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 Muslim 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 high-water marks of the Muslim civilisation. 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 specialised 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 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.

Figure 1. Mansur Qalawun’s mosque from http://weekly.ahram.org.eg (The image was introduced by the editor).

The king of Egypt Mansur Qalawun (1279-1290), while still a prince, fell ill during an expedition which he was directing in Syria. He was so impressed by the Nuri Hospital of Damascus, founded in 1154 by the Nuruddin Mahmud Zangi ibn Aksungur, in which he was treated, that he made a vow to found a similar institution as soon as he ascended the throne.

* This is the text, with a few additions in the footnotes, read at the International Congress of the History and Philosophy of Science held in Islamabad, Pakistan, 8 to 13 December, 1979).
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The Famous Mansuri Hospital of Cairo thus resulted from that enthusiasm borne out of close acquaintance with Damascus's Nuri 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 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 Muslim ideologies and economic requisites. It thus acquired a stabilised 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.

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¹ Ahmad Issa Bey, Histoire des Bimaristsans a l'Epoque Islamique, 1929, p. 137.
specialised than the *nasocamia*. Its main point of resemblance with the *nosocarium* 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 unauthorised persons may account for the tendency which already seems to be discernible in this first Islamic hospital's staff with several physicians towards specialisation 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 Khalid or his grandson Yahya 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.

*Figure 3. Gawhar Nasiba Sultan Hospital in Kayseri, Turkey from www.kayseri.gov.tr (The image was introduced by the editor).*

**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-Nadim's *Fihrist*, but we learn from it that Ibn Dahn (or Dahānî) 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

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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 (man tatabbabe wa lam yuallim minhu tibbun qabla zâlika fahuwa dhâmin); 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 (man yatibbu walam yakun bi’t-tibbi ma’rīfân fâ asîba na’fṣan wa madūnāhâ fahuwa dhâmin).
book of Shusruta into Arabic. We know therefore that this third hospital represented strong Indian influence and that it was sufficiently organised to have a head-physician.

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

Figure 4. Bayazid II Kulliye, Edirne, Turkey from Islamic Science, Seyyed Hossein Nasr, 1976 (The image was introduced by the editor).

We do not know whether this hospital had separate wards and whether it represented different fields of specialisation 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 specialised in the treatment of the sick and strongholds of scientific medicine.

The fifth hospital was built by Fath ibn Khâqân, a 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 Ahmad ibn Tûlûn Hospital. This hospital is generally considered to be the first hospital to be built in Cairo. 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 Fath ibn Khâqân Hospital in Cairo is reported by no less an authority than Maqrizi.

The Ahmad ibn Tûlûn 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 Tûlûnid 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 Muslim culture and civilisation, and it was also a guarantee of the hospital's longevity. We may conclude therefore that from the standpoint of financial administration the organisation of the hospital as a specialised institution was completed with the Cairo hospital of Ahmad ibn Tûlûn. Indeed, the Tûlûnid Hospital was highly prized and it may be said that it was first surpassed by the 'Adudi Hospital of Baghdad founded in 980 A. D.

Ahmad ibn Tûlûn also established a dispensary next to his Tûlûnid Mosque which was built before the Hospital. 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 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.

Fath ibn Khâqân was a general and a generous patron of scholars. His rich library was a meeting place of scientists. Ahmad ibn Tûlûn, the founder of the Tûlûnid dynasty, was the son-in-law of Fath 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 revenues, in the chronological order of their foundation, 1) the Hospital of Badr Ghulâm (d. 902), an administrator and army commander of the caliph Mu’tadid (892-902), in Baghdad; 2) the Baghkami

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5 *Khilat*, vol. 2, p. 405.
Hospital of Baghdad built by Amîr Abû-l-Hasan Baghkam (or Yahkam) at-Turî (d. 940), commander of the caliph Muktafi (902-908); 3) the Ikhshidid Hospital of Cairo built by the Kâfûr al-Ikhshîd in 957; and, 4) the hospital built by Mu'izzuddawla ibn Buwayh in Baghdad in or around the year 967 A. D.

Figure 6. The treatment of a patient by the surgeon miniature by Sharaf al-Din Sabuncuoglu's book Jarrahiyat al-Haniyya (The image was introduced by the editor).

As we have seen, Ibn Tûlûn’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 worshippers. This makes their connection with Indian medicine quite understandable. But we also have information of a specific nature on this particular point.

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 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. 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 Ahmad ibn Tülün.

**Bibliography**

Ahmad Issa Bey, Histoire des Bimaristans a l’Epoque Islamique, 1929, p. 137.


Z. V. Togan, loc. cit. in N. Togan.

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

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