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Bīmāristān al-Manṣūrī

State and Medical practice in Mamluk Egypt (1285-1390)¹

Very little ink was spilled analyzing the relation between medical thought and practice on one hand, and the medieval Islamic State and the religious institutions, on the other. Although figures like the chief physician and the market inspector were always sought to explain this relation, little attention was paid to the Islamic hospital and how it influenced such relation by virtue of being under the direct auspices of the courts and the site of practice for a number of the most brilliant physicians and medical theorists in the Middle Ages; such as Al-Rāzī, Avicenna, Ibn al-Nafīs and others. More importantly and as will be shown in this paper, much of the work on the chief physician and on the Market Inspector and their role regarding medical practice was based on very brief and limited reading of the sources, which did not try to venture into the legal and administrative literature, and was satisfied with the general and passing remarks about medicine in these sources without proper evaluation of their intellectual context.

The following are very general remarks on a much longer research, which occupied most of the last three years, at the end of which the need for more work became clearer. It is a trial to pose a number of questions and to suggest some general outlines for a more detailed study on how Bīmāristāns affected the relation between the political, the religious and the medical.

¹ This paper was presented in the twenty-third Congress of History of Science and Technology in Budapest in July 2009.

On the medieval Islamic State and religious institutions:

Large part of the problem of discussing the role of the State or the relation of its institutions with a particular scientific, intellectual or professional practice is the vagueness and the possible inappropriateness of using a term like “State.” The usage of such term poses a risk of anachronism, since the term is loaded with different meanings derived mostly from the European political and intellectual history. The term “State” is universally used as a translation of the Arabic word *Dawlah* in both its medieval and modern incarnations. Here, the risk of anachronism is not related only to the English word, or its equivalents in other European languages, but to the Arabic word as well. It is not a problem of terminology or translation, but rather a problem of a Representamen changing its object over time. In this case, the usage of the term “State” is not problematic as long as the medieval incarnation of “Dawlah” is properly exposed and carefully understood.

Linguistically, “Dawlah” refers to change and alternation. The Qur’ān uses the term to refer to alternation of good and bless among humans (Q 3: 140). Al-Fayrūzabādī, a medieval linguist, explains in his dictionary that “*Dawlah* is the reversal of fortunes over time and in relation to money and in wars”².

² Muḥammad Ibn Ya’qūb Al-Fayrūzābādī Al-Shīrāzī, *Al-Qāmūs Al-Muḥīṭ* (Cairo: Al-Maṭābi’ al-Amīriyyah, 1894), 3: 366.

Medieval historians have used *dawlah* in this sense in many of their writings³. *Dawlah* is the current state of affairs related to a man, a power, a religion and ultimately to the will of God. This current state of affairs is liable to change by definition. The limits of the “affairs,” included in the description, is determined by the context. “*dawlat al-Manşūr Qalāwūn*” for example, would refer to all the rules, customs, traditions and affairs related to his presence in power and changeable upon his departure. The famous and very popular proverb in the Arabic speaking world, which goes “*Dawlat al-ẓulm sā’ah wa dawlat al-ḥaq kul sā’ah*” the *dawlah* of injustice is but an hour, and the *dawlah* of justice lasts for ever” understands *dawlah* as referring to all the affairs connected to, dependent on and changeable by reign of injustice.

Ibn Khaldūn presents a very elaborate explanation of this perceived change with the changes of *States*. He argues that every new sovereign or dynasty would come to power on top of a rising group, which is connected by virtue of certain common traditions, opinions, origins or projects, what he calls the *‘Aşabiyyah* or the feeling of belonging. The traditions and the culture of this group would have to be represented by the new dynasty leading to a change in the customs of governing and in the methods of the administration; such changes would naturally flow downwards and affect the entire society. Ibn Khaldūn complicates this understanding more by arguing that no tradition starts from nothing and that the new dynasty would have to use much of

³ See Al-Ishāqī Al-Minūfī, *Akhbār Al-Uwal Fīman TaşRraf Fī MişR Min’ Arbāb Al-Duwal* (Cairo: General Organization for Culture Centers, 1998). Aḥmad Ibn Yūsuf Qaramānī, Aḥmad Ḥuṭayṭ, and Fahmī Sa’d, *Akhbār Al-Duwal Wa-Āthār Al-Uwal Fī Al-Tārīkh*, al-Ṭab’ah 1. ed., 3 vols. (Bayrūt: ‘Ālam al-Kutub, 1992). Aḥmad Ibn’ Alī Al-Maqrīzī, *Kitāb Al-Sulūk Li-MáRifat Duwal Al-Mulūk*, ed. M. M. ZIYÁDAH and S. A. F. ÁSHŪR (Cairo: National Library Press, 1972), Muḥammad Ibn Abd Al-RaḥMān Al-Sakhāwī, *Al-Dhayl Al-Tām ‘alá Duwal Al-Islām Lil-Dhahabī* (Beirut: Dār Ibn al-‘Imād, 1992), Muḥammad Ibn Abd Al-RaḥMān Al-Sakhāwī, *Kitāb Al-Tibr Al-Masbūk Fī Dhayl Al-Sulūk* (Cairo: Būlāq Press, 1896), Muḥammad Ibn Abd Al-RaḥMān Al-Sakhāwī, *Wajīz Al-Kalām Fī Al-Dhayl ‘alá Duwal Al-Islām*, al-Ṭab’ah 1. ed., 4 vols. (Bayrūt: Mu’assasat al-Risālah, 1995), Zīn Al-Dīn ‘abd Al-Bāsiṭ Ibn Khalīl Ibn Shāhīn Al-Zāhirī Al-Ḥanafī, *Nayl Al-Amal Fī Dhayl Al-Duwal*, ed. ‘Umar Tadmurī (Beirut: Al-Maktabah al-‘Aşriyyah, 2002), Arlette Negre, “Al-Dhahabī : Kitāb Duwal Al-Islam (Les Dynasties De L’islam) : Traduction Annotée / Par ” (1970).

the heritage of their immediate predecessors, while changing this heritage slowly and gradually to reflect their own culture. It is only after long period of time that the traditions become radically different due to the accumulation of small changes.

Although the notion of change appears to have roots in older Arabic and Islamic culture, the proposition of gradual change; and hence relative stability, is a function of the context where Ibn Khaldūn produced his magnum opus. In this context, where the Mamluk State had a century long history of controlling the largest part of the Middle East, a certain degree of continuity and stability was felt and was seen by many modern historians as the ultimate triumph of Taqlīd (imitation) over Ijtihād (innovation). The question of Taqlīd and Ijtihād is not the subject of this paper and I have argued elsewhere for a more nuanced understanding of the two terms, which would divorce them from our modern concepts of innovation and free thought as opposed to dogmatism and fanaticism and return them to their medieval intellectual context. In this discussion, the presence of a more stable form of government and societal and intellectual traditions is a key to understanding the meaning of *dawlah* in the work of Ibn Khaldūn and his contemporaries, who are the main sources of our discussion.

Yossef Rapoport argued that the Mamluk period witnessed a standardization of legal, religious and administrative practices, which was symbolized at the legal level by mandating that judges should issue verdicts depending on the famous opinions in their school of jurisprudence and not on their own interpretation of the law⁴. It is this process of standardization that Ibn Khaldūn, in arguing that no tradition comes without precedent, is referring to and is considering necessary for the wellbeing of the people through the continuity of the administrative and

⁴ Yossef Rapoport, "Legal Diversity in the Age of Taqlid: The Four Cheif Qadis under the Mamluks," *Islamic Law and Society* 10, no. 2 (2003).

judicial and intellectual systems. This process of standardization led to the production of a well-educated and well-trained class of scholars and bureaucrats, which occupied the ranks of the administration, the judiciary and the various educational institutions. The production of this unified and homogenous elite is what we can look at as the “religious” or the religious discourse of the Islamic Middle Ages.

While refraining from issuing modernist value judgements on this process, standardization and professionalization of the judiciary and the educational institutions, which started back in the eleventh century in the Nizamiyya colleges⁵, led to the production of a self-contained and self-reproducing religious discourse, which was represented by the highest members of the judiciary; the four chief judges in Mamluk Egypt, and the professors of the major schools in the capital and the other famous intellectual centers. It is in this world, where there is an identifiable State, with reproducible traditions, and an identifiable religious institution, with traceable figures of authority and traditions of continuity, that we start our discussion.

If my title is using the term state as a translation of “dawlah” in its medieval meaning, it will be only understood and qualified by the timeline, which I proposed. Here, I would mean by State/Dawlah all that is dependent on and changeable by some variable in the period between 1285 and 1390. This variable is simply the reign of the Qalāwūnid dynasty.

⁵ George Makdisi, "Muslim Institutions of Learning in Eleventh Century Baghdad," *Bulletin of the School of Oriental and African Studies* 24, no. 1 (1961).

Bīmāristān al-Manṣūrī:

The Bīmāristān was the major part of a huge complex built in the center of Cairo in 1285 by the Mamluk Sultan al-Manṣūr Qalāwūn, who was the founder of the Qalāwūnid dynasty/*dawlah* that ruled the Mamluk empire for over a century. In addition to the hospital, the complex included a madrasa, where lessons of jurisprudence on the four schools of law were given, and mausoleum, where the Sultan and two of his sons and successors were buried and where lessons of Qur'ān and prophetic traditions were given. However, the name “Bīmāristān” came to be used by medieval historians, such as al-Maqrīzī in his *Khitat*, to refer to the whole complex, which was largely managed by the hospitals administration and was financed by its endowment/*Waqf*.

The complex was built opposite the shrine and madrasah of the last Ayyubid King al-Ṣāliḥ Ayyūb. The latter was the only Ayyubid buried inside the capital and was the master/*ustādh* of the most important corps of mamluks, *al-Baḥariyyah*, to whom the first Sultans of the Mamluk empire belonged. It was natural that the mamluk emirs chose to swear allegiance to their emirs and Sultans around the shrine of the last undoubtedly legitimate ruler.

When al-Manṣūr Qalāwūn passed away and his son al-Ashraf Khalīl came to the throne, the new Sultan received the oaths of allegiance at his father's tomb. The Bīmāristān and the Qalāwūnid shrine replaced the Salihī madrasa and mosque as the most important symbol of the State; the state of the Qalāwūnids. When the third Qalāwūnid Sultan and the most powerful Sultan of the dynasty, who ruled for three decades, died, his mamluks and emirs violated his own will and decided to bury him with his father consolidating the symbols of the State and its legitimacy. The powerful Sultan had expressed his desire to be buried in a Sufī convent in Sīryāqūs to the north of the capital.

When al-Zāhir Barqūq took the throne from al-Manṣūr Ḥājjī, the last Qalāwūnid sovereign, he built his own mosque, madrasah and shrine to which the oath of allegiance and other political and religious ceremonies were moved during his reign and the reign of his two sons after him. When al-Mu'ayyad Shaykh took over ending the three-sovereign dynasty of Barqūq, he returned to the Manṣūrī institution.

The Manṣūrī madrasa, being the largest in the empire, was run by the chief judges and hosted the lessons and the lectures of the most prominent figures of the religious institution. With its large pool of students and the high profile of its professors, the madrasa became a cornerstone in the production of the members of the religious and judiciary elite. It also represented the opinions, views and interpretations adopted by the most prominent members of this elite. It was not an uncommon occurrence to have the professors of the Manṣūrī madrasa occupy the highest position in the judiciary and the administration and to be the closest to the governing elite.

In our discussion of the effect of the Bīmāristān in formulating the relation between the medical thought and practice, on one hand, and the State and the religious elite, on the other, we will look at two main questions: the appointment of the chief physician and his roles, the definition of illness and the influence of the Bīmāristān on medical theory and practice.

The Chief Physician:

The chief of each trade was nominated by members of the trade and approved by the Sultan. He served as a mediator between the political authorities and the trade members: he insured they paid their taxes and complied with the conditions of honesty and good practice as monitored by the Muḥtasib/market inspector and represented the interests of his colleagues to the authorities⁶. He also played a very important role in managing and regulating the affairs of the trade and made sure that the practitioners had enough knowledge and experience and were taught by proper masters.

In the case of medical practice, the chief physician seems to have had different roles. First, he was not nominated by other colleagues but rather by the Sultan or the governor. In fact, he was the personal physician of the sovereign. Obviously, the abilities and knowledge of this physician must have been recognized by the medical elite for him to be the court physician. However, the chief physician's appointment was more related to the desires of the sovereign than to the state of the practice and the desires of practitioners. In 1311, al-Nāṣir Muḥammad ibn Qalāwūn chose Ibrāhīm al-Maghribī as the chief physician. The reasons, as explained by al-Maqrīzī, had nothing to do with his capacity or reputation but rather with the fact that he chose to accompany al-Nāṣir in his voluntary exile in al-Karak fort of Jordan, when the latter decided to remove himself from power⁷. Recognizing his loyalty, the Sultan made him the chief physician upon returning to the throne.

⁶ Shihāb Al-Dīn Aḥmad Al-Nūwayrī, *Nihāyat Al-'Arab Fī Funūn Al-'Adab*, ed. Fahīm M. SHALTŪT (Cairo: Dār al-Kutub, 1998), Aḥmad Ibn Alī Al-Qalaqashandī, *Kitāb ṢUḥḥ Al-āShā Fī ṢInāat Al-Inshā*, ed. Muṣṭafā MUSĀ (Cairo: General Egyptian Book Organization, 2006).

⁷ Al-Maqrīzī, *Kitāb Al-Sulūk Li-MāRifat Duwal Al-Mulūk*, 2: 107.

Faḍl Allāh Al-‘Umarī, a famous historian and bureaucrat in the court of al-Nāṣir Muḥammad, was involved in an incident related to the chief physician Ibrāhīm al-Maghribī and a famous physician named al-Ṣalāḥ ibn al-Burhān, who occupied simultaneously the position of chief physician. Al-Ṣalāḥ asked al-‘Umarī to deliver to the Sultan his request to be relieved from his duties. The Sultan told al-‘Umarī that he knew that al-Ṣalāḥ requested to be relieved because he saw that al-Maghribī is much closer to the Sultan but that he [the Sultan] knew that al-Ṣalāḥ is a much more capable physician and that he retained al-Maghribī as a chief physician due to the latter’s loyalty⁸.

The previous example was not unique. Chief physicians were close to their patrons and came to occupy their positions by virtue of this closeness. In many cases, when an emir would climb to the throne, the emir’s physician would become the chief physician replacing the physicians of the previous sovereign. Also, every viceroy was accompanied by his own physician(s), who became the chief physician(s) of the viceroy’s province and who would move with the patron in his several appointments.

The position of the chief physician was usually occupied by more than one physician at a time. For instance, al-Manṣūr Qalāwūn had five different chief physicians, who served his son al-Ashraf Khalīl. Al-Nāṣir Muḥammad had three chief physicians as well. It is hard to imagine that such number would be able to perform the responsibilities of the trade chief mentioned above.

The chief physician did not represent his colleagues or collect their taxes. In fact, the person responsible for these duties was explicitly said to be the emir majlis, who was a mamluk emir responsible for managing the Sultan’s court. In an incident in 1354, the Sultan al-Ṣāliḥ Ṣāliḥ B.

⁸ Aḥmad Ibn Yaḥyá Ibn Faḍl Allāh Al-‘umarī et al., *Masālik Al-Abṣār Fī Mamālik Al-Amṣār* (al-‘Ayn, al-Imārāt al-‘Arabīyah al-Muttaḥidah: Markaz Zāyid lil-Turāth wa-al-Tārīkh, 2001), 9: 506-07.

al-Nāṣir Muḥammad B. Qalāwūn ordered the collection of specific funds for a certain agriculture project. Only two professions were exempted: the clerks, through the intervention of the Dīwān clerks and the physicians as the emir majlis guaranteed their exemption. The chief physician played absolutely no role in representing his colleagues⁹.

It seems from the writings of some chief physicians as Ibn Riḍwān (d. 1061), who was the chief physician in the Fatimid empire in most of the first half of the eleventh century, and Ibn al-Nafīs (d. 1288), who was the chief physician under the Mamluk court in the second half of the thirteenth century, that they had no regulatory power over their profession. The former complained at length from the lack of proper education and sound judgement among the physicians of Egypt. He incited the sovereign to take harsher measures to regulate the profession; such measure should have been under his disposal as a trade chief¹⁰.

A linguistic misreading seems at play here. The word *raʿīs*, which means chief or president in modern Arabic, meant only a dignitary according to al-Fayrūzabādī¹¹. The *raʿīs* was, thus, a man of recognized abilities and esteemed professional status but not necessarily with professional or administrative duties. While each chief of a trade had to be a *raʿīs* in order to be accepted, a *raʿīs* was not necessarily a chief. The liberal usage of the word to describe any person of distinction in the chronicles indicate that the similarity between the *raʿīs al-Aṭibāʿ* (Chief Physician) and the other *ruʿasāʿ* (chiefs) may have been circumstantial.

⁹ Al-Maqrīzī, *Kitāb Al-Sulūk Li-MáRifat Duwal Al-Mulūk*, 2: 919-21.

¹⁰ Riḍwān ʿali Ibn and ʿabd Al-Majīd Diyāb, *Kitāb Dafʿ Maḍārr Al-Abdān Bi-Arḍ Miṣr* (al-Kuwayt: Maktabat Ibn Qutaybah, 1995).

¹¹ Al-Fayrūzabādī Al-Shīrāzī, *Al-Qāmūs Al-Muḥīṭ*, 2: 316.

Before establishing the Bīmāristān, al-Manṣūr Qalāwūn stipulated in the waqf document that the chief physician would preside over the medical staff of the Bīmāristān, give a weekly lecture of medicine and receive a salary from the waqf for these efforts¹². The position of the chief physician, at the time, was occupied by five prominent figures: the celebrated Ibn al-Nafīs, Sharaf al-Dīn ibn Abī al-Ḥawāfir, and the three Abī Ḥulayqah brothers. Ibn al-Nafīs, whose importance and reputation is not to be discussed here, was around 80 years old and passed away only three years later¹³. Ibn Abī al-Ḥawāfir was a descendant of a famous medical family, whose father and grand father have served many Ayyubid kings. He has served in the court of al-Zāhir Baybars, who preceded Qalāwūn and owned his position to Baybars¹⁴. The three Abī Ḥulayqah brothers were Jewish physicians of a Levantine origin and came from a long line of physicians, whose most famous forefather served Salāḥ al-Dīn/Saladin alongside Maimonides¹⁵. They were the closest to the Sultan and he decided to appoint them in the new Bīmāristān¹⁶.

As a waqf, the Bīmāristān was not to hire or treat any non-Muslims. The chief judges and other members of the religious elite were very adamant in maintaining the lawful nature of the waqf as mandated by the religious law, which indicates that such institutions must be exclusively Muslim. The three physicians were asked to convert to Islam. While two of them converted rapidly, the third hesitated and lost his official status for some time. He then converted and was

¹² Al-Ḥasan Ibn ʿUmar Ibn Ḥabīb, *Tadhkirat Al-Nabīh Fī Ayām Al-Manṣūr Wa Banīh*, ed. M. M. AMĪN and S. A. F. AMMAR (Cairo: Egyptian General Book Organization, 1976), 1: 357-67.

¹³ Al-Maqrīzī, *Kitāb Al-Sulūk Li-Mārifat Duwal Al-Mulūk*, 1: 722.

¹⁴ Aḥmad Ibn Al-Qāsim Ibn Abī Uṣaybiʿah, *Uyūn Al-Anbāʾ Fī Tabaqāt Al-Atibbā* (Beirut,: Dar al-Fikr, 1956), 3: 465-67.

¹⁵ Ibid., 3: 477-95.

¹⁶ Al-Maqrīzī, *Kitāb Al-Sulūk Li-Mārifat Duwal Al-Mulūk*, 1: 729.

given an equal position to his brothers¹⁷. From this moment on, the chief physician in the Mamluk empire was to be a Muslim.

Much was written about the intolerance of Mamluks in comparison to the Ayyubids and the Fatimids. Obviously, much of the conclusions are true. In this situation, the Bīmāristān has resulted in a radical shift in the professional career of any non-Muslim physician. While many continued to practice, the gates of the court were permanently shut in front of any non-Muslim and the Jewish chief physician, who figured in the Islamic literature for centuries, simply ceased to exist.

The Bīmāristān made a critical difference in relation to the duties of the chief physician as well. Only one of the three Abī Ḥulayqah brothers was nominated to be chief of medicine in the Bīmāristān¹⁸. Henceforth, only one of the multiple court physicians presided over the Bīmāristān. The chief physician was still not a representative of the medical professionals or responsible for collecting taxes but he was responsible for the physicians and other medical professionals in the Bīmāristān.

The fact that the Sultan's deputy or the Army commander usually supervised the Bīmāristān in the Sultan's stead, created a new relation between the medical and the military elite. The medical elite was no longer represented only by the emir majlis but also by the deputy of the Sultan or the Army Commander, whose professional relations with the chief physician became crucial.

The presence of such high profile member of the medical elite in the same complex as the highest ranking members of the religious institutions led to a new intellectual atmosphere, which

¹⁷ Ibid., 1: 722.

¹⁸ Ibid., 1: 729.

allowed for the appearance of large volumes on medicine written by these religious scholars. Here, the Bīmāristān and the intellectual community, which it created, allowed the religious elite to have more access to medical knowledge and participated in the popularization of medical knowledge by the members of this elite at an unprecedented level. In the writings of al-Suyūfī, Ibn Qayyim al-Jawziyah, Ibn Ṭulūn and other religious scholars, the communication with the highest strata of the medical elite was evident and their awareness of medical theory became a driving force in their writings.

Another interesting question is the development of legal medicine or the usage of medical knowledge in relation to the practice of the law. I will address this question in more details in a later occasion.

On the meaning of diseases:

The waqf document explained in details the way patients were to be admitted and cared for. The document took on itself to define illness and to categorize the diseases handled in the Bīmāristān. It is important here to have a look at the state of the art of the medical practice and medical thought at the time. In the famous “al-Mujaz fī al-Ṭibb”, which was attributed to Ibn al-Nafīs and was a very popular source in medical education, diseases were divided into two main categories: diseases affecting one organ and others affecting more than one organ¹⁹. The division is obviously rooted in the Galenic traditions and humoral theory, where imbalances can occur in one organ or in a variety of organs.

The waqf document opted for a different division. It classified diseases, by their manifestations and the parts of the body they affect, into: diseases of the body, disease of the senses and diseases of spirit²⁰. The order is significant as the document states that the diseases of the spirit are the most important, hinting thus to the fact that it views the diseases of the senses as more important than those of the body²¹.

The division has a legal and religious root: while diseases of the body have no legal consequence per se, those of the senses impair the ability of the diseased and render her/him a possible object of fraud and deprive them from thier capacity as a fully qualified witness before the judiciary. The diseases of the spirit are enough to disqualify the person as a responsible adult before the law. Although the division had little implications on the division of wards and on the

¹⁹ ‘alī Ibn Abī Al-Ḥazm Ibn Al-Nafīs and Yaḥyá Murād, *Al-Mūjaz Fī Al-Ṭibb*, al-Ṭab‘ah 1. ed. (Bayrūt: Dār al-Kutub al-‘Ilmīyah, 2004).

²⁰ Ibn ḤAbīb, *Tadhkirat Al-Nabīh Fī Ayām Al-Manṣūr Wa Banīh*, 1: 358-59.

²¹ In Arabic, the most linguistically sound order is from the least to the most. Even in using other orders, the order has to be consistent.

actual treating of patients, it revealed a significant interest by the legal system in the medical theory and practice and in the possible implications of medical practice on the judiciary.

The document goes further to include what it may have missed by adding “and all [conditions] of which a man complains and can be treated by the methods and medications known to the people of the art of medicine”²². Though it appears that the document is trying to be inclusive, it is actually setting more limits in place. According to the document, diseases are subjective conditions, which have to be disturbing enough for the patient to seek help, but they are also conditions that have to be known, admitted and treated by the experts of medical practice. Legally, a disease is ontologically existent only if it has an epistemological existence within the boundaries of the medical paradigm.

Further more, the waqf document enforced the traditional hierarchy of medical practitioners inside the Bīmāristān by stating openly that physicians are to supervise the work of surgeons and oculists. The reason for such precedence, according to the document, is that some drugs used to treat the eyes for example can have effects elsewhere in the body. Thus, the oculist is obliged by the law, represented in the document, to consult the physician, if he suspects that the disease is caused by or that its treatment would cause systemic problems²³. In this manner the waqf document has given what was part of the traditions of medical practice the power of law and the reasoning of jurisprudence.

In the previous examples, the degree of the discursive communication between the medical and the legal/religious increased dramatically with the establishment of the Bīmāristān and thanks to the space of interactions, which it provided allowing for such exchanges to take place.

²² Ibid.

²³ Ibid., 1: 366.

The style by which the waqf document was formulated reflects not only the interest of the authors, who were the chief judges of the empire, in medical knowledge, but also the influence of the medical elite, whose concerns about the limits of practice, its significance and the position of different practitioners found its way in the document. Similarly, the legal and religious concerns about the ability of persons found a cover in medical theory and was admitted within the document at a level, where it normally does not belong and would not be represented. This degree of textual and discursive exchange sheds the light on the nature of the intellectual community and its main players and could provide a lens to analyze and understand the nature of the relation between the religious and the medical in the medieval Islamic context.

Conclusion:

The establishment of the Bīmāristān was a very important political event in the history of the Mamluk empire. It was a trial to establish a new legitimacy for the new reign separate from the Ayyubid past and devoted to a Qalāwūnid Mamluk present. The Bīmāristān changed the socio-economic reality of the capital by bringing the poor to one of the most distinguished neighborhoods in the imperial city. It created a stage for public display of political might, military power and financial ability through the various political and religious ceremonies. It was a site for public protest in the center of the capital and at the feet of the founder of the empire²⁴. The State's interest in medical practice was not concerned with science or with the importance of the practice but rather by the political significance of treating patients and caring for the poor²⁵. In this capacity, medicine has proven its ability as one of the most important political tools for a Muslim sovereign and State deriving their legitimacy from piety, justice and care for the subjects.

In creating such medical institution with close ties to the court, particularly during the Qalāwūnid period (hence the chosen timeline), the medical theory and practice underwent a number of changes. Disease and medical practice became the subject of law in far more detailed fashion than before. The religious elite gained direct contact with the main figures of medical practice and had an opportunity to acquire more knowledge in the field and to reconsider the

²⁴ Howyda N. Al-Harithy, "The Concept of Space in Mamluk Architecture," *Muqarnas* 18 (2001).

²⁵ Michael David Bonner, Mine Ener, and Amy Singer, eds., *Poverty and Charity in Middle Eastern Contexts, Suny Series in the Social and Economic History of the Middle East* (Albany: State University of New York Press, 2003), Adam Abdelhamid Sabra, *Poverty and Charity in Medieval Islam : Mamluk Egypt, 1250-1517, Cambridge Studies in Islamic Civilization* (Cambridge: Cambridge University Press, 2000).

possibilities in their own domain and the results of this new knowledge in their own inquiries. The medical elite gained access to the governing elites at the political and legal level and were able to channel their perceptions of the community and of the scientific theory through the legally binding opinions of the judiciary and the powerful commands of the military. They were also able to inoculate their own thought with the concerns and demands of the religious, legal and political elites.

However, the other side of the story is equally significant. Innovation in medical theory and practice were slowly marginalized for the sake of an easily-monitored standardized method of medical practice and paradigm of medical thought. The accessibility of medical practice to religious scholars, who worked in the madrasah, to the Muhtasibs and other dignitaries and commoners helped in fostering the explosion of popular manuals of medicine.

In his trial to explain the dominance of taqlid in legal thought, Sherman Jackson followed by Rapoport outlined the importance of standardization for the evolution of more sophisticated forms of government²⁶. The Bīmāristān has helped to institutionalize the medical practice and bring it closer to the central authority. The closeness of medical education in the Bīmāristān to the major sites of legal and religious education changed the nature of this education to focus more on the production of effective practitioners in a manner that is similar to the goals of religious and legal education. In doing so, a particular class of physicians was matured and a particular method of practice was created, both of which benefitted more from standardized practice and from the proliferation of a more coherent professional structure.

²⁶ Sherman A. Jackson, "The Primacy of Domestic Politics: Ibn Bint Al-Aazz and the Establishment of Four Chief Judgeship in Mamlūk Egypt," *Journal of the American Oriental Society* 115, no. 1 (1995), Rapoport, "Legal Diversity in the Age of Taqlid: The Four Cheif Qadis under the Mamluks."

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