mutual dislike extended to this very personal level, it was also fueled by their disagreement over more serious intellectual issues regarding the method of study, curriculum, and practice of medicine. The dispute itself concerned the "issue of differences in the constitutions of newborn birds and chickens,"⁷³ or which is warmer, the chicken or the bird (?), an issue which was, in fact, central to the Galenic system, the study of bodily humors in relation to disease.⁷⁴ Ibn Buṭlān, though a follower of Hippocrates and Galen, nevertheless challenged the traditional belief in this regard to which his adversary Ibn Riḍwān, also an ardent devotee of Galenism, firmly adhered.⁷⁵ As Dols notes, their dispute over whether the chicken or the bird was warmer presents both of these learned doctors at their absolute worst.⁷⁶ Of greater importance is that it does bring into focus several significant medical issues in the medieval Arab Islamic world, namely: the persistence and strength of the Hellenistic tradition in this period,⁷⁷ the tension between dogmatism and empiricism in Hellenistic learning and in medieval Islamic medicine,⁷⁸ and the question of how best to study medicine.⁷⁹

⁷¹J. Schacht, "Ibn Riḍwān," *EI*², 3:906; Dols, *Medieval Islamic Medicine*, 61.

⁷²From the *Conflict of the Physicians*, quoted by Dols, *Medieval Islamic Medicine*, 61.

⁷³Dols, *Medieval Islamic Medicine*, 65-66.

⁷⁴*Ibid.*, 10. Humoral pathology is the idea that everything is composed of four elements: earth, fire, air, and water with their respective qualities of cold, hot, dry, and wet. In the body food is transformed into four substances: blood, phlegm, yellow bile, and black bile. When these substances are in balance, health and well-being result.

⁷⁵*Ibid.*, 65-66 and n. 342.

⁷⁶*Ibid.*, 65.

⁷⁷*Ibid.*, 66, n. 344, citing Schacht.

⁷⁸*Ibid.*, 21.

⁷⁹Schacht and Meyerhof, *Medico-Philosophical Controversy*, 19; see also, Dols, *Medieval Islamic*



Ibn Riḍwān and Ibn Buṭlān came from very different backgrounds and had entered the medical profession by very different educational routes. Ibn Buṭlān seems to have led a privileged life. He was well-educated, well-traveled, and, though a Christian, well-versed in the Islamic sciences and in Arabic literature. He knew Greek and Syriac and had studied with some of the most famous physicians of his day. He was also the author of a number of works, including, in addition to his *Taqwīm*, the *Da'wat al-Aṭibbā'* or *The Doctors' Dinner Party* (a criticism of medical charlatanism), a book of remedies, a treatise on the purchase of slaves and detection of physical defects in them, and the memoirs of his trip from Baghdad to Cairo.⁸⁰ Ibn Riḍwān's family in contrast was poor. He was the son of a baker in Giza and had probably never left Cairo. Unable to afford study with any learned doctor, Ibn Riḍwān, by working as an astrologer on the streets of Cairo, managed to earn enough to acquire a basic medical education, largely through self-study. Having become very learned in the medical sciences, he eventually worked his way up through the ranks to the post of Chief Physician.⁸¹ He was, in fact, no slouch. His literary output, consisting mainly of medical treatises, was copious,⁸² and in his writing Ibn Riḍwān demonstrates a thorough knowledge of ancient Greek medicine and a firm loyalty to Galen.⁸³ Yet, despite their widely divergent origins, Ibn Riḍwān and Ibn Buṭlān share some points in common. Both were extremely well-grounded in the classical curriculum, based on Hippocrates and especially Galen. Both expressed dismay at what they perceived to be the slipping standards of medical education in their day.⁸⁴ In other words both shared a common culture which demonstrates the continuing strength of the Hellenistic tradition in the medieval Arab Islamic world.⁸⁵

Their dispute, however, also brings to light the existence of tension within Hellenistic learning itself between Dogmatism on the one hand and Empiricism on the other. The Dogmatists hoped "to create an exact science of medicine on the basis of the largely empirical writings of Hippocrates," "through philosophic speculation formulated on a priori principles or *dogmata* of medical knowledge," "and deduced treatments from them."⁸⁶ The Empiricists, on the other hand,

Medicine, 64.

⁸⁰Dols, *Medieval Islamic Medicine*, 52, n. 255; Schacht, "Ibn Buṭlān," *EF*², 741.

⁸¹Ibn Abī Uṣaybi'ah, *'Uyūn al-Anbā'*, 563; Dols, *Medieval Islamic Medicine*, 55-56.

⁸²Schacht, "Ibn Riḍwān," 906.

⁸³Ibn Abī Uṣaybi'ah, *'Uyūn al-Anbā'*, 562; Schacht, "Ibn Riḍwān," 906-7; Dols, *Medieval Islamic Medicine*, 63.

⁸⁴On Ibn Riḍwān see Dols, *Medieval Islamic Medicine*, 29; for Ibn Buṭlān see below, his treatise on medical charlatanism.

⁸⁵Dols, *Medieval Islamic Medicine*, 66.

⁸⁶*Ibid.*, 21.



recommended "observation and experience and used the inductive method."⁸⁷ Both trends, already present within Galenism, had been absorbed by Islamic medicine.⁸⁸ In this dispute Ibn Riḍwān in some respects appears to be more closely attached to the Dogmatist school whereas Ibn Buṭlān, in his challenge to the traditional Galenic belief regarding the chicken and the bird, demonstrates a more liberal spirit.⁸⁹

Finally, the two men were at each other's throats over the question of how best to study medicine. Ibn Riḍwān was a self-taught man who had learned most of what he knew from books,⁹⁰ and, as has been pointed out by others, he made of that necessity a virtue in his argument with Ibn Buṭlān. Hellenistic learning then was not the issue between them; rather it boiled down to who was better educated in that tradition, and it was in this framework that the issue of how best to acquire a superior medical education arose.⁹¹

Conflicting opinions regarding the two doctors are found in the works of their medieval colleagues as well as in those of modern scholars. Ibn Abī Uṣaybi'ah considered Ibn Riḍwān "a better medical man and better trained in the philosophical and associated sciences."⁹² On the other hand, Ibn al-Qifṭī summed up Ibn Riḍwān as "a man of narrow mind and not of sound judgment."⁹³ More recently M. C. Lyons has remarked that while Ibn Riḍwān's critique of medieval medicine in the Islamic world is in some respects "self-deceiving," nevertheless it may ring true, for similar thoughts are found in the works of Ibn Rushd.⁹⁴ Finally, Joseph Schacht and Max Meyerhof concluded that Ibn Riḍwān was "not an original thinker but merely a strong exponent of Hippocrates' and Galen's thought, except for his list of remedies that were unknown to the ancients."⁹⁵ Whatever the case may be, it is clear that while sharing a common tradition and some ideas, Ibn Riḍwān and Ibn Buṭlān were of different social background, religious affiliation, and approach to their profession.

⁸⁷Ibid.

⁸⁸Ibid.

⁸⁹Ibid., 65-66, especially n. 342; also Schacht, "Ibn Buṭlān," *EI*², 741. On the Dogmatist (Ibn Sīnā)-Empiricist (al-Rāzī) spectrum, Elkhadem places Ibn Buṭlān closer to al-Rāzī, the leader of the Empiricist tradition. See his commentary in Ibn Buṭlān, *Le Taqwīm*, 25.

⁹⁰Schacht, "Ibn Riḍwān," *EI*², 907.

⁹¹Dols, *Medieval Islamic Medicine*, 66.

⁹²Ibid., 64-65

⁹³Ibid.

⁹⁴Ibid.

⁹⁵Ibid.



THE SIGNIFICANCE OF THE REFERENCE TO IBN BUṬLĀN IN THE DIPLOMA ISSUED TO MUHADHDHIB AL-DIN IBN ABĪ ḤULAYQAḤ

Now, finally, we must consider the intent behind the inclusion of the reference to Ibn Buṭlān in Ibn Abī ḤulayqaḤ's diploma and what the appointee would have inferred from it. In some respects it seems strange that this dispute should be recalled two centuries later. Yet, the reference assumes that the reader is familiar with what was intended, a point which is in itself of interest. In fact, Ibn Buṭlān's works were still popular. The *Taqwīm al-Ṣiḥḥah* had caused a stir in its day because Ibn Buṭlān had had the novel idea to adapt a method of presenting information, which until then had been used only in astronomy, to the field of medicine. The use of tables allowed him to systematize a great deal of information. The method was eventually applied in still other fields, in geography, for example.⁹⁶ In fact, the use of tables became such a popular way of presenting information that the term "*taqwīm*," which until then had retained the original sense of "rectification," "correction," or "reform," came to mean in thirteenth-century common usage simply "tables."⁹⁷ Further evidence of the enduring popularity of this work in the thirteenth century is that the first translation of the *Taqwīm al-Ṣiḥḥah* into Latin seems to have been made at that time, quite probably in the second half of the century, the date of the earliest extant manuscript (and there are a large number of them).⁹⁸ Finally, another indication that Ibn Buṭlān's works were still widely read is the fact that the earliest Mamluk painting to have survived is a miniature from a manuscript of his *Da'wat al-Aṭibbā'* (*The Doctors' Dinner Party*) which dates to 1273.⁹⁹ Thus, we know for a fact that Ibn Buṭlān's name was still on people's lips; his works were widely known and read in the second half of the thirteenth century. Most well-educated Muslims would have been familiar with Ibn Buṭlān's works and most probably would have understood the allusions found in the *taqlīd*. The problem for us is one of interpretation. As we have seen there are many levels to the original dispute between Ibn Buṭlān and Ibn Riḍwān and we are not even certain whether the reference in the *taqlīd* aims to recall some aspect of that dispute or whether it refers to the *Taqwīm* itself. What then exactly did the scribe intend by exhorting Ibn Abī ḤulayqaḤ to "negate" by his *taqwīm* (or his rectification, reform, correction) what Ibn Buṭlān had written?

One thought that comes to mind is that this rather hostile reference to Ibn Buṭlān may have been inspired by his Christianity. Ibn Abī ḤulayqaḤ, it should be remembered, was a recent convert. The reference might have been the scribe's

⁹⁶Ibn Buṭlān, *Le Taqwīm*, 37-38.

⁹⁷Ibid., 14.

⁹⁸Ibid., 43.

⁹⁹Richard Ettinghausen, *Arab Painting* (Cleveland, 1962), 143-44.



way of reminding Ibn Abī Ḥulayqah of his place. But Ibn Buṭlān had lived in a more liberal age when discussions between Christians and Muslims, especially at the Fatimid court in Egypt, were nothing out of the ordinary and when, in fact, there even seems to have been something of a Christian revival in Egypt.¹⁰⁰ Ibn Buṭlān, though a Christian, was well versed in the Islamic sciences and Ibn Riḍwān counted Jews among his closest colleagues. Thus, it seems unlikely that Ibn Riḍwān's acrimonious attacks against others, including Ibn Buṭlān, were religiously motivated and that the dispute was remembered in that way.¹⁰¹ By the thirteenth century, however, the atmosphere had changed and the pressures on the Dār al-Islām had resulted in an intensification of the religious environment. During Qalāwūn's reign two centuries later, I have argued elsewhere that, even in the face of the Crusades and the Mongol invasions, there was no large-scale persecution of Christians; whatever anti-Christian measures were taken during his reign were directed against Christian employees in the financial diwans.¹⁰² It was precisely in this regard that Ghāzī ibn al-Wāsiṭī, himself a bureaucrat and contemporary of Qalāwūn, wrote his tract against the employment of Christians and Jews in the bureaucracy.¹⁰³ The *waqfiyah* for the hospital does include an explicit injunction against the employment of Christians and Jews as well as against their treatment there.¹⁰⁴ The fact that Muhadhhib al-Dīn belonged to a family of recent converts to Islam could, therefore, have occasioned the reference to Ibn Buṭlān. Muhadhhib al-Dīn had converted to Islam during the reign of Baybars;¹⁰⁵ 'Alam al-Dīn, his younger brother, converted just before his appointment;¹⁰⁶ the third brother, Muwaffaq al-Dīn Aḥmad, had apparently converted to Islam only in 683/1283-84, a timely conversion in light of the fact that soon after, he too was appointed jointly with his brothers to the *riyāsat al-ṭibb*. He converted in the sultan's presence whereupon the sultan bestowed upon him a robe of honor.¹⁰⁷ To accept the

¹⁰⁰Gary Leiser, "The *Madrasa* and the Islamization of the Middle East: The Case of Egypt," *Journal of the American Research Center in Egypt* 22 (1985): 29-35.

¹⁰¹Schacht and Meyerhof, *Medico-Philosophical Controversy*, 14.

¹⁰²Linda S. Northrup, "Muslim-Christian Relations during the Reign of the Mamluk Sultan al-Manṣūr Qalāwūn, A.D. 1278-1290," in *Conversion and Continuity: Indigenous Christian Communities in Islamic Lands Eighth to Eighteenth Centuries*, ed. Michael Gervers and Ramzi Jibran Bikhazi (Toronto, 1986), 259.

¹⁰³R. J. H. Gottheil, "An Answer to the Dhimmis," *Journal of the American Oriental Society* 41 (1921): 383-457. See also Northrup, *From Slave to Sultan*, 200, 224, 229 for further references to Ghāzī al-Wāsiṭī.

¹⁰⁴Ibn Ḥabīb, *Tadhkirah*, 1, appendix, 367, lines 295-97.

¹⁰⁵Ibn Abī Uṣaybi'ah, 'Uyūn al-Anbā', 598.

¹⁰⁶Ibn al-Ṣuqā'ī, *Tālī*, 60, n. 69.

¹⁰⁷Al-Maqrīzī, *Sulūk*, 1:3:722.



appointment, even as a junior member of the family triumvirate, he had to be Muslim. While hostility to Ibn Buṭlān in the original incident does not seem to have been based on religion, it is possible that, given the recent conversion of the Ibn Abī Ḥulayqah family to Islam and the prohibition in the *waqfiyah* of the employment or treatment of *dhimmi*s at the hospital, this derogatory reference to Ibn Buṭlān in the *taqlīd* may have been intended to remind them of their place, especially as in the *riyāṣah* they had some authority over other doctors, including Muslims.¹⁰⁸ Perhaps there was sensitivity to the fact that the work of Ibn Buṭlān, a Christian, had gained such popularity and that the new appointee to the professorship at the hospital was but a recent convert and perhaps not a very sincere one at that. The Christian biographer, Ibn al-Ṣuqā'ī, seems to want to reassure this readers in this regard when he reports that although one of the brothers, 'Alam al-Dīn Ibn Abī Ḥulayqah, had been offered the patriarchate (before his conversion to Islam), he had declined it.¹⁰⁹

Ibn Buṭlān was also criticized for his willingness to stray from the Galenic straight path.¹¹⁰ When he realized through observation the necessity of correcting an axiom of Galenic medicine, he had no difficulty in doing so. Ibn Riḍwān had been much more rigid in his adherence to Galen. Like Ibn Buṭlān, Ibn al-Nafīs in thirteenth century Egypt, though as well-grounded in Galen as his predecessors, was critical of the master and in fact, on the basis of his observation, refuted Galen in his discovery of the lesser circulation of the blood. Ibn al-Nafīs, however, was not admonished for his empiricist tendencies. In fact, he was revered, as is demonstrated by the fact that the ruling elite and physicians sought his company. Thus, one's position toward Galenism also does not seem to have inspired the reference.

I tend to think that the rather adversarial innuendo behind this play on words has to do with the nature of the *Taqwīm al-Ṣiḥḥah* itself. As we have seen, Ibn Buṭlān's great contribution was to have pioneered a method to systematize data in the form of tables. Elkhadem argues that Ibn Buṭlān had a social as well as a practical goal: to make hygiene and health information more accessible and understandable to the general public.¹¹¹ At the same time, however, this form of presenting data might be seen as a perfect illustration of Ibn Riḍwān's contention that standards in medical education were slipping. Ibn Riḍwān had been critical of the growing tendency to write summaries and to study medicine from compendiums

¹⁰⁸ According to the *taqlīd* (Ibn al-Furāt, *Tārīkh*, 8:244), Muhadhhib al-Dīn was made preeminent among the three brothers and in this position had important responsibilities (see above).

¹⁰⁹ Ibn al-Ṣuqā'ī, *Tālī*, 60, n. 69.

¹¹⁰ Schacht and Meyerhof, *Medico-Philosophical Controversy*, 78.

¹¹¹ Ibn Buṭlān, *Le Taqwīm*, 14-21, 28 for a discussion of the organization and contents of the work.



rather than from the original works; students no longer studied original texts but only the abridgements or summaries. Ibn Buṭlān's *Taqwīm* would seem to illustrate the point.¹¹² Despite Ibn Buṭlān's attack on medical charlatanism and slipping standards of medical education, his own *Taqwīm* was perhaps viewed as the very kind of work that was leading to the decline in the medical sciences. The diploma, as we have seen, suggests that the teaching of medicine was in Qalāwūn's day neglected, almost unheard of. The reference to the *Taqwīm al-Ṣiḥḥah* may, thus, have been intended to exhort Muhadhdhib al-Dīn in his new teaching position to restore the status of the science of medicine to its former high level by promoting (like Ibn Riḍwān and contrary to Ibn Buṭlān) the study of the medical sciences from the original texts. Whatever the case may be, the reference to the dispute seems to establish Ibn Riḍwān as a role model for Ibn Abī Ḥulayqah.

CONCLUSION

Qalāwūn's deliberate decision to patronize the medical rather than the religious sciences was certainly motivated by a complex of religious, political, social, and personal considerations. These considerations included piety, charity, the preeminent status of Cairo in the Islamic world of the late thirteenth century, legitimation, relations between the religious (and especially the conservative) elite and the Mamluk ruling class, and possibly the personal benefits accruing to the donor of a *waqf*. Beyond these important, though quite mundane goals, however, the sources hint that Qalāwūn may have aimed at something more: the fostering of medical learning. At the least, it appears that he wished to restore the balance between the spiritual and medical branches of learning. More ambitiously, he may have wished to restore the medical sciences to their former glory. Our inquiry into his patronage has produced some tantalizing fragments of information regarding the intellectual environment which informed his decision, but no conclusive evidence that enables us to decipher with any certainty the nature of his own personal vision. His hospital, planted among the madrasahs of his predecessors, was intended to make a statement, but it is difficult to translate that statement in full. Whereas Qalāwūn's monuments constituted a dramatic visual affirmation of his sponsorship of the medical sciences and of his aspirations in their regard, aspirations that are reiterated in a literary way in the diplomas, his appointment of Muhadhdhib al-Dīn Ibn Abī Ḥulayqah to the *riyāsat al-ṭibb* and the *tadrīs al-bimāristān* is more puzzling. The sources are silent regarding Muhadhdhib al-Dīn's accomplishments, suggesting that he may have failed to fulfill expectations. Yet it would be unfair to judge Qalāwūn's patronage of the medical sciences on the basis of this one appointment. If, moreover, the intent of the reference in the

¹¹²Schacht and Meyerhof, *Medico-Philosophical Controversy*, 22.



diploma was to intimate sultanic support for the approach to the restoration of the science and study of medicine favored by Ibn Riḍwān (i.e., a return to the study of original texts), then the opportunity to pursue new knowledge through the empirical method favored by al-Rāzī, Ibn Buṭlān, Ibn al-Nafīs, and others may have been lost, not for lack of intellectual vitality but simply because of the path chosen. Before arriving at such a conclusion, however, the impact of Qalāwūn's patronage on the medical sciences must be further explored through a study of the hospital, its charitable and educational roles, the fortunes and management of its endowment, and the careers of Muhadhhib al-Dīn's successors in the years following Qalāwūn's reign. This path will be followed in another study now in progress.



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