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Decline and Decadence in Iraq and Syria after the Age of Avicenna? 'Abd al-Laṭīf al-Baghdādī (1162–1231) between Myth and History

N. PETER JOOSSE AND PETER E. PORMANN

SUMMARY: 'Abd al-Laṭīf al-Baghdādī's (d. 1231) work *Book of the Two Pieces of Advice* (*Kitāb al-Naṣīḥatayn*) challenges the idea that Islamic medicine declined after the twelfth century AD. Moreover, it offers some interesting insights into the social history of medicine. 'Abd al-Laṭīf advocated using the framework of Greek medical epistemology to criticize the rationalist physicians of his day; he argued that female and itinerant practitioners, relying on experience, were superior to some rationalists. He lambasted contemporaneous medical education because it put too much faith in a restricted number of textbooks such as the *Canon* by Ibn Sīnā (Avicenna, d. 1037) or imperfect abridgments.

KEYWORDS: medieval Islam, social history, medical epistemology, women, charlatans, medical education, 'Abd al-Laṭīf al-Baghdādī (d. 1231), Ibn Sīnā (Avicenna, d. 1037).

Historical narratives of decline and fall, of decadence and demise, tempted many scholars and intellectuals long before Edward Gibbon

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wrote his influential eponymous work on the Roman Empire.¹ In the sequence of polities that rose and fell, Islam obviously occupies a prominent place. In both the popular and the scholarly literature one finds the following narrative: united by the Prophet Muḥammad (d. 632), the Arabs conquered a large part of the world and built an enormous empire, only to sink into insignificance under the double onslaught of the military might of the Turks and Mongols and ever-increasing bigotry of Muslim clerics. As a subset of this narrative, the history of Arabic sciences and philosophy allegedly followed a similar pattern: after the glorious days of the eighth through tenth centuries when Greek texts became available through a massive translation movement, things went downhill. Medicine, in particular, is seen to have declined after the age of Avicenna (Ibn Sīnā, d. 1037) and his massive *Canon of Medicine* (*al-Qānūn fī ṭ-ṭibb*).

Already in the nineteenth century, scholars claimed that Islamic culture waned after al-Ghazālī (d. 1111), the author of the *Incoherence of the Philosophers* (*Tahāfut al-Falāsifa*), a polemical work directed against Avicenna.² For instance, the Dutch Arabist Reinhart P. A. Dozy expressed this point of view extremely eloquently in his *Oration about the Causes Why the Culture and Humanity of the Muslims Was Diminished and Corrupted Compared to that of the Christians*.³ In a similar vein Carl Brockelmann called the whole post-1258 period in his *History of Arabic Literature* “the decline of Islamic literature” (Niedergang der islāmischen Literatur).⁴ George Saliba recently labeled this periodization of Islamic intellectual history as the “classical narrative.”⁵ He argued that some of the most innovative research in the area of astronomy took place during this alleged age of decline and invited scholars of other disciplines to criticize this classical narrative in their turn.⁶

1. Edward Gibbon, *The Decline and Fall of the Roman Empire*, 6 vols. (London: Strahan & Cadell, 1776–89).

2. al-Ghazālī, *The Incoherence of the Philosophers*, trans. Michael E. Marmura (Provo, Utah: Brigham Young University Press, 1997).

3. Reinhart P. A. Dozy, *Oratio de causa cur Mohammedanorum cultura et humanitas prae ea quae Christianorum est imminuta et corrupta sit* (Leiden: Brill, 1869).

4. Carl Brockelmann, *Geschichte der arabischen Litteratur*, 2nd ed., vols. 1–2 (Leiden: Brill, 1943–49); supplement vols. 1–3 (Leiden: Brill 1937–42); reprinted 5 vols. (Leiden: E. J. Brill, 1996), quotation in vol. 2, p. 1.

5. George Saliba, *Islamic Science and the Making of the European Renaissance* (London: MIT Press, 2007), pp. 1–19. Certain aspects of Saliba’s “classical narrative,” however, remain problematic; see Peter E. Pormann’s review essay of this book, “Arabic Astronomy and the Copernican ‘Revolution,’” *Ann. Sci.*, 2010, 67: 243–48.

6. Saliba (n. 5) already cited ‘Abd al-Laṭīf as a counter-example, as ‘Abd al-Laṭīf challenged and corrected certain anatomical views held by Galen (p. 128); see Kamal Hafuth Zand, John A. Videan, and Ivy E. Videan, *The Eastern Key: Kitāb al-Ifādah wa’ l-i’tibār* of ‘Abd al-Laṭīf al-Baghdādī [The Book of Instruction and Admonition of ‘Abd al-Laṭīf al-Baghdādī] (London: Allen and Unwin, 1964), pp. 273–77.

In philosophy, too, this stereotypical picture has come under ever increasing criticism from different quarters.⁷

In the present article, we take up Saliba's invitation and argue that the history of medicine in the medieval Islamic world does not conform to the facile pattern of decline and degeneration. The example of the physician and philosopher 'Abd al-Laṭīf al-Baġhdādī will show that in the late twelfth and early thirteenth centuries both medical practice and theory could be highly innovative. Moreover, 'Abd al-Laṭīf's example also emphasizes the need to write a social history of medicine in the lands of Islam. In his *Book of the Two Pieces of Advice*, the focus of our argument, 'Abd al-Laṭīf emerges as a shrewd social critic and sharp commentator on the medical mores of his age. He lambasted charlatans, reflected on the practical applications of medical epistemology, and extolled female practitioners as superior to some of their male colleagues.

In order to highlight the sophisticated nature of 'Abd al-Laṭīf's medical writing—and to illustrate some of the trends in the social history of medicine in early thirteenth-century Iraq, Syria, and Egypt—we shall focus on a number of the most arresting aspects of the *Book of the Two Pieces of Advice*. As the medical section of this work has hitherto been nearly totally overlooked and neglected, and as to date no edition or translation of it exists, it will be necessary to quote a few striking passages from this masterpiece and to put them into their historical, medical, and philosophical contexts.⁸ First, however, it will be useful to take a closer look at 'Abd al-Laṭīf's life and work during the turbulent times of the third to the fifth crusades (1189–1229).

7. See, for instance, Robert Wisnovsky, "The Nature and Scope of Arabic Philosophical Commentary in Post-classical (ca. 1100–1900 AD) Islamic Intellectual History: Some Preliminary Observations," in *Philosophy, Science and Exegesis in Greek, Arabic and Latin Commentaries*, ed. Peter Adamson, Han Baltussen, and Michael W. F. Stone, Supplement 83 to the *Bulletin of the Institute of Classical Studies*, 2 vols., (London: Institute of Classical Studies, 2004), 2: 149–91.

8. Cecilia Martini Bonadeo is currently completing an edition and translation of the philosophical part of the *Two Pieces of Advice*; see also Martini Bonadeo, "Il Libro della scienza della metafisica di 'Abd al-Laṭīf al-Baġdādī" (Ph.D. diss., Università di Padova, 2002); and Martini Bonadeo, "'Abd al-Laṭīf al-Baġdādī's Reception of Book Beta of Aristotle's Metaphysics against the Background of the Competing Readings by Avicenna and Averroes," *Documenti e studi sulla tradizione filosofica medievale*, 2010, 21 (forthcoming). Likewise, N. Peter Joosse is finalizing his edition and translation of the medical part of this work, to appear in Vasileios Syros, ed., *Medicine and the Art of Rulership in the Medieval World* (Leiden: Brill).

‘Abd al-Laṭīf al-Baghdādī’s Life

We have information about ‘Abd al-Laṭīf’s life mainly from three sources: 1) an extensive autobiographical entry in his *Book of the Two Pieces of Advice*⁹; 2) a long biographical entry in the *Sources of Information on the Classes of Physicians* (*Kitāb ‘Uyūn al-anbā’ fī ṭabaqāt al-aṭibbā’*) by his near contemporary Ibn abī Uṣaybi‘a (d. 1270)¹⁰; and 3) remarks in his extant work from which one can derive biographical information.

‘Abd al-Laṭīf al-Baghdādī was born in 1162 in his grandfather’s house on a street called Darb al-Fālūdḥaj in Baghdad.¹¹ His student Ibn Khallikān specifies the month as *Rabi‘ al-awwal* AH 557 (corresponding to March AD 1162).¹² Yet the Baghdad into which ‘Abd al-Laṭīf was born and where he grew up was no longer the intellectual, political, and scientific center of the Islamic world that it had been during its heyday in the ninth century. When the traveler Ibn Jubayr visited it in 1184, he likened it to “obliterated ruins and erased traces, or the spectre of a disappearing ghost.”¹³ At that time, ‘Abd al-Laṭīf was twenty-two years of age and had already enjoyed an excellent education in the introductory subjects, such as Arabic grammar, lexicology, and poetry, but also in medicine under his tutor Raḍī al-Dawla Abū Naṣr (d. ca. 1182), son of the famous physician Ibn

9. ‘Abd al-Laṭīf al-Baghdādī, *Kitāb al-Naṣīḥatayn min ‘Abd al-Laṭīf ibn Yūsuf ilā-l-nās kāffatan*, Bursa, MS Hüseyin Çelebi 823, item no. 5 (henceforth MS HÇ823; folio numbers are followed by “a” for recto and “b” for verso, and, where necessary, by the line numbers). The philosophical section is found on fols. 78b–100b, and the biographical remarks on fols. 88b–100b.

10. Ibn abī Uṣaybi‘a, *Kitāb ‘Uyūn al-anbā’ fī ṭabaqāt al-aṭibbā’*, 2 vols., ed. August Müller (Cairo: 1882), reprinted in *Islamic Medicine*, Fuat Sezgin et al., eds., vols. 1–2 (Frankfurt am Main: Ma‘had Ta’rikh al-‘Ulūm al-‘Arabiya wa-l-‘Islāmiya fī ‘itār Jāmi‘at Frankfurt, 1995), 2: 201–13; unless otherwise noted, subsequent citations are to the Sezgin volume. See also the English translation of this entry by Hamilton Alexander Roskeen Gibb, “Life of Muwaffiq ad-Din Abd al-Latif of Baghdad by Ibn Abi Usaybiya,” in *Healing through Spirit Agency by the Great Persian Physician Abduhl Latif* (“The Man of Baghdad”) and *Information Concerning The Life Hereafter of the Deepest Interest to All Enquirers and Students of Psychic Phenomena*, ed. R. H. Saunders (London: Hutchinson & Co., 1927), pp. 65–90.

11. Ibn abī Uṣaybi‘a, *Kitāb ‘Uyūn al-anbā’* (n. 10), 2: 202, lines 20–21; Gibb, “Life of Muwaffiq ad-Din” (n. 10), pp. 66–67.

12. Shawkat M. Toorawa, “A Portrait of ‘Abd al-Laṭīf al-Baghdādī’s Education and Instruction,” in *Law and Education in Medieval Islam: Studies in Memory of Professor George Makdisi*, ed. Joseph E. Lowry, Devin J. Stewart, and Shawkat M. Toorawa (Oxford: E. J. W. Gibb Memorial Trust Series, 2004), pp. 91–109, on p. 93.

13. M. J. de Goeje, ed., *The Travels of Ibn Jubayr*, 2nd ed. (Leiden: Brill, 1907), quotation on p. 218.

al-Tilmīdh (d. 1165).¹⁴ Yet ‘Abd al-Laṭīf soon found that he had learned all they had to teach.¹⁵

He therefore embarked on a number of short journeys in search of knowledge. He traveled, for instance, to Mosul, some four hundred kilometers north of Baghdad, but was again disappointed by the instruction available there.¹⁶ Consequently, ‘Abd al-Laṭīf left for Damascus in 1190 to complete his education not only in the traditional (or Islamic) subjects, but also in the ancient (or foreign) sciences. The former included law, jurisprudence, and *ḥadīth* (the utterances of the Prophet Muḥammad), whereas the latter dealt with mathematics, medicine, and philosophy. From Damascus, he set out to Jerusalem and St. Jean d’Acre (‘Akkā). He secured the patronage of Salāḥ al-Dīn (Saladin, r. 1169–93) and other Ayyubid rulers and obtained permission to push on to Cairo. There he encountered medical luminaries such as Abū ‘Imrān Mūsā ibn ‘Ubayd Allāh Maymūn, better known as Maimonides (d. 1204). The great epidemic that hit Egypt in 1201–2 formed a fault line, affecting the fates of many of his contemporaries; it also provided him with enough specimens of human skeletons to challenge Galenic anatomy.¹⁷ The ample patronage that he enjoyed allowed him to devote his life to research and study, without having to worry about the material aspects of his private and professional existence. After further travels to Aleppo and Anatolia, he died in his native Baghdad on 9 November 1231, at the age of sixty-nine, and was buried next to his father Yūsuf in the Wardiyah cemetery.

Some of ‘Abd al-Laṭīf’s students included the biographer and chronicler Ibn Khallikān (d. 1282)¹⁸; the historian and statesman Ibn al-‘Adīm (d. 1262)¹⁹; the botanist Ibn al-Sūrī (d. 1242)²⁰; the judge al-Tifāshī (d.

14. For Ibn al-Tilmīdh, see Oliver Kahl, *The Dispensatory of Ibn al-Tilmīdh: Arabic Text, English Translation, Study and Glossaries* (Leiden: Brill, 2007).

15. Toorawa, “A Portrait of ‘Abd al-Laṭīf” (n. 12), pp. 91–109.

16. On ‘Abd al-Laṭīf’s travels, see Shawkat M. Toorawa, “Travel in the Medieval Islamic World: The Importance of Patronage, as Illustrated by ‘Abd al-Laṭīf al-Baghdādī (d. 629/1231) (and Other Littérateurs),” in *Eastward Bound: Travel and Travellers 1050–1550*, ed. Rosamund Allen (Manchester: Manchester University Press, 2004), pp. 53–70.

17. See n. 6.

18. *Encyclopaedia of Islam*, 2nd ed. (henceforth *EI*), 11 vols. (Leiden: Brill, 1960–2002), 3: 832–33, s.v. “Ibn Khallikān” (J. W. Fück).

19. See David Morray, *An Ayyubid Notable & His World. Ibn al-‘Adīm and Aleppo as Portrayed in His Biographical Dictionary of People Associated with the City* (Leiden: Brill, 1994). Ibn al-‘Adīm’s biographical dictionary is available in facsimile, ed. Fuat Sezgin, *Bughyat al-ṭalab fī ta’rīkh Ḥalab (Everything Desirable about the History of Aleppo)* 11 vols. (Frankfurt: Institute for the History of Arabic-Islamic Science, 1986–90).

20. See Zohar Amar and Yaron Serri, “Ibn al-Suri, Physician and Botanist of al-Sham,” *Palestine Exploration Quarterly*, 2003, 135: 124–30.

1253), noted for his works on magic, precious stones, and sexual hygiene²¹; and the *ḥadīth* scholar al-Birzālī (d. 1239).²²

His Medical Works

Unfortunately, most of ‘Abd al-Laṭīf’s own medical oeuvre is lost today, but a number of interesting and important works by him remain. Apart from the *Book of the Two Pieces of Advice*, they are the following: a larger book, *On the Principles of Simple Medical Substances and their Natural Qualities* (*Fī Uṣūl mufradāt al-ṭibb wa-kaifiyyāt ṭabā’i ihā*)²³; a shorter treatise entitled *Medical Aphorisms Extracted by ‘Abd al-Laṭīf* (*Fuṣūl ṭibbiyya intaza’ahā ‘Abd al-Laṭīf*)²⁴; a *Book on the Senses* (*Maqāla fī al-ḥawāss*), investigating sense perception; a didactic treatise entitled *Questions on Natural History* (*al-Masā’il al-ṭabī’iyya*), dealing with problems of natural history in the large sense (i.e., including certain aspects of medicine)²⁵; a commentary on Ḥunain’s *Medical Questions* (*al-Masā’il al-ṭibbiyya*)²⁶; a medium-length treatise, *On the Disease Called Diabetes* (*Fī l-maraḍ alladhī yusammā diyābīlā*)²⁷; a critique of Fakhr al-Dīn al-Rāzī’s *Commentary* on the first section of Avicenna’s *Canon of Medicine* discussing generalities (*Kullīyāt*)²⁸; and two commentaries on

21. Fascinating information on al-Ṭifāshī’s life can be found in Ibn al-‘Adīm’s *Bughyat al-ṭalab*, ed. Sezgin (n. 19), 3: 345; see the English translation by Morray, *An Ayyubid Notable* (n. 19), pp. 50–51.

22. See Irmeli Perho, *The Prophet’s Medicine: A Creation of the Muslim Traditionalist Scholars* (Helsinki: Finnish Oriental Society, 1995), p. 56.

23. Preserved in Paris, Bibliothèque Nationale de France, MS fonds arabe 2870, item 2, on fols. 128a–172b.

24. See Albert Dietrich, “Ein Arzneimittelverzeichnis des ‘Abdallaṭīf Ibn Yūsuf al-Baġdādī,” in *Der Orient in der Forschung: Festschrift für Otto Spies zum 5. April 1966*, ed. Wilhelm Hoenerbach (Wiesbaden: Otto Harrassowitz, 1967), pp. 42–60.

25. Paul Ghalioungui and Said Abdou, *Maqālatān fī l-ḥawāss wa-Masā’il Ṭabī’iyya / Risāla li-l-Iskandar fī l-Faṣl / Risāla fī l-Maraḍ al-musammā Diyābīlīs* by ‘Abd al-Laṭīf al-Baġhdādī (Kuwait: Kuwait Government Press, 1972).

26. Brockelmann, *Geschichte der arabischen Litteratur* (n. 4), supplement 1: 880–81.

27. See Samuel Miklos Stern, “A Collection of Treatises by ‘Abd al-Laṭīf al-Baġhdādī,” *Islamic Studies* (Karachi), 1962, 1: 53–70, reprinted in Stern, *Medieval Arabic and Hebrew Thought*, ed. Fritz Zimmermann, Variorum Reprints CS 183 (London, 1983), no. 18. See also Hans-Jürgen Thies, *Der Diabetestraktat ‘Abd al-Laṭīf al-Baġdādī’s. Untersuchungen zur Geschichte des Krankheitsbildes in der arabischen Medizin* (Bonn: Selbstverlag des Orientalischen Seminars, 1971); and Rainer Degen, “Zum Diabetestraktat des ‘Abd al-Laṭīf al-Baġdādī,” *Annali dell’Istituto Universitario Orientale di Napoli*, 1977, 37 (N.S. 27): 455–62.

28. Contained in MS HÇ823 on fols. 1b–19b and 28a–34a. Its full title in the manuscript runs as follows: “The Papers which I wrote regarding the book by Muḥammad ibn ‘Umar, known as Ibn Khaṭīb al-Raiy [“son of the orator from Rayy”] which he wrote about some of the first part of the *Canon* [by Ibn Sīnā], which [part] is called *Generalities* (*Al-Awrāq allatī ‘amiltuhā ‘alā kitāb Muḥammad ibn ‘Umar al-ma’rūf bi-bn Khaṭīb al-Raiy alladhī ‘amilahū ‘alā ba’d al-juz’ al-awwal min Kitāb al-Qānūn wa-huwa al-mulaqqab bi-l-kullīyāt*).”

works by Hippocrates, namely the *Aphorisms* (*Kitāb al-Fuṣūl*), and the *Prognostics* (*Taqdimat al-ma'rifa*).²⁹ Two works often attributed to 'Abd al-Lāṭif were not actually by him: the *Book of Medicine Derived from the Book* [i.e., the *Qur'ān*] and the *Tradition* [sc. of the Prophet] (*Kitāb al-Ṭibb min al-kitāb wa-al-sunna*) was actually composed by the Damascene scholar Shams al-Dīn al-Dhahabī (d. 1348), and the *Forty Medical Traditions* (*Kitāb al-Arba'īn al-ṭibbīya*) was written by 'Abd al-Lāṭif's student Muḥammad ibn Yūsuf al-Birzālī (d. 1239).³⁰

This list of titles already shows that, in his general medical outlook, 'Abd al-Lāṭif partly followed the fads of his times but also broke with previous tradition. Like most of his contemporaries, he adhered to the Galenism of late antiquity as it filtered into the medieval Islamic world through the Arabic versions of Ḥunain ibn Ishāq and his school.³¹ The towering figure of Ibn Sīnā had come to dominate philosophy and medicine alike; his *Canon of Medicine*, for instance, ruled supreme in later centuries.³² We shall see toward the end of this article that 'Abd al-Lāṭif viewed this dominance with an unfavorable eye. Finally, like other authors of his day, he wrote commentaries and abridgments. Sometimes scholars have dismissed these two genres as unfit for independent reflection or original research, but nothing could be farther from the truth.³³ His *Book of the Two Pieces of Advice*, moreover, is quite unique.

'Abd al-Lāṭif composed it as a diatribe directed against false knowledge, which, according to the author, is worse than ignorance. As the title suggests, it is divided into "two pieces of advice," that is, "advice" for would-be physicians and would-be philosophers, respectively. Both incur 'Abd al-Lāṭif's scathing criticism and find themselves lambasted in no uncertain terms. The first part, rebuking the doctors of his day, contains four main themes, all of which also figure in the passages discussed below: 1) medical epistemology; 2) charlatans and quacks, called "spongers" (*mustarziqa*) by 'Abd al-Lāṭif; 3) the idea that book learning is not sufficient for practicing medicine; and 4) the danger of using purgatives without the neces-

29. Brockelmann, *Geschichte der arabischen Litteratur* (n. 4), supplement 1: 880–81; Fuat Sezgin, *Medizin—Pharmazie—Zoologie—Tierheilkunde bis ca. 430 H.* (Leiden: Brill, 1970), pp. 30–31, 33.

30. Perho, *The Prophet's Medicine* (n. 22), p. 56.

31. See Owsei Temkin, *Galenism: Rise and Decline of a Medical Philosophy* (Ithaca, N.Y.: Cornell University Press, 1973); and Dimitri Gutas, *Greek Thought, Arabic Culture: The Graeco-Arabic Translation Movement in Baghdad and Early 'Abbāsīd Society (2nd–4th/8th–10th Centuries)* (London: Routledge, 1998).

32. See *Encyclopedia Iranica*, vol. 3, ed. Ehsan Yarshater (London: Routledge and Kegan Paul, 1989), s.v. "Avicenna" (Muhsin S. Mahdi et al.), 66a–110b.

33. Ibn an-Nafīs' "discovery" of the pulmonary transit, sometimes wrongly called "lesser circulation," is a case in point; see Peter E. Pormann and Emilie Savage-Smith, *Medieval Islamic Medicine* (Edinburgh: Edinburgh University Press, 2007), pp. 45–48.

sary skill. In general, ‘Abd al-Laṭīf laments the pitiful state of medicine. He does not tire to extol the virtues of the ancients such as Hippocrates, Dioscorides, and Galen. Their skills and know-how form a stark contrast to the inability of his contemporaries.³⁴

The Greek Foundations of Medical Epistemology: The Three Sects

The first recurrent theme in ‘Abd al-Laṭīf’s *Book of the Two Pieces of Advice* is medical epistemology: how can one know the nature of a disease and decide on a treatment? As is often the case in the medieval Islamic medical tradition, previous Greek ideas and debates set the tone for further discussions and developments.³⁵ In the following passage, ‘Abd al-Laṭīf contrasts the physicians of his day, who in his eyes were just useless, with the past three sects that Galen described, namely the rationalists (also known as “dogmatists”), the empiricists, and the methodists.³⁶ The rationalists sought to know the hidden causes of the body in order to understand diseases and find treatments, whereas the empiricists adhered to a certain medical skepticism: physicians can never know the inner workings of the body and should therefore limit themselves to using therapeutic procedures that have worked in the past.³⁷ However, the latter did believe that, in certain circumstances, past individual or collective experience (called *autopsía* and *historía*, respectively) did not suffice. In these cases physicians needed to use analogy, for instance, to transfer a treatment

34. Stern, “A Collection of Treatises” (n. 27), pp. 53–70; Albert Dietrich, *Die arabische Version einer unbekannten Schrift des Alexander von Aphrodisias über die Differentia specifica* (Göttingen: Vandenhoeck & Ruprecht, 1964), pp. 85–148, esp. on pp. 100–113; and N. Peter Joosse, “‘De Geest is uit de Fles’: De middeleeuwse Arabische arts ‘Abd al-Laṭīf ibn Yūsuf al-Baghdādī: zijn medische werk en zijn bizarre affiliatie met het twintigste-eeuwse spiritisme” (“‘The Genie Has Left the Bottle’: the Medieval Arabic Physician ‘Abd al-Laṭīf ibn Yūsuf al-Baghdādī: His Medical Work and His Bizarre Affiliation with Twentieth-century Spiritualism”), *Gewina*, 2007, 4: 211–29.

35. See Peter E. Pormann, “Medical Methodology and Hospital Practice: The Case of Tenth-century Baghdad,” in *In the Age of al-Farabi: Arabic Philosophy in the 4th/10th Century*, ed. Peter Adamson (London: Warburg Institute, 2008), pp. 95–118.

36. This tripartite division became famous through Galen’s introductory works; see Richard Walzer and Michael Frede, *Three Treatises on the Nature of Science* (Indianapolis: Hackett, 1985), containing an important introduction by Frede and three works by Galen in English translation: 1) *On the Sects for Beginners*, 2) *An Outline of Empiricism*, and 3) *On Medical Experience*.

37. Michael Frede, “An Empiricist View of Knowledge: Memorism,” in *Epistemology*, ed. Stephen Everson, *Companions to Ancient Thought 1* (Cambridge: Cambridge University Press, 1990), pp. 225–50.

from one place of the body (e.g., the hand) to another (e.g., the foot), or to substitute one drug (e.g., lemon) with another similar one (e.g., lime). The third sect, that of the methodists, followed one simple method, hence their name.³⁸ It explained all medical conditions in terms of flux (*rhūsis*) and constipation (*stēgnōsis*). Galen himself was totally opposed to methodism but otherwise adopted a somewhat flexible position. He recognized logic and reason as extremely important to the medical art but also thought that experience, when properly qualified, constituted an important weapon in the physician's arsenal.³⁹

‘Abd al-Laṭīf describes Galen's attitude regarding the three sects and juxtaposes their ancient adherents to his own contemporaries:

He [Galen] complained about the methodist sect and the empiricist sect. Even though they all generally fall short and are deficient, they have useful rules [*ḍawābiṭ*] and principles [*faḍā’il*], which it is best to acquire and learn, especially those of the empiricists. Galen reported many of their procedures in his *On Compound Drugs according to Places* [*Mayāmīr*] and *On Compound Drugs according to Types* [*Qāṭājānis; katā gēnē*].⁴⁰ Our contemporaries do not belong to any of the three sects which he [Galen] defined in his book *On the Sects* [*for Beginners*], but rather rely on luck and chance [*al-bakht wa-l-ittifāq*] like a blind man shooting [an arrow] without knowing in which direction the target is. The sects of the methodists and empiricists know the direction of the target, but shoot [the arrow] without first examining its [the target's] specific position. The masters of reason [the rationalists] know the direction and examine the position of the target, directing their arrow there in the most perfect and correct fashion. The empiricists examine certain aspects of the target, such as its shadow, so that they deserve to hit the mark. The people of our time, however, do not examine the target, nor its direction, and one is therefore surprised not by their making a mistake, but by their getting things right, whereas one is surprised by the mistake of the rationalists, and not their getting things right.

38. See Manuela Tecusan, *The Fragments of the Methodists: Methodism outside Soranus: Vol. 1, Text and Translation* (Leiden: Brill, 2004).

39. See Philip J. van der Eijk, “Galen's Use of the Concept of ‘Qualified Experience’ in His Dietetic and Pharmacological Works,” first published in Armelle Debru, *Galen on Pharmacology, Philosophy, History of Medicine* (Leiden: Brill, 1997), pp. 35–57; and reprinted in van der Eijk, *Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health and Disease* (Cambridge: Cambridge University Press, 2005), pp. 279–98.

40. Galen's work *On Compound Drugs According to Places* (Περὶ συνθέσεως φαρμάκων τῶν κατὰ τόπους, *de compositione medicamentorum secundum locos*) was known under its Syriac title *Mayāmīr* (literally “treatises”), whilst his *On Compound Drugs According to Types* (Περὶ συνθέσεως φαρμάκων τῶν κατὰ γένη, *de compositione medicamentorum secundum genera*) was known under the end of its Greek title “according to types (*katā gēnē*)” in its Arabised form; see Manfred Ullmann, *Die Medizin im Islam* (Leiden: Brill, 1970), pp. 48–49; and Sezgin, *Medizin* (n. 29), pp. 118–20.

For the latter get things mostly right—and essentially right at that [*wa-bi-l-dhātī*], whilst making mistakes only rarely—and accidentally [*bi-l-‘araḍī*]. But these spongers [*al-mustarziqa*] rarely get things right, and only accidentally, whilst mostly making mistakes, and essentially at that.

We add the following as an explanation through an example which we posit. Take a man who suffers from fever. A physician of each of the sects comes to him. The methodist aims at loosening him [the patient] insofar as the fever arose out of stricture [*ikhṭināq*, corresponding to *stégnōsis*]. The empiricist says: “I have observed [*raṣadtu*] many times people suffering from such a fever. I resorted to blood-letting, and extracted such-and-such a quantity of blood until he [the patient] fainted. Yet afterwards he [the patient] recovered from his fever in one go.” The rationalists will make the fever into a genus [*jins*], divide it by its essential differences [*fuṣūl dhātīya*] into three species [*anwā’*]. He [the rationalist] then looks at the fever of this man [to determine] of which of the three [species] it is. He determines that it is a fever which has [disease] matter [*al-hummā dhāt al-mādda*]. Then he divides this fever into its species according to the [disease] matter, and determines that it [the fever] is bloody. He divides the bloody [fever] into the pure [*al-khāliṣa*] and the mixed [*al-mashūba*], and finds that it is pure. He divides the pure [bloody fever] further into that which has putrefied, and that which has begun to boil, and finds that it is that which has begun to boil. Then he considers the location, the age, the present time, the habit, the past regimen, and other things of a nature to change the diagnosis [*al-ḥukm*]. From all these collected facts he derives a picture of the necessary regimen. Then he lets the blood [of the patient] until he faints. I wished I knew who of these three physicians more accurately gets things right, and errs less frequently. Yet no intelligent man can choose anyone other than the rationalist, judging him to be skilful and wishing him victory and success [*al-ẓafar wa-l-falāḥ*].⁴¹

As ‘Abd al-Laṭīf explains, Galen recognized that one can derive certain benefits from the empiricists and even the methodists; after all, Galen himself quoted them in his works on compound drugs. As ‘Abd al-Laṭīf is wont to do, he then lambasts his contemporaries as being totally incompetent; they do not belong to any of the old sects at all. He employs the image of archery here, a theme on which he expands later in his treatise.⁴² As a true Aristotelian, ‘Abd al-Laṭīf clearly aligns himself with the rationalist sect. The first paragraph echoes a topos that constantly recurs in the *Book of the Two Pieces of Advice*: the ancient physicians were far superior to

41. MS HÇ823 fol. 67a, line 10–68a, line 5; the Arabic text is printed as T 1 in the Appendix.

42. N. Peter Joosse and Peter E. Pormann, “Archery, Mathematics, and Conceptualising Inaccuracies in Medicine in 13th-Century Iraq and Syria,” The James Lind Library, http://www.jameslindlibrary.org/trial_records/9th-15th-century/al-baghdadi/al-baghdadi-commentary.html (accessed 27 July 2009), reprinted in *J. Roy. Soc. Med.*, 2008, 101: 425–27.

their modern colleagues, and the medical art in ‘Abd al-Laṭīf’s day is in a sorry state of steady decline.

In the second paragraph, ‘Abd al-Laṭīf illustrates the approaches of the three sects through an interesting example, namely how physicians of each of the three sects would treat a patient suffering from fever. In this, he follows Galen’s *On the Sects for Beginners*, where an exponent of each sect explains the principles to which he adheres. Galen made the point that the empiricists and rationalists do not differ in the way in which they treat their patients, but merely in the way in which they arrive at the right treatment.⁴³ Both, for instance, agree that in case of a rabid dog biting a patient, one should clean the wound and keep it open as long as possible. In ‘Abd al-Laṭīf’s example, too, both the empiricist and the rationalist resort to the same treatment, blood-letting until the patient faints. They differ, however, as to how they arrive at this treatment.

‘Abd al-Laṭīf describes how rationalists divide and subdivide the fever of the patient. This method of division or “dieresis” (διαίρεσις; *taqsīm, taṣnīf*) figured prominently as a didactic technique in late antique Alexandria, and found much favor in the medieval Islamic world, as this extract also shows.⁴⁴ One wonders, however, whether there are not ironic overtones in his description of the rationalist doctor’s dividing and subdividing. Such a suspicion is further confirmed by the end of the passage. There is a clear contrast between the sentence beginning “I wished I knew who . . .” (*fa-man turā laita shi’rī . . .*) and the next, where he states, “Yet no intelligent man can choose anyone other than the rationalist, judging him to be skilful” (*fa-lā ‘āqila illā wa-huwa yakhtāru ṣāḥiba l-qiyāsi wa-yahkumu laḥū bi-l-ḥidḥiqī*). Moreover, ‘Abd al-Laṭīf resorts to irony in other works such as his *Book of Instruction and Admonition* and his *Epistle on the Dispute between the Two Sages, the Alchemist and the Theorist* [*Risāla fī Mujādalat al-ḥakīm al-kīmiyā’i wa-l-naẓarī*].⁴⁵

43. Galen, *On the Sects for Beginners*, in Walzer and Frede, *Three Treatises* (n. 36), pp. 3–20.

44. See John M. Duffy, “Byzantine Medicine in the Sixth and Seventh Centuries: Aspects of Teaching and Practice,” in *Symposium on Byzantine Medicine*, ed. John Scarborough (Washington, D.C.: Dumbarton Oaks Research Library, 1983), pp. 21–27; Owsei Temkin, “Alexandrian Commentaries on Galen’s *De Sectis ad Introducendos*,” in Temkin, *The Double Face of Janus and Other Essays in the History of Medicine* (Baltimore: Johns Hopkins University Press, 1977), pp. 178–97, reprinted from *Bull. Hist. Med.*, 1935, 3: 405–30, on pp. 187–93; and Peter E. Pormann, “The Alexandrian Summary (*Jawāmi*) of Galen’s *On the Sects for Beginners*: Commentary or Abridgment?” in Adamson et al., *Philosophy, Science and Exegesis in Greek, Arabic and Latin Commentaries* (n. 7), 2:11–33.

45. For the *Book of Instruction and Admonition*, see n. 6. The *Epistle on the Dispute* is an extensive treatise dealing with a dispute between an exponent of alchemy and of theo-

We shall return to the question of ‘Abd al-Laṭīf’s embracing rationalism toward the end of this article. Some of his colleagues, however, rejected Greek medical doctrine in general, and rationalism in particular. They took a skeptical stance and doubted the epistemological underpinnings of Greek medical theory.

“Transfer”: The Change of Time and Place

One technique of the empiricists, as we have seen, was to use “transfer” or “analogy” to deal with new situations. Some of ‘Abd al-Laṭīf’s contemporaries rejected the idea that one could just transfer descriptions of Greek diseases and their therapies to another time and place, namely their own. ‘Abd al-Laṭīf first describes their view, and then sets out to refute it in no uncertain terms:

Some of those may say that the medicine of Hippocrates and Galen was appropriate for the country of the Greeks, but that the lands of Syria [*Bilād al-Shām*] and Iraq do not allow for it [i.e., that the medicine of Greece is not appropriate for other regions]. Only someone who has not read the books of the ancients and has not tested their content at all [*wa-lā jarraba shay’an mim mā fihā*] could think this! Do you believe that when the stars circle [in the sky] they change the nature of people only, without [changing the nature of] plants and other living beings? If this were the case, it would indeed be amazing. If they changed everything, however, then the opium will be hot, and pepper cold; the meat of fish hot and the meat of the lion cold; the lion will be cowardly and the hare brave. Thus their opinions change about the nature of drugs and foods—whether derived from plants, animals, or minerals! Moreover, we find that Hippocrates agreed with those [living] long before him about the nature of things. He tested [*imtaḥana*] what people of old had said and found that in his day things had not changed; their [the ancients’] judgements still applied. Likewise, Galen tested all of Hippocrates’ opinions and found them to agree [with what he thought]; and between them there are six hundred years. People still test until today what Galen said and find it to agree [with what they observed]; and Galen lived roughly one thousand two hundred years before!⁴⁶

retical philosophy, respectively; see N. Peter Joosse, “‘Unmasking the Craft’: ‘Abd al-Laṭīf al-Baghdādī’s Views on Alchemy and Alchemists,” in *Islamic Thought in the Middle Ages: Studies in Text, Transmission and Translation, in Honour of Hans Daiber*, ed. Anna A. Akasoy and Wim Raven (Leiden: Brill, 2008), pp. 301–17; and Franz Allemann, “‘Abdallaṭīf al-Baghdādī: Ris. fi Mudjādalat al-ḥakīmain al-kimiyā’ī wan-naẓarī (‘Das Streitgespräch zwischen dem Alchemisten und dem theoretischen Philosophen’). Eine textkritische Bearbeitung der Handschrift: BURSA, Hüseyin Çelebi 823, fol. 100–123 mit Übersetzung und Kommentar” (Ph.D. diss., University of Bern, 1988).

46. MS HÇ823 fol. 74a, line 13–74b, line 7; the Arabic text is printed as T 2 in the Appendix.

‘Abd al-Laṭīf first deals specifically with the problem of transfer in time. He claims that both Hippocrates and Galen were aware of this methodological conundrum and solved it by testing previous procedures. They found that the same remedies still worked for the same diseases. Here again, he stylizes the Greek masters as the models for later physicians to follow. ‘Abd al-Laṭīf continues his refutation by claiming that Galen’s ideas are still proven to be correct in his, ‘Abd al-Laṭīf’s, own day, more than a millennium after Galen’s death. The reason for this is simple. Although the stars influence the conditions in the sublunar world (i.e., on earth where humans live), they do not change the fundamental qualities of nature. Lions are still brave and hares fearful; opium still has a cooling effect, that is to say induces sleep, and pepper still a warming one, meaning that one feels its heat and is stirred into action. All these things can be observed and thus put to the test.

After this passage, ‘Abd al-Laṭīf turns to the second problem, alluded to at the beginning of the quotation, that of place. Some physicians, whom he calls “spongers,” claimed that the inhabitants of Baghdad did not necessarily suffer from the same diseases as the Greek; they lived, after all, in different “Ptolemaic climes.” Ptolemy (d. AD 161) divided the “inhabited world [*oikouménē*]” into seven climes, each of which had different properties under the influence of the stars.⁴⁷ The people of Baghdad lived in the temperate clime, the place where the most excellent people dwelled: they had a moderate complexion and stature, displayed an even temper, assembled in cities, and possessed civilized manners and customs. They were hence healthier than others and not exposed to the same diseases. But again, ‘Abd al-Laṭīf rejects this argument because he is vehemently opposed to the whole concept of medical astrology or iatromathematics.⁴⁸ For ‘Abd al-Laṭīf, there are no places on earth in which medical knowledge is subject to change and alteration. Rather, medical knowledge belongs to a set of well-defined and universally established principles that are valid everywhere, with the exception of some extreme regions outside the center of the earth. The notion that a medical treatment is suitable for one country and harmful for another is, according to ‘Abd al-Laṭīf, a foolish invention of those who take advantage of the utter simplicity and gullibility that prevails among the masses.⁴⁹

47. Oswald A. W. Dilke, “The Culmination of Greek Cartography in Ptolemy,” in *The History of Cartography, Vol. 1: Cartography in Prehistoric, Ancient, and Medieval Europe and the Mediterranean*, ed. J. Brian Harley and David Woodward (Chicago: University of Chicago Press, 1987), pp. 177–200; and Otto Neugebauer, *A History of Ancient Mathematical Astronomy*, 3 vols. (New York: Springer-Verlag, 1975), pp. 934–40.

48. MS HÇ823 fol. 74a–75a.

49. MS HÇ823 fol. 75a, lines 15–17. See also Tamsyn Barton, *Ancient Astrology* (London: Routledge, 1994), pp. 179–207; Barton, *Power and Knowledge: Astrology, Physiognomics, and*

The careful reader may well be surprised that ‘Abd al-Laṭīf does not mention Hippocrates’ work *Airs, Waters, Places* in this context. For Hippocrates argues that the environment does have a profound impact on people’s health, so much so that it can alter the physical nature of inhabitants of a certain locality and account for racial differences.⁵⁰ And ‘Abd al-Laṭīf knew the Arabic version of Galen’s *Commentary* on this text, for he quoted it in his description of Egypt.⁵¹ Therefore, at first glance it would seem that ‘Abd al-Laṭīf disregards an important tenet of Greek medical theory and that the opponents against whom he argues could rightly claim that medicine should be practiced differently in Iraq and Greece. Yet this conundrum finds a ready explanation. First, ‘Abd al-Laṭīf is mainly concerned here with fundamental qualities, not specific ones. Opium has a cooling effect both in Greece and Iraq; lions are brave in both localities. This does not prevent ‘Abd al-Laṭīf from admitting that a marshy depression is less salubrious than an airy plain, wherever it may be. Second, ‘Abd al-Laṭīf talks about Ptolemy’s theory of climes, according to which the Fertile Crescent and the Greek heartland lie in adjacent climes.⁵²

Medicine under the Roman Empire (Ann Arbor: University of Michigan Press, 1995). See also Joseph Schacht and Max Meyerhof, eds./trans., *The Medico-Philosophical Controversy between Ibn Butlān of Baghdad and Ibn Ridwān of Cairo* (Cairo: Egyptian University, 1937), pp. 89–90.

50. The best available edition of *Airs, Waters, Places* is that by Jacques Jouanna: Hippocrate, *Airs, Eaux, Lieux*, Book 2, Part 2, ed./trans. Jacques Jouanna (Paris: Les Belles Lettres, 1996); see also Jouanna’s extensive introduction and comments.

51. This Arabic version of Galen’s commentary survives in a single manuscript, Cairo, Dār al-Kutub, MSṬal’at Ṭibb 550, fols. 25b–102b, of which Fuat Sezgin published a facsimile: *Tafsīr Jālīnūs li-Kitāb Buqrāt fī l-’ahwīya wa-l-miyāh wa-l-buldān* (Galen’s Commentary on Hippocrates’ *Airs, Waters, Places*), Manshūrāt Ma’had Ta’rīkh al-’Ulūm al-’Arabīya wa-l-’Islāmīya, Silsila Jīm, ‘Uyūn al-turāth 66 (Frankfurt: Ma’had Ta’rīkh al-’Ulūm al-’Arabīya wa-l-’Islāmīya fī ‘itār Jāmi’at Frankfurt, 2001). Gotthard Strohmaier has been preparing an edition of this important Arabic version, lost in Greek, for nearly forty years, and it is forthcoming in the *Supplementum Orientale* of the *Corpus Medicorum Graecorum*. ‘Abd al-Laṭīf quotes Galen’s commentary in his description of Egypt (Zand, Videan, and Videan, *The Eastern Key* [n. 6], p. 176, lines 1–3). He does not quote verbatim, but rather paraphrases the main idea, as a comparison with the Arabic version shows (p. 78, lines 2–4, fasc. Sezgin); see also the Hebrew version, based upon the Arabic: *Galen’s Commentary on the Hippocratic Treatise Airs, Waters, Places in the Hebrew Translation of Solomon ha-Meati*, ed. Abraham Wasserstein, Proceedings Ha-Akadeṁyah ha-le-’umit ha-Yisra’elit le-mada’im, vol. 6, no. 3 (Jerusalem: Israel Academy of Sciences and Humanities, 1982), p. 88, lines 7–8.

52. Ibn Khaldūn (d. 1406) in his *Introduction [to World History]*, for instance, made the point that “the Byzantines, the Persians, the Israelites, the Greeks, the Indians and the Chinese” shared in the benefits of civilization, because they all lived in climes adjacent to that of the Arabs; see Ibn Khaldūn, *The Muqaddimah: An Introduction to History*, Franz Rosenthal, trans., 3 vols. (London: Routledge and Kegan Paul, 1958), I: quotation on p. 61; and Pormann and Savage-Smith, *Medieval Islamic Medicine* (n. 33), p. 37.

Be that as it may, debates appear to have raged in medieval Baghdad over the validity of Greek medical theory in a completely different time and place. They find their reflection in the *Book of the Two Pieces of Advice*, and ‘Abd al-Laṭīf comes firmly down on the side of the Greeks and their continued relevance to medical theory and practice. Like many other medieval physicians writing in Arabic, ‘Abd al-Laṭīf constructs the Greek past as a touchstone for present practice. This construct then allows him to exclude the medical others, the charlatans or “spongers,” as ‘Abd al-Laṭīf calls them.

Against the Greedy Charlatans

Doctors have always tried to delimit themselves from the medical other, the charlatan. They often define the good physician as someone mastering a canon of medical knowledge, possessing a combination of skills, and adhering to a set of ethical standards.⁵³ Likewise, ‘Abd al-Laṭīf decries the wickedness and incompetence of certain medical practitioners of his time. He partly blames the rulers who neglected to examine physicians and sometimes even promoted the wrong ones.⁵⁴ Interestingly, like many of his predecessors in the medieval Islamic world, he constructs a glorified past where medical regulation is properly conducted. His ideal place is a somewhat imaginary Constantinople where allegedly only skilled physicians were authorized to practice. He relates how these doctors were trained and examined and how the Hippocratic Oath was rigorously imposed.⁵⁵ Moreover, he stated earlier that both Hippocrates and Galen wrote works on medical ethics, and he quoted extensively from them, especially Galen’s book *On How to Recognise the Best Physician*.⁵⁶ By contrast, ‘Abd al-Laṭīf describes the situation in his days in the starkest terms:

53. See Peter E. Pormann, “The Physician and the Other: Images of the Charlatan in Medieval Islam,” *Bull. Hist. Med.*, 2005, 79: 189–227, on pp. 206–11.

54. MS HÇ823 fol. 68a, lines 11–13.

55. For the Hippocratic Oath in the Islamic tradition, see, for instance, Franz Rosenthal, “An Ancient Commentary on the Hippocratic Oath,” *Bull. Hist. Med.*, 1956, 30: 2–87; Gotthard Strohmaier, “Ḥunayn ibn Ishāq et le serment hippocratique,” *Arabica*, 1974, 21: 318–23; and, more generally, Oliver Overwien, “Einige Beobachtungen zur Überlieferung der Hippokrattesschriften in der arabischen und griechischen Tradition,” *Sudhoffs Archiv*, 2005, 89: 196–225.

56. Galen, *On How to Recognise the Best Physician* (*De optimo medico cognoscendo*), ed. Albert Z. Iskandar, *Corpus Medicorum Graecorum, Supplementum orientale* 4 (Berlin: Akademieverlag, 1988).

I have never witnessed greater neglect of the medical art [than] in the city of Aleppo. For their [the inhabitants'] behaviour was extremely bad, and the ways of their physicians were in such a state of corruption that there was nothing viler than [this]. No power compels them, no religion repels them, no knowledge guides them, no chief guides and scares them. They have one ambiguous method [*uslūb mutashābih*] from which they rarely deviate, namely, if someone complains to them about a disease, they hasten [*‘ājala*] to make him drink a purgative in order to collect quickly [*ta‘ajjala*] its price and take the maximum value for it; they pay no attention to whether it is well cooked, and neglect other conditions [necessary for preparing remedies]. They apply this to someone about whom they had a report without actually seeing him. Their only concern is to pilfer the price of the purgative; they employ all sorts of ruses to do so, and do not care at all how they kill through these means, and sell a man's life for a farthing!⁵⁷

We have here a clear image of one aspect of medical charlatanry: lured by lucre, the practitioners will do anything to make a quick buck. They are incompetent; like the methodists, they follow one simple—and insufficient—method. It consists of quickly administering any easily available drug without regard to its effect. Making money, not curing the ill, is their prime concern. Yet, there is also a more subtle way in which the medical mountebanks operate.

Cristina Álvarez-Millán has persuasively argued that physicians in the medieval Islamic world tried to show themselves as proficient in complicated medical theories and intricate treatments in order to promote their standing in the medical marketplace.⁵⁸ Her surmise finds an interesting confirmation in the following passage, where ‘Abd al-Laṭīf recounts how physicians try to impress patients by giving themselves an air of learnedness. They use extremely complicated procedures, where simple ones would suffice:

Their trickery and treachery extends to lengthening prescriptions and multiplying ingredients without any regard to how their powers interact with each other, and without having any experience [*tajriba*] with their effect. They do this either to make the common crowd stand in awe of themselves and the extent of their knowledge, or to achieve a tidy profit when people buy the

57. MS HÇ823 fol. 69a, line 11–69b, line 1; the Arabic text is printed as T 3 in the Appendix.

58. Cristina Álvarez-Millán, “Graeco-Roman Case Histories and their Influence on Medieval Islamic Clinical Accounts,” *Soc. Hist. Med.*, 1999, 12: 19–33; and Álvarez-Millán, “Practice versus Theory: Tenth-century Case Histories from the Islamic Middle East,” in *The Year 1000: Medical Practice at the End of the First Millennium*, ed. Peregrine Horden and Emilie Savage-Smith, special issue of *Soc. Hist. Med.*, 2000, 13 (2): 293–306.

necessary drugs from them or from an apothecary [*‘aṭṭār*] who is in cahoots with them. One of them may enter the patient’s [sickroom] many times a day, each time prescribing some new treatment. He thereby intends to make an impression when he enters, and to display each time some practical [skill (*‘amal*)]. The most excellent [*al-fāḍil*] among them employs changes which resemble each other [i.e., he only alters the treatment in appearance, but does not change it fundamentally]; perhaps he uses another doctor’s recipe, adding or reducing things which neither have any benefit, nor cause any damage. His aim is thus to show that he is more excellent than others, and to point out his rank. This and other men like him I do not despise as much as I despise the first one. For the former provides some benefit to him [the patient], and does not harm anybody. But how much does the one whom I despise profoundly damage people! May God provide refuge! Be careful not to become one of those who trade the place in the hereafter for this world, and whose religion is influenced by carnal desire [*hawāhu*].⁵⁹

‘Abd al-Laṭīf highlights here two important aspects of medical practice in his day: the competitive nature of the medical marketplace and the element of performance required to prevail within it. Moreover, he hints at fraud through selling drugs at inflated prices, either by the doctors themselves or their apothecary accomplices.⁶⁰ The second part of this quotation seems to suggest that ‘Abd al-Laṭīf accepts that a certain amount of showmanship is necessary to attract and retain patients, or to make them follow doctor’s orders. Yet others are truly evil in that they knowingly harm their patients through their fraud. These physicians are even worse than their female and itinerant competitors.

Bad Physicians (“Spongers”) Worse than Women and “Empirics”

In Galen’s classification, the empiricists are physicians who rely on tried and tested remedies that have worked in the past, without seeking to know how they work. In later times, when the rationalist approach came to dominate medical discourses both in the East and the West, these empiricists were often regarded as little more than “empirics,” a term used synonymously for “quack.”⁶¹ In ‘Abd al-Laṭīf’s world, most elite medical physicians defined and distinguished themselves through a canon of

59. MS HÇ823 fol. 77b, lines 5–14; the Arabic text is printed as T 4 in the Appendix.

60. For a manual on drug trade by the slightly later author Abū l-Munā al-Kūhīn al-‘Aṭṭār (fl. 1260), see the recent study by Leigh Chipman, *The World of Pharmacy and Pharmacists in Mamlūk Cairo* (Leiden: Brill, 2009).

61. See *The Oxford English Dictionary*, 2nd ed., s.vv. “empiric” and “quack.”

medical knowledge largely based on Greek sources, as well as a code of medical ethics that they promoted. A clear hierarchy therefore existed: itinerant practitioners and female providers of care frequently found themselves the object of scorn and ridicule on the part of this medical elite. Yet, and somewhat surprisingly, for ‘Abd al-Laṭīf these highway doctors and women do more good and less harm than their overconfident elite competition, as he explains:

I say that strangers (*ghurabā*) who sell potions on the highways are superior to those [physicians]. Firstly, because most people, and especially the elite, beware of them and do not hand themselves over to them. Secondly, they give [the milky latex of] spurge [yattū’āt] and [the juice of] *bashbūsh*, that is colocynth leaves, to healthy people whose temperament can bear mistakes more than sick patients. They mostly administer their drugs to peasants and [other] hard-working people, whose temperament can bear strong drugs. Moreover, the strangers have tried and tested drugs [*adwiya mujarraba mumtaḥana*] and tried herbs which they gather and test themselves [*a’shāb mujarraba hum yajtanūnahā wa-yamtaḥinūnahā*]; and they tell each other what they know about them.⁶²

‘Abd al-Laṭīf insists on the fact that highway practitioners use drugs of which they have experienced the benefits—the verbs “to try [*jarraba*]” and “to test [*imtaḥana*]” recur a number of times. The cautious empirical approach is to be preferred to that of rational physicians who, carried away by a false belief in their abilities, resort to radical treatments that have never been tested. To put it differently, rationalism can have worse effects than empiricism when one does not master the art of medicine fully. In the absence of correct and detailed medical knowledge, it is preferable to rely on simple, tried and tested drugs and therapies. This does not mean, of course, that ‘Abd al-Laṭīf generally favored empiricism. At the beginning of this article we have seen that rationalist medicine is the way forward for him; moreover, his criticism of medical education in his day, which will shortly come under scrutiny, further confirms that he is a rationalist.

That peasants and laborers should seek medical care from itinerant practitioners rather than the physicians in attendance at the courts of the caliph appears, at first glance, to be obvious. This passage, however, offers a rare comment on the stratification of medical services from an elite physician. For ‘Abd al-Laṭīf appears to imply that the clientele of his peers largely consists of people who do not have to carry out manual labor,

62. MS HÇ823 fol. 71b, line 13–72a, line 3; the Arabic text is printed as T 5 in the Appendix.

while the highway physicians cater to the lower classes, strengthened and hardened by their daily toil.

Elite physicians often lament the fact that their patients turn to women rather than themselves. In the early tenth century, Abū Bakr Muḥammad ibn Zakarīyā' al-Rāzī, for instance, wrote a number of short epistles in which he raved against them.⁶³ Some 150 years later, the Christian physician Šā'id ibn al-Ḥasan exclaimed: "How amazing it is [that patients are cured at all], considering that they hand over their lives to senile old women! For most people, at the onset of illness, use as their physicians either their wives, mothers or aunts, . . ."⁶⁴ Šā'id specifically refers here to the figure of the old woman peddling her remedies, well known both in the medieval Islamic world and Europe.⁶⁵ But yet again, we find 'Abd al-Laṭīf breaking the mold and declaring that old women, like highway physicians, can offer care superior to their elite male competitors:

Therefore, I say that the medicine of old women is better than that of those [physicians who killed the prince]. For the woman only applies the things which she saw to be successful, and the benefit of which she has experienced [*jarraba*]. She is therefore close to the empirical sect [*firqat al-tajārib*]. Those [physicians], however, take risks [*aqdama*] because of false logical reasoning

63. One work is entitled *Epistle on the Reason Why the Ignorant Physicians, the Common People, and the Women in the Cities Are More Successful than Men of Learning in Treating Certain Diseases, and the Physician's Excuse for This*; see Ibn al-Nadīm, *Kitāb al-Fihrist*, ed. Gustav Flügel, 2 vols. (Leipzig, 1871–72), 1: 302, lines 11–12; Al-Qifī, *Ta' rikh al-Ḥukamā'*, ed. Julius Lippert (Leipzig: Dieterich'sche Verlags-Buchhandlung 1903), p. 277, line 4; Ibn Abī Uṣaibi'a, *Kitāb 'Uyūn al-anbā'* (n. 10), 1: 319, lines 11–14. Another bears the title *Treatise on the Causes Why Most People Turn Away from Excellent Physicians toward the Worst Ones* and only survives in Hebrew; see Moritz Steinschneider, "Wissenschaft und Charlatanerie unter den Arabern im neunten Jahrhundert," *Virchows Archiv*, 1866, 36: 570–86; 37: 560–65; reprinted in *Beiträge zur Geschichte der arabisch-islamischen Medizin*, 3 vols. (Frankfurt: Institut für Geschichte der arabisch-islamischen Wissenschaften, 1987), 2: 39–61; and Pormann, "The Physician and the Other" (n. 53), pp. 201–2.

64. Šā'id ibn al-Ḥasan (d. 1072), *Stimulating a Yearning for Medicine (al-Taḥwīq at-ṭibbī)*, in *Das Buch "At-Taḥwīq at-ṭibbī" des Šā'id ibn al-Ḥasan*, ed. Otto Spies (Bonn: Selbstverlag des Orientalischen Seminars der Universität, 1968), fol. 27b; *Übersetzung und Bearbeitung des "Taḥwīq at-ṭibbī" des Šā'id ibn al-Ḥasan: Ein medizinisches Adabwerk aus dem 11. Jahrhundert*, trans. Shah Ekram Taschkandi (Bonn: Selbstverlag des Orientalischen Seminars der Universität, 1968), p. 109; the present translation is taken from Pormann and Savage-Smith, *Medieval Islamic Medicine* (n. 33), p. 103.

65. For the Islamic world, see, for instance, Nadia Maria Al-Cheikh, "Women's History: A Study of al-Ṭanūkhī," in *Writing the Feminine: Women in Arab Sources*, ed. M. Marín and R. Deguilhem (London: I. B. Tauris, 2002), pp. 129–48, on pp. 140–41. For the Christian Middle Ages, see Jeanne Achterberg, *Woman as Healer* (Boston: Shambhala Publications, 1990), especially on pp. 63–98; and Britta-Juliane Kruse, *"Die Arznei ist Goldeswert" Mittelalterliche Frauenrezepte* (Berlin: De Gruyter, 1999).

[*qiyās*] and defective opinions [*ẓann mukhtal*]. Moreover, the old woman rarely ventures to use [*aqdama*] a strong and dangerous purgative drug. But if she ventures to use some of it, she does not insist on it nor does she overdo it. Rather, if she observes its success, she is confirmed [in her opinion], yet otherwise, she desists [from using it].⁶⁶

Just preceding this passage, ‘Abd al-Laṭīf has related how the prince al-Malik al-Zāhir Ghāzī ibn Yūsuf of Aleppo, one of the sons of Sultan Saladdin [Salāḥ al-Dīn] was treated by various quarrelling court physicians and eventually died at their hands through purgatives and astringents.⁶⁷ ‘Abd al-Laṭīf thus contrasts the latter’s’ perilous prescriptions with the more moderate medicaments made by old women.

Moreover, the point made here about women being close to the empirical sect and better than some male rationalist doctors is remarkable for two reasons. Firstly, medical historians have slowly come to realize that much medical and paramedical care or “bodywork,” to use a recent coinage, was provided by women in premodern societies, even if their names are hardly ever recorded in the histories written mostly by men.⁶⁸ In medieval Islamic societies, they appear to have competed with their male counterparts within the medical marketplace and did not just restrict their attention to the domestic space.⁶⁹ This quotation confirms this analysis. Secondly, ‘Abd al-Laṭīf further develops the idea, already present in the previous passage, that experience can be better than rationalist medicine when the latter is misunderstood. He extols female practitioners for their use of experience and observation, whilst chiding male practitioners for their errors. In both aspects, ‘Abd al-Laṭīf, a male elite rationalist physician, goes against the grain of most of his colleagues, as he praises women and empiricism.

At the beginning of this article, we suggested that ‘Abd al-Laṭīf displayed a certain irony in his description of the rationalist doctor dividing and subdividing fevers. In the last two quotations, he further criticized certain rationalist physicians of whom he might have thought when giving the example of the rationalist doctor diagnosing and treating fever.

66. MS HÇ823 fol. 71a, lines 11–15; the Arabic text is printed as T 6 in the Appendix.

67. N. Peter Joosse, “Pride and Prejudice, Praise and Blame: ‘Abd al-Laṭīf al-Baghdādī’s Views on Good and Bad Medical Practitioners,” in *O Ye Gentlemen: Arabic Studies on Science and Literary Culture in Honour of Remke Kruk*, ed. Jan P. Hogendijk and Arnoud Vrolijk (Leiden: Brill, 2007), pp. 129–41.

68. See Mary E. Fissell, “Women, Health, and Healing in Early Modern Europe,” *Bull. Hist. Med.*, 2008, 82: 1–17, with further literature.

69. See Peter E. Pormann, “Female Patients and Practitioners in Medieval Islam,” *The Lancet*, 2009, 373: 1598–99.

That he disapproved of certain didactic techniques such as learning by rote can also be seen from his criticism of medical education.

Textbook Knowledge Not Sufficient to be a Physician

As ‘Abd al-Laṭīf already stated, it is dangerous for physicians to rely on false logical conclusions when treating patients. In the following quotation, he makes this point more explicitly. He first describes the current state of learning: students master only the basic principles of the medical art and learn definitions by heart, without really having a thorough grasp of the subject. This, however, is a dangerous development.

Those who occupy themselves at this time with medicine usually read a bit in the *Generalities* of the *Canon* [i.e., the first part of Ibn Sīnā’s *Canon of Medicine* dealing with general principles (*kullīyāt*)]. Then they learn by heart the definition of medicine [*ṭibb*], the definition of the element [*uṣṭuqs*], the definition of temperament [*mizāj*] and the like. They have disputes about it [these definitions], and on the subject of this they raise their voices in assemblies and markets. Afterwards, they proceed to treat [patients] in the [false] opinion that this [alone, i.e., basic book learning] is beneficial and suffices, and that he who knows the definition of medicine correctly is able to cure [patients] of fevers and other [diseases], and knows their different kinds. I admonish those who take my advice [*naṣīḥatī*], if they want to be physicians [*ṭabīb*], not to abandon Galen’s and Hippocrates’ books.⁷⁰

‘Abd al-Laṭīf continues to challenge his reader, saying that if he does not trust him, he should see for himself. When comparing the various works of Galen, such as *On Temperaments* or the *Small Book on the Pulse*, with the relevant chapters in Ibn Sīnā’s *Canon* or other works, his reader will find that Galen had at least as great an ability to compose medical works as later authors. ‘Abd al-Laṭīf proceeds with his polemic by insinuating that if reading all of Galen takes the reader too long, he can always resort to abridgments [*mukhtaṣarāt*, *ikhtīṣārāt*] of Galen’s works, and concludes:

If he wants to read works by recent authors to enjoy [*‘alā l-tanazzuh*] the extent of the scholars’ knowledge, their different abilities to understand, the quality of their abridgments and explanations, then so be it. Those, however, who think that the *Royal [Book]* by al-Majūsī, the *Hundred Books* [by al-Masīhī], and the *Canon* [by Ibn Sīnā] suffice and make Galen’s works superfluous adhere to a false opinion.⁷¹

70. MS HÇ823, fol. 73b, lines 1–7; the Arabic text is printed as T 7 in the Appendix.

71. MS HÇ823, fol. 73b, line 17– fol. 74a, line 3; the Arabic text is printed as T 7 in the Appendix.

‘Abd al-Laṭīf lambasted the medical education of his day. Three inter-related aspects, in particular, incur his criticism: the limited knowledge of the students, their fondness for boastful displays of their argumentative abilities, and their love of lucre. We have already seen that ‘Abd al-Laṭīf disapproved of his colleagues’ obsession with showing off their knowledge rather than caring for their patients. It therefore comes as no surprise that he depicts the medical students as following their masters’ wicked ways: motivated by money, they swagger around the medical marketplace and, like mountebanks, endeavor to take in the poor patients in awe of their self-proclaimed educational achievements.

‘Abd al-Laṭīf does, however, make a more fundamental point: the students should not rely solely on abridgments and compendia, but rather consult the actual works of Hippocrates and Galen. Al-Majūsī’s *Complete Book on the Medical Art* [*Kitāb al-Kāmil fī l-ṣinā’a al-ṭibbiya*] and Ibn Sīnā’s *Canon of Medicine* [*Kitāb al-Qānūn fī al-ṭibb*] had quickly become standard medical textbooks. The first part of the *Canon*, dealing with general principles [*kulliyāt*], proved to be particularly popular. Moreover, already in late antique Alexandria, students often studied Hippocrates and Galen not in the original, but in the so-called *Alexandrian Summaries*.⁷² This trend continued in the medieval Arab world, and ‘Abd al-Laṭīf was by no means the first to censure it. Already in the eleventh century, Ibn Riḍwān (d. 1068) attacked it in scathing terms:

Summaries and commentaries of Galen’s books do not make the latter superfluous. Summaries fail to encompass all of Galen’s ideas, while commentaries increase the length of the art, and distract [students] from studying, since, of necessity, these would have to be read for verification together with their [original] medical works.⁷³

‘Abd al-Laṭīf’s outburst thus confirms that students continued to prefer easy abridgments to Galen’s often long-winded prose.

At first, it may seem strange to the modern reader that both ‘Abd al-Laṭīf and his predecessor Ibn Riḍwān advocated a careful reading of Hip-

72. Peter E. Pormann, “Medisch Onderwijs in de Late Oudheid: Van Alexandrië naar Montpellier,” *Geschiedenis der Geneeskunde*, 2008, 12: 175–80; and Pormann, “Medical Education in Late Antiquity: From Alexandria to Montpellier,” in *Hippocrates and Medical Education: Selected Papers Read at the XIIIth International Hippocrates Colloquium, Universiteit Leiden, 24–26 August 2005*, ed. H. F. J. Horstmanhoff in collaboration with C. R. van Tilburg (Leiden: Brill, 2010) [in press].

73. Ibn Riḍwān, *Useful Book on How to Study the Art of Medicine* (*al-Kitāb al-Nāfi’ fī kayfiyat ta’līm ṣinā’a al-ṭibb*), ed. Kamāl al-Sāmarrā’i (Baghdad, 1986), p. 90, lines 6–10; and Albert Z. Iskandar, “An Attempted Reconstruction of the Late Alexandrian Medical Curriculum,” *Med. Hist.*, 1976, 20: 235–58, on p. 242.

pocrates and Galen, rather than more modern works. Yet, when ‘Abd al-Laṭīf enjoins his contemporaries “not to abandon Galen’s and Hippocrates’ books,” his message is twofold: firstly and explicitly, that one ought to have a comprehensive grasp of medical literature and learning; and secondly and implicitly, that one ought to follow the example of Hippocrates and Galen, who both were great clinicians, took case notes, and did not simply rely on logical reasoning, but also on practical experience.

Conclusions

As we have seen in the opening pages of this article, the thirteenth century is often perceived as the beginning of the end: through the rise of religious orthodoxy and bigotry, the sciences were hampered, philosophy stifled, and practical medicine neglected. Scholasticism, the awe of past authorities who go unchallenged, reportedly ruled supreme. The examples from ‘Abd al-Laṭīf al-Baghdādī’s *Two Pieces of Advice* discussed above do not fit this vision of the beginning of the end. To be sure, ‘Abd al-Laṭīf himself suggested that medicine was in a state of decline and that most of his contemporaries were little more than profiteering mountebanks. In this he joins generations of physicians and littérateurs who follow the Horatian maxim that the old man should “praise the past when he was a boy, and decry and rebuke the younger generation” (*laudator temporis acti/ se puero, castigator censorque minorum*).⁷⁴ On the other hand, ‘Abd al-Laṭīf himself disproves the notion of decline, for he appears as a highly original thinker.

Let us briefly revisit where ‘Abd al-Laṭīf offers novel insights and interpretations. Unlike many of his elite colleagues, he recognized the potential of highway physicians and female practitioners in the provision of medical care. He framed his analysis in a remarkable reinterpretation of Galen: the perceived “empirics” were really “empiricists” who did not deserve to be totally dismissed. His thinly veiled criticism of his rationalist contemporaries hit home heavily. Their practice centered around scoring cheap debating points and impressing potential patients. The origins for this phenomenon lay in the medical education of ‘Abd al-Laṭīf’s day: it was too “scholastic,” relied too heavily on a restricted number of authoritative texts such as the “Generalities” in Ibn Sīnā’s *Canon*.

In this way, ‘Abd al-Laṭīf displayed an anti-Avicennian slant in the area of medicine: he urged a return to the Greek sources (in Arabic translation,

74. Horace, *Art of Poetry*, lines 173–74; and H. Rushton Fairclough, ed. and trans., *Horace: Satires, Epistles and Ars Poetica* (London: William Heinemann, 1964), pp. 464–65.

to be sure), and criticized people's reliance on Ibn Sīnā. Dimitri Gutas detected similar tendencies in the philosophical part of 'Abd al-Laṭīf's *Book of the Two Pieces of Advice*, where 'Abd al-Laṭīf advocated reading the Greek masters such as Plato and Aristotle rather than relying on Avicenna.⁷⁵ Yet, Gutas recently argued that the *Two Pieces of Advice* also contains an interesting and original defense of philosophy.⁷⁶ The traditional narrative of Islam's decline would have us believe that al-Ghazālī's *Incoherence of the Philosophers* ushered in an age of decline. Gutas, however, shows that 'Abd al-Laṭīf's attack on second-rate philosophers, some of whom take their cue from al-Ghazālī, actually illustrates the vibrancy of philosophical debate in the Islamic colleges.⁷⁷ 'Abd al-Laṭīf therefore is an exponent of what Gutas calls the "golden age of Arabic philosophy." Our own investigation has shown that 'Abd al-Laṭīf had some original ideas about epistemology, and therefore confirms Gutas' analysis. In the area of medicine, more specifically, 'Abd al-Laṭīf had new and startling things to say. Nor did 'Abd al-Laṭīf shy away from criticizing Galen for his anatomical views. In some ways, one could argue that he resembles the Renaissance Humanists who raised the rallying cry: "[Back] to the sources" (*ad fontes*). All over Europe, many medical men of the time took up and advocated a return to Hippocrates and Galen.⁷⁸ 'Abd al-Laṭīf had a similar agenda, marked by both a certain antiquarianism and a striving for modernity. He enjoined students to read Hippocrates and Galen in order to grasp the complexities of the medical art, not as authorities who could not be challenged. He thus followed in the footsteps of the greatest medieval clinician, Abū Bakr Muḥammad ibn Zakarīyā' al-Rāzī, in that he both respected and criticized past Greek authorities.⁷⁹

75. Gutas, *Greek Thought* (n. 31), p. 154.

76. Dimitri Gutas, "Philosophy in the 12th Century: One View from Baghdad, or the Repudiation of al-Ghazālī," forthcoming in the conference proceedings *In the Age of Averroes*, ed. P. Adamson (London: Warburg Institute). We would like to thank the author and editor for letting us see an advanced version of this article.

77. See also George Makdisi, *The Rise of Colleges: Institutions of Learning in Islam and the West* (Edinburgh: Edinburgh University Press, 1981).

78. See Peter E. Pormann, "La querelle des médecins arabistes et hellénistes et l'héritage oublié," in *Lire les médecins grecs à la Renaissance: Aux origines de l'édition médicale, Actes du colloque international de Paris (19–20 septembre 2003)*, ed. Véronique Boudon-Millot and Guy Cobolet (Paris: De Boccard Édition-Diffusion, 2004); and Florian Steger, "Medizinische Streitkultur im 16. Jahrhundert. Zu einer kulturellen Kontextualisierung von Georgius Agricola 'Bermannus sive de re metallica Dialogus' (1528)," in *Gesundheit–Krankheit: Kulturtransfer medizinischen Wissens von der Spätantike bis in die Frühe Neuzeit*, ed. Steger and Kay P. Jankrift (Cologne: Böhlau Verlag, 2004), pp. 201–18.

79. See, for instance, al-Rāzī's famous *Doubts about Galen* (*Shukūk 'alā Jalīnūs*), ed. Muṣṭafā Labīb 'Abd al-Ghanī, *Kitāb al-Shukūk lil-Rāzī 'alā kalām fāḍil al-'aṭibbā' Jalīnūs fī al-kutub allatī*

‘Abd al-Laṭīf’s views on medical epistemology and education also have implications for the social history of medicine. He described in detail how elite physicians employed half-learned medical theory to impress patients. Conversely, he extolled those whom the elite of his day labeled as charlatans, the itinerant men and women who provided so much medical care for the masses. Medical education, alternative providers of care in the medical marketplace, and women as patients and practitioners are all, of course, topics of interest to social historians. Ideally it would be possible to compare ‘Abd al-Laṭīf’s observations in his *Two Pieces of Advice* with other detailed studies of the medical milieu in Syria, Egypt, or Iraq at the time. Yet although scholars have touched on topics relating to the social history of medicine in the medieval Islamic world in general overviews, and written studies of individual aspects of medical care, a detailed and diachronic picture of how medicine and society interacted during the Islamic Middle Ages still lies in the future.⁸⁰ It is hoped that subsequent research will shed fresh light on these questions. Yet the present article shows that anyone investigating the social history of medicine during ‘Abd al-Laṭīf’s age will undoubtedly find the *Book of the Two Pieces of Advice* to be a rich mine of information.

Let us briefly consider a point made by Dimitri Gutas: that ‘Abd al-Laṭīf’s philosophy (like that of Ibn Rushd) had very little impact on later generations in the Arab world. In order to determine ‘Abd al-Laṭīf’s place in the history of medicine, it would be crucial to know how later generations engaged with his work. Many physicians in the medieval and early modern Islamic world came after him, but their works remain largely unstudied and their contribution to medicine unexplored. A catalogue survey of Arabic texts, for instance, lists more than thirty medical authors who lived after ‘Abd al-Laṭīf, each at least with one extant work (but often more); most of them have been neither edited nor studied.⁸¹ We are therefore in no position to judge whether ‘Abd al-Laṭīf exercised any influence

nusibat ilayhi (Cairo: Dār al-Kutub wa-al-Wathā’iq al-Qawmiya, al-Idāra al-Markaziya li-l-Marākiz al-‘Ilmiya, Markaz Taḥqīq al-turāth, 2005).

80. Overviews include Manfred Ullmann, *Islamic Medicine* (Edinburgh: Edinburgh University Press, 1978); Lawrence I. Conrad, “The Arab-Islamic Medical Tradition,” in Conrad et al., *The Western Medical Tradition: 800 BC to AD 1800* (Cambridge: Cambridge University Press, 1994); and Pormann and Savage-Smith, *Medieval Islamic Medicine* (n. 33). The greatest detailed study of an aspect of the social history of medieval Islamic medicine is Michael W. Dols, *Majnūn: The Madman in Medieval Islamic Society* (Oxford: Clarendon Press, 1992); see also, for instance, Gary Leiser, “Medical Education in Islamic Lands from the Seventh to the Fourteenth Century,” *J. Hist. Med. All. Sci.*, 1983, 38: 48–75.

81. Brockelmann, *Geschichte der arabischen Litteratur* (n. 4), 2: 170–72, 219, 242, 276–77, 333, 344, 477–80, 545, 594–95, and 617.

on subsequent generations in the area of medicine.⁸² Only future research will tell whether later physicians reacted to ‘Abd al-Laṭīf’s ideas and how medicine developed in the postclassical age.

Our main contention in this article is that ‘Abd al-Laṭīf does not fit the traditional narrative of decline and fall triggered by bigotry and military defeat. This begs the question: how did the age from the twelfth century onward acquire such a bad reputation? Here, Latin translations of Arabic medical texts appear to have played a major role. For the last authors writing in Arabic whose works were translated into Latin in any significant way are Ibn Sīnā and Ibn Rushd (Averroes). If the medieval monarchs and monks paid no heed to later Arabic works, such as ‘Abd al-Laṭīf’s *Two Pieces of Advice* or Ibn an-Nafīs’ *Commentary on the “Generalities”* in Ibn Sīnā’s *Canon*, so the argument goes, then they probably did not offer anything worthy of attention. This Eurocentric vision has rightly incurred the criticism of scholars of philosophy and astronomy who now attempt to reassess this whole issue. For instance, Robert Wisnovsky and Jamil Ragep run a large and generously funded project entitled “Rational Sciences in Islam: An Initiative for the Study of Philosophy and the Mathematical Sciences in Islam.”⁸³ Through it, they aim to provide a first survey of the many texts, mostly only available in manuscript, that belong to this postclassical period. Preliminary results suggest that many Islamic scientists and philosophers “explored the world through rational means” and documented their investigations in their writings.⁸⁴

The example of ‘Abd al-Laṭīf’s *Two Pieces of Advice* shows that such an endeavor in the area of medicine is also highly desirable. ‘Abd al-Laṭīf stands at the beginning of this postclassical medical world that deserves much more scholarly attention. His ideas about medical epistemology and education and his highly original views of alternative practitioners—notably women—also highlight the necessity writing a social history of medicine for his period and place.



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82. His anatomical discoveries, criticizing Galen, were not, it would appear, integrated in later works on the subject; see *EI*, 10:354b–6b, s.v. “Tashrīḥ” (Emilie Savage-Smith).

83. See <http://islamsci.mcgill.ca/RASI/> (accessed 24 July 2009).

84. *Ibid.*

working on the Syriac polymath Bar Hebraeus. In 2003, he joined the University of Leiden, embarking on a research project concerned with ‘Abd al-Laṭīf al-Baghdādī’s medical work. In 2010, he joined the University of Warwick as a Wellcome Trust research fellow to work on ‘Abd al-Laṭīf al-Baghdādī’s commentary on the Hippocratic *Prognostics*. His publications include *The Sermon on the Mount in the Arabic Diatessaron* (Amsterdam: Centrale Huisdrukkerij VU, 1997); and *A Syriac Encyclopaedia of Aristotelian Philosophy. Barhebraeus (13th c.) Butyrum Sapientiae, Books of Ethics, Economy and Politics* (Leiden: Brill, 2004). His edition and English translation of the medical section of ‘Abd al-Laṭīf’s *Book of the Two Pieces of Advice* is forthcoming.

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Appendix: Arabic texts of the passages from the *Book of the Two Pieces of Advice* quoted in this article; they are edited according to MS HÇ823.

T 1

فإن شكواه [أي: جالينوس] كانت من فرقة أصحاب الحيل وفرقة أصحاب التجربة وكل هؤلاء لهم مع تقصيرهم ضوابط ومع نقصهم فضائل يصلح أن نتقني ونتعلم ولا سيما أصحاب التجربة فإن جالينوس ينقل عنهم كثيرا من أعمالهم في الميامر وفي قاطاجانس وأما أهل زماننا فلبسوا من الفرق الثلاث الذين حددتهم في كتاب الفرق وإنما هم من باب البخت والاتفاق مثل الأعمى يرمي ولا يدري في أي جهة هو الغرض فإن فرقتي الحيل والتجربة يعلمان جهة الغرض ولكن يربمانه مع عدم تحصيل موضعه الخاص وأما [٦٧ ب] أرباب القياس فيعلمون الجهة ويحصلون موضع الغرض ويسددون نحوه السهم أكمل تسديد وأفضل تصويب وأهل التجربة يحصلون عرضا من أعراض الغرض ككله مثلا فهم جدراء بالإصابة فاما أهل زماننا فلا يحصلون الغرض ولا جهته فلذلك صار العجب من صوابهم لا من خطئهم وأما أرباب القياس فالعجب من خطئهم لا من صوابهم لأنهم يصيبون على الأكثر وبالذات ويخطئون على الأقل وبالعرض وأما هؤلاء المسترزة فصوابهم على الأقل وبالعرض وخطؤهم على الأكثر وبالذات ونحن نزيد ذلك بيانا بمثال نضعه فأنزل رجلا حُمَ فأنه من كل فرقة طيب أما صاحب الحيل فإنه يقصد لاستقراجه حيث كانت الحمى اختفا. وأما صاحب التجربة فيقول إني رصدت مرات كثيرة من به مثل هذه الحمى فقصدته وأخرجت له من الدم مقدار كذا أو كذا إلى أن غشي عليه فأفرق دفعة واحدة وأما صاحب القياس فإنه يجعل الحمى جنسا ويقسمها بفصول ذاتية إلى أنواعها الثلاث وينظر حمى هذا الرجل من أي هذه الثلاث هي فيجدها من الحمى ذات المادة ثم يقسم هذه الحمى إلى أنواعها بحسب المواد فيجدها دموية ويقسم الدموية إلى الخالصة والمشوبة فيجدها خالصة ويقسم هذه الخالصة إلى ما عفن وإلى ما أخذ في الغليان فيجدها مما أخذ في الغليان ثم يعثر البلد والسن [٦٨ أ] والوقت الحاضر والعادة وسائر ما شأنه أن تغير الحكم ثم يستخرج من مجموع ذلك كله صورة التدبير الواجب ثم يفحصه حتى يعرض الغشي فمن ترى ليت شعري أفمن بالصواب وأبعد من الخطأ من هؤلاء الثلاثة الأطباء فلا عاقل إلا وهو يختار صاحب القياس ويحكم له بالحدق ويرجو له الظفر والفلاح.

T 2

وقد يقول من هؤلاء إن طب بقراط وجالينوس كان بحسب بلاد اليونان فأما بلاد الشام والعراق ولا تحتل ذلك وهذه حال من لم يقرأ كتب القدماء ولا جرب شيئا مما فيها أترى الكواكب حيث دارت غيرت طبائع الناس فقط دون النبات وسائر الحيوان إن كان هكذا فإن ذلك لعجيب وإن غيرت الجميع فإنه سيصير الأفيون حارا والفلفل باردا ولحم السمك حارا ولحم الأسد باردا ويصير الأسد جيانا والأرنب شجاعا ويتبدل حكمهم على طبائع الأدوية والأغذية من النبات والحيوان والمعادن ثم إنا نجد أبقراط يوافق من قبله بالأحقاب الطويلة على طبائع الأشياء وامتنح ما قالوه قديما فوجده في زمانه على ما حكموا عليه لم يتبدل وكذلك امتحن جالينوس على بقراط جميع ما حكم به فوجده موافقا وبينهما من الزمان ستمائة سنة وما زال الناس يمتحنون ما قال جالينوس إلى زماننا هذا فوجده موافقا لجالينوس نحو ألف سنة ومائتي سنة.

T 3

ولم أر أشد إهمالا من هذه الصناعة بمدينة حلب فلذلك كانت سيرتهم في غاية الرداءة وطرق أطبائها على حال من الفساد لا يكون أحط منها فلا سلطان يرعهم ولا دين يردهم ولا علم يرشدهم ولا رئيس عليهم يرشدهم ويرهم ولهم أسلوب متشابه قلما يخالفونه وهو أن كل من شكأ إليهم مرضا عاجلوا بشربة مسهل ليتعجلوا شئها ويغتموا فضيلتها ولا يعتبرون نضجا ويهملون سائر الشرائط ويطلقون ذلك لمن سمعوا خبره من غير معاينته وليس همهم سوى اختلاس ثمن المسهل والتجمل عليه بكل وجه ولا يبالون كيف قتلوا بها ويبيعون مهجة إنسان بربع درهم

T 4

ومن مخرفتهم وتوهمهم تقويل النسخ وتكثير المفردات عن غير موازنة بين قواها ولا تجربة لما يكون عنها ويفعلون ذلك إما لتعجب العامة منهم ومن سعة علمهم وإما ليحصل لهم ربح إذا اشترت الخواص منهم أو من عطار هو شريكهم وقد يدخل الواحد منهم على المريض في اليوم مرات يصف في كل دخلة علاجا جديدا وقصده في ذلك أن يكون لدخوله أثر ويظهر له في كل مرة عمل فالفاضل منهم يجعل التغييرات متشابهة وربما عرضت عليه نسخة طبيب آخر فيزيد وينقص ما لا ينفع ولا يضر وقصده بذلك أن يري لنفسه فضيلة على غيره وينبه على مكانة وهذا ونحوه فلا أكرهه كما أكره الأول لأن هذا ينفعه ولا يضر به أحدا وأما الذي أكرهه جدا فما يضر به الناس أعاذ الله وإياك أن تكون ممن يبيع آخرته بدينه ويؤثر على دينه هوام.

T 5

وأقول إن الغرياء الذين يبيعون الشرابات على قوارع الطرقات أمثل من هؤلاء أما أولاً فلأن أكثر الناس وخواصهم يحذرونهم ولا يسلمون نفوسهم إليهم وأما ثانياً فإنهم يسقون اليتيمات والبشوش الذي هو ورق الحنظل للأصحاء وأمزجتهم تحتمل الخطأ أكثر مما يحتمله المرضى وأكثر ما يسقون أدويتهم الفلاحين وأرباب الكد وأمزجتهم تحتمل الأدوية القوية ثم أن الغرياء عندهم أدوية مجربة ممسحة وأعشاب مجربة هم يجتنونها ويمسحونها ويتناقلون العلم بها.

T 6

وأنا أقول إن طب العجايز أفضل من طب هؤلاء لأن العجوز تعمل ما رأت نفعه وجربت نفعه فهي قريبة من فرقة التجارب وأما هؤلاء فيقدمون بقياس فاسد وظن مختل ثم أن العجوز قلما تقدم على دواء قوي ومسهل خطر فإن أدمت على شيء منه لم تلج فيه ولم تبلغ لكن إن رأت إما رأت النجح ثبتت والا اقلعت

T 7

وأما المشتغلون في هذا الزمان بالطب فشأنهم أن يقرؤوا شيئاً من كليات كتاب القانون فيحفظون حد الطب وحد الأسطقس وحد المزاج وأمثال ذلك ويتجادلون فيه ويرفعون بذلك أصواتهم في المجالس والأسواق ثم يقدمون على العلاج ظناً منهم أن ذلك يجدي عليهم وأنه كافيتهم وأن من حقق حد الطب قدر أن يبرئ من الحميات وغيرها ويعرف أصنافها وأنا أشير على من يقبل نصيحتي إن شاء أن يكون طبيباً ألا يعدوا كتب جالينوس وبقراط [...] وإن شاء أن يقرأ كلام المتأخرين على جهة التنزه على مقادير العلماء في علمهم وتفاوتهم في فهمهم وحسن اختصارهم وبسطهم فذلك إليه ومن زعم أن في الملكي وفي كتاب المائة أو في القانون كفاية عن كتب ج