

THE EMERGENCE OF THE PROTOTYPE OF THE MODERN HOSPITAL IN MEDIEVAL ISLAM *

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Piety and Philanthropy cannot very well be divorced in medieval Islam, but by observing the Moslem hospitals and other institutions of charity and social welfare it is seen quite clearly that the idea of public assistance had developed beyond what piety alone could have produced. A discriminating and comprehensive consideration of the necessity of public assistance and social welfare, beyond mere religiosity, may be said to have been responsible for the quality and quantity of the hospitals of Islam.

Moreover, the humanitarian features of the Islamic medieval hospital must not be allowed to eclipse its high medical standing per se. The hospital was one of the most developed institutions of medieval Islam and one of the highwater marks of the Moslem civilization. The hospitals of medieval Islam were hospitals in the modern sense of the word. In them the best available medical knowledge was put to practice. They were specialized institutions. Unlike the Byzantine hospitals, they did not have a mixed function of which the treatment of the sick was only one part.

Of the pre-Islamic hospitals, the temples of healing, represented mainly by the Greek *asklepion*, were places to which the idea of miraculous cure was far from being alien. The psychological effect and the mystifying atmosphere of these temples must certainly have played a great part as far as the experience of the patients

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was concerned. Although psychological factors were not ignored or excluded from the Islamic medieval hospitals, the essential and epoch-making characteristic of these institutions was their insistence on high standards and their strict adherence to scientific medicine.

The Turkish Mamlûk king of Egypt Manşûr Qalaun (1279-1290), while still a prince, fell ill during an expedition which he was directing in Syria. He was so impressed by the Nûrî Hospital of Damascus, founded in 1154 by the Turkish Nûruddîn Maḥmud Zangî ibn Aksungur, in which he was treated, that he made a vow to found a similar institution as soon as he ascended the throne. The Famous Mansûrî Hospital of Cairo thus resulted from that enthusiasm borne out of close acquaintance with Damascus's Nûrî Hospital.¹ This shows that the larger hospitals of medieval Islam were fit to cater to people of highest social standing.

As the hospital reached in Islam a high standard to which it had not attained before, it must needs have gone through a process of development within the World of Islam itself. The first and earliest six hospitals of Islam may be said to mark an initial process of speedy evolution spanning a period of less than two centuries during which, beginning apparently from a modest status, the Islamic hospital became a stronghold of scientific medicine and adapted itself to Moslem ideologies and economic requisites. It thus acquired a stabilized form, spread widely, and became an integral part of city life.

The first hospital built in Islam was in Damascus. The founder was Walid ibn 'Abdulmalik (705-715 A. D.). Its date of construction was 86 A. H. (706-707 A. D.). This first Islamic hospital had been created for the purpose of curing the sick and giving care to those afflicted with chronic diseases, and for looking after lepers, the blind, and poor people. The lepers were isolated. All treatment and care was free of charge. There was more than one physician employed in this hospital.

In pre-Islamic times there were several types of Byzantine institutions of charity. One of them, the *nosocomium*, came closest to being a hospital. In it care was given to the sick, the lepers, the

¹ Ahmad Issa Bey, *Histoire des Bimaristans à l'Epoque Islamique*, 1929, p. 127.

invalid, and the poor. The Walid Hospital of Damascus is therefore seen to resemble the Byzantine *nosocomia*. But this first Islamic hospital too was perhaps more specialized than the *nosocomia*. Its main point of resemblance with the *nosocomium* is the special interest it extended to the lepers and the invalid and destitute people, features which are not characteristic of the typical Islamic hospital as it emerged some time later.

This first Islamic hospital may owe its existence mainly to impulse received from certain sayings of the Prophet also. For there are Traditions recommending the isolation of those who have contagious diseases in general and skin diseases of this kind in particular. Moreover, the fact that the Prophet frowned upon the treatment of the sick by unauthorized persons may account for the tendency which already seems to be discernible in this first Islamic hospital's staff with several physicians towards specialization on the cure of the sick.²

We have no information concerning the physicians who worked in the Walid Hospital or guided its construction. Barmak, the head of the Buddhist temple Nawbihar of Balkh, had been called to Damascus in 705, however, to the court of 'Abdulmalik to cure Maslama, the son of that caliph. This means that there was great confidence in him as physician, and apparently his treatment of Maslama was successful, for Maslama was still alive in 720-721. As it shall be indicated below, Barmak's medical knowledge was that of India, and this is corroborated by the fact that either his son Khâlid or his grandson Yaḥyâ was a patron of Indian medicine and founded a hospital whose head-physician was an Indian doctor. It is quite possible therefore that Barmak guided the foundation of the Walid Hospital. This is a reasonable conjecture. For there were hospitals in India, especially perhaps in its northern regions, which had spiritual ties with Buddhism, and in these too attention was given to the poor and the invalid, as well as to the sick pure and simple.

² The following admonitions, e.g., are attributed to the Prophet: One who treats a sick person although previously not known to be a physician is liable to be called to account for his deed (من تطبَّ ولم يعلم منه طبُّ قبل ذلك فهو ضامن) ; and, One who practices as physician although not reputed to be one and brings death to a person or causes a lesser harm to him is liable to be called to account (من يَطِّبُ ولم يكن بالطبِّ معروفاً فاصاب نفسه ومادونها فهو ضامن).

The second Islamic hospital seems to have been one built in Cairo during Umayyad times. But we have no specific information concerning the nature and characteristic traits of this hospital. Its location, however, is given in some detail.

The third Islamic hospital in the order of construction was the Barmakid Hospital of which the location is not specified. There should be little doubt, however, that this was a Baghdad hospital. There is only a short reference to it in Ibn al-Nadîm's *Fihrist*, but we learn from it that Ibn Dahn (or Dahani) al-Hindî was its head-physician, that he translated from Sanskrit certain books, and that Manka al-Hindî too was probably associated with this institution. For Manka translated the book of Shusruta into Arabic. We know therefore that this third hospital represented strong Indian influence and that it was sufficiently organized to have a head-physician.

Very little is known concerning the fourth Islamic hospital, the Baghdad Hospital of Hârûn al-Rashîd. The construction of this hospital was directed by Jibrîl ibn Bukht-Yishû' II, who served as its head-physician for some time. Yuḥannâ ibn Mâsawayh too worked in this hospital and was its head-physician for some time. As both these physicians were from Jundishapur, the Hârûn al-Rashîd Hospital represents Jundishapur influence, and this means the predominance of Greek medicine. Indeed, Yuḥannâ ibn Mâsawayh made translations from Greek works, directed translation work by others, and was the master of such a famed translator as Ḥunayn ibn Ishâq. Jibrîl ibn Bukht-Yishû' also was active in promoting and guiding the translation activity of his time and obtaining Greek manuscripts.

We do not know whether this hospital had separate wards and whether it represented different fields of specialization or not. But we have strong reason to believe that, because it was run by Jundishapur men, it strongly supported and reinforced the tradition of making the hospitals institutions specialized in the treatment of the sick and strongholds of scientific medicine.

The fifth hospital was built by Faṭḥ ibn Khâqân, Turkish general and minister of Mutawakkil. This hospital was in Cairo, and no specific information concerning it has come down to us with the exception of a detailed description of its location.

The sixth Islamic hospital in date of construction and the third hospital to be built in Cairo was the Aḥmad ibn Ṭūlūn Hospital. This hospital is generally considered to be the first hospital to be built in Cairo.³ The existence of a small Islamic hospital in Cairo in the Umayyad times and referred to above is attested in one source to which A. Issa has drawn attention, however, and the foundation of the Faṭḥ ibn Khâqân Hospital in Cairo is reported by no less an authority than Maqrîzî.⁴

The Aḥmad ibn Ṭūlūn Hospital was built in 872-874. It contained two bath houses, one for men and one for women. All treatment and medicine was free of charge. It had a rich library and a section for the insane. Patients entering this institution had to remove their street clothes and deposit them, as well as their valuables, with the hospital authorities for safe keeping. They were then given special clothes worn by the patients and were assigned to their beds.

So far as is known, the Tulunid Hospital is the first Islamic hospital endowed with *waqf* revenues. The endowment of the hospital with *waqf* constituted a sign of a more complete integration with Moslem culture and civilization, and it was also a guarantee of the hospital's longevity. We may conclude therefore that from the standpoint of financial administration the organization of the hospital as a specialized institution was completed with the Cairo hospital of Aḥmad ibn Ṭūlūn. Indeed, the Tulunid Hospital was highly prized and it may be said that it was first surpassed by the 'Aḍudî Hospital of Baghdad founded in 980 A. D.

Aḥmad ibn Ṭūlūn also established a dispensary next to his Tulunid Mosque which was built before the Hospital.⁵ This was a pharmacy where a physician was at hand every Friday. Apparently, the purpose for setting up this dispensary was primarily to extend medical help in a manner similar to an emergency station. India seems

³ Philip K. Hitti, *History of the Arabs*, 1940, p. 365.

⁴ *Khitat*, Bulaq 1854, vol. 2, p. 406. The passage in question reads as follows :
 بیمارستان المغافر - هذا المارستان كان في خطة المغافر التي موضعها ما بين العامر من مدينة
 مصر و بين مصلى خولان التي بالقرافة بناها الفتح بن خاقان في ايام الخليفة المتوكل على الله
 وقد باد اثره .

⁵ *Khitat*, vol. 2, p. 405.

to be the only place rich with precedents for such kinds of medical posts. Such medical aid stations are said to have existed in each of the four gates of a certain Indian city, e.g. Indeed, many of the simpler and more primitive hospitals claimed for India in pre-Islamic times were probably nothing more than such medical depots where physicians were also available.⁶

Faḥ ibn Khâqân belonged to the Turkish ruling family of Farḡhana. He was a general and a generous patron of scholars. His rich library was a meeting place of scientists. Aḥmad ibn Tûlûn, the founder of the Tulunid dynasty, was also Turkish, and he was the son-in-law of Faḥ ibn Khâqân. He contributed much to the welfare and prosperity of Egypt. His initiation of the tradition of supplying hospitals with *waqf* revenues is of great significance.

The other four earliest hospitals with *waqf* are, in the chronological order of their foundation, 1) the Hospital of Badr Ghulâm (d. 902), an administrator and army commander of the caliph Mu'taḥid (892-902), in Baghdad; 2) the Baghkamî Hospital of Baghdad built by Amîr Abû'l-Ḥasan Baghkam (or Yaḥkam) at-Ṭurkî (d. 940), commander of the caliph Muktafi (902-908); 3) the Ikhshidid Hospital of Cairo built by the Turkish Kâfûr al-Ikhshid in 957; and, 4) the hospital built by Mu'izzuddawla ibn Buwayh in Baghdad in or around the year 967 A. D.

It is very interesting thus to see that out of the five earliest hospitals that were supported with *waqf* four or at least three (Badr Ghulâm may possibly be Turkish, but I have not been able to ascertain his nationality definitively) were built by Turks, the founder of the fifth, which is the latest among them, being a Persian. Turks are seen indeed to have contributed generously to the activity of founding hospitals in the period of the formative stages of that institution, as well as during the later centuries when Turkish political power became predominant throughout vast areas in the Islamic realm.

That Turks should start to play a great part in building hospitals with the advent of the Seljuqs, say, may be considered natural. But, as we have seen, they figure prominently among founders of

⁶ R. E. G. Müller, "Über Krankenhäuser aus Indiens älteren Zeiten", *Archiv für Geschichte der Medizin*, vol. 23, 1930, pp. 135-151.

hospitals during the initial and formative stages of the evolution of that institution also. And there is still more to say on this side of the story.

It is of great interest that by the side of historical sources which trace the genealogy of the Barmak Family back to the Sasanids, there is a parallel trend in the sources, which is deemed as much more trustworthy by Zeki Velidi Togan, according to which the Barmaks's ancestry goes back to the Turkish Ephthalites, and this ancestry is not one tying up with a remote past but simply with the time of the Arab conquests near the end of the seventh and the beginning of the eighth centuries.⁷ It is possible that the *shu'ûbiya* may have had a hand in forging a false genealogy for the forefathers of the Barmak Family.

If the Barmaks were Turks, as it seems very likely, then not only four or five out of the ten hospitals mentioned above were founded by Turks, but the fourth Islamic hospital too would fall into this category. There is, in addition, the question of the probable part played by Barmak himself in the construction of the first Islamic hospital, i.e. the Walid Hospital, that should be taken into consideration in this connection.

As we have seen, Ibn Ṭûlûn's dispensary creates the impression that he was a transmitter of Indian influence in the domain of hospital building activity. Indian influence is clear and certain in the case of the Barmakid Hospital of Baghdad, and probably in that of the Walid Hospital, the carrier of this influence being the Barmakids. Now, contrary to the claim of some of our sources, it is firmly established that the Barmaks were Buddhist and not fire worshipper.⁸ This makes their connection with Indian medicine quite understandable. But we also have information of a specific nature on this particular point.

⁷ See, Nazmiye Togan, "Peygamber Zamanında Garbî Türkistanı ziyaret eden Çinli Budist rahibi Hüen - Çang'ın bu ülkelerin dini ve siyasi vaziyetine ait yazıları", *İslam Tetkikleri Enstitüsü Dergisi* (Review of the Institute of Islamic Studies), vol. 4, parts 1-2, İstanbul 1964, addendum to note 48 (by Zeki Velidi Togan), pp. 61-64.

⁸ See, article "Barâmika", *Encyclopedia of Islam*. As will be clear from this article, Barthold had, years ago, decided, that the genealogy of the Barmaks, tracing them back to the Sasanians, was probably false and the result of forgery.

The Barmak who was the head of the Buddhist temple of Balkh when Qutayba conquered that city and who was called to Damascus to cure Maslama is known to have been brought up in the monasteries of Kashmir in the tradition of Indian Buddhism, and it is likewise attested that he had studied there astronomy and medicine. The occasion for this education in Kashmir was that his father was killed by the Turkish king Nayzak because of his religious allegiance or preference, whereupon the son escaped to Kashmir. Barmak had cured one of Qutayba's commanders at the time of Qutayba's conquest of Balkh.⁹ Hence, apparently, the fame Barmak must have enjoyed as a skilled physician.

This lends further credence to the likelihood that Barmak had a hand in the foundation of the first Islamic hospital, and clarifies the circumstances surrounding the role of the Barmak family in the transmission of Indian influence in the domain of the hospital building activity of the Islamic realm. It also serves to throw light on a similar part played by Aḥmad ibn Ṭūlūn.

⁹ See, Z. V. Togan, *loc. cit.* in N. Togan (note 7 above).