

# The Social History of Surgery in Ottoman Syria: Documentary Evidence From Eighteenth-Century Hamah

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## Abstract

Little is known about the role of surgery in pre-modern medical practice in general, and in the lands under Muslim dominance in particular. There is an acknowledged gap between theoretical knowledge and medical practice, but evidence of the latter is difficult to find. Many fundamental questions therefore remain unanswered. For example, was there a division of labour between surgeons and physicians? We are also mostly ignorant about who practiced surgery, the legal context surrounding this practice, and its financial aspects. This article offers an analytical edition of two documents from the Syrian town Hamah dating from 1212/1798, which can help answer some of these questions. They concern a respected and learned physician who also personally performed the removal of bladder stones and was paid well for his services.

## Keywords

surgery – lithotomy – bladder stone – medical practice – Ottoman Syria – Hamah

Although several researchers have recently taken up the study of medicine in the lands under Muslim dominion with a view to highlighting its social history, our first-hand knowledge of medical practitioners, the conditions of their work, and their social standing remains scant. A relatively large amount has been written about medicine in the Ottoman period, but the focus has tended to be on the capital and major administrative centres. Our understanding of the work of physicians who practiced outside the centres of

power<sup>1</sup> and chronologically in what is widely perceived as the post-classical period remains limited.<sup>2</sup>

The social history of medicine in the Syrian provinces of the Ottoman empire is particularly underdeveloped, especially with regard to studies based on documentary evidence rather than biographies of doctors found in contemporary chronicles.<sup>3</sup> Biographies, after all, are problematic sources because of their selection criteria (non-Muslim physicians or practitioners from heterodox groups often being excluded), their social bias (those from outside the learned Muslim elite tended to be omitted; women were almost never

- 1 Studies on the official medical institutions at the Ottoman court in Istanbul or the urban centres of Anatolia abound although they are usually and undeservingly generalized by titles such as “Ottoman medicine” when in fact they treat, like the present study, no more than a fraction of the whole cosmos that constituted the world of medical care.
- 2 This, of course, is also true for any other field of historical research in the Middle East, not least due to a changing density and quality of historical literary sources, even if restricted only to those that are published. For the medical practice in Ottoman contexts, the publications of Miri Shefer have recently provided new insights (Shefer, Miri, “Medical and professional ethics in sixteenth-century Istanbul. Towards an understanding of the relationships between the Ottoman state and the medical guilds”, *Medicine and Law*, 21 (2002), 307–19; Shefer-Mossensohn, Miri, *Ottoman Medicine. Healing and Medical Institutions, 1500–1700* (Albany: SUNY Press, 2009)) and there are also scores of Turkish-language publications on the subject.
- 3 Both al-Kayyali, Taha Ishaq, *Tarikh al-tibb wa-l-atibba’ fi Halab wa-atibba’ al-asnan wa-l-saydala*, ed. Sa’d Taha al-Kayyali (Aleppo: Author, 1999) and Zakkur, Muhammad Yasir, *Tarikh al-tibb wa-l-atibba’ fi Idlib al-khadra* (Damascus: Dar al-Fatah, 2009) rarely go beyond the uncritical copy of biographies. For both, the Ottoman period is not much more than “inhibit” (decline). Berger, Lutz, *Gesellschaft und Individuum in Damaskus 1550–1791* (Würzburg: Ergon, 2007), pp. 283–6, also bases his more analytic report on the available biographical literature. Nu’aysa, Yusuf, *Mujtama’ madinat Dimashq fi l-fatra ma bayna 1182 – 1256 h / 1772 – 1840 m*, 2 vols. (Damascus: Dar Talas, n.d.), vol. I, pp. 141–7, on the other hand, includes some documents – and vaguely hints at the existence of even more which he does not cite – in his valuable account of medical care in Damascus at the end of the eighteenth century, although he mostly mines these documents for names and does not make an attempt to analyze their social context. For Hamah, see Barghuth, ‘Abd al-Wadud Muhammad Yusuf, *Liva’ Hamah fi l-qarn al-sadis ‘ashar: Nizam al-hukm wa-bunyat al-mujtama’* (s.l.: Author, n.d.), pp. 154–6 makes wide use of the law court registers. Still an excellent eyewitness-account for Aleppo is Russell, Alexander, *The Natural History of Aleppo Containing a Description of the City and the Principal Natural Productions in its Neighbourhood*, 2<sup>nd</sup> edition, revised, enlarged, and illustrated with notes by Patrick Russell, 2 vols. (London: B.B. and J. Robinson. 1794), vol. II, pp. 114–39, on which see van den Boogert, Maurits H., *Aleppo Observed: Ottoman Syria through the Eyes of Two Scottish Doctors, Alexander and Patrick Russell* (Oxford: Oxford University Press 2010), pp. 145–84.

included), and the many *topoi* of the genre. It is therefore highly desirable that we supplement what little is transmitted in the contemporary indigenous literature with documentary evidence. In the absence of personal archives, which are scarce in the Middle East, two corpora of documentary sources from the Ottoman period present themselves. The first consists of the large numbers of medical manuscripts kept in libraries all over the world. Manuscripts are usually seen as text-carriers only, but they also have an individual history of their own that tells us which texts were in wide circulation and which were scarcely transmitted; who copied, read, or owned the books; and how much they cost. Manuscripts thereby provide us not only with the names of scores of otherwise undocumented physicians, oculists, or surgeons but also with evidence of their literary training and its transmission from one generation to the next as well as of the social standing of medical men. We find information of this kind in the numerous possessor and readership notes left in the manuscripts by their users.<sup>4</sup> The systematic collection of this rich material has not hitherto been attempted and its study is still in its infancy. My own research focuses on manuscript collections of a Levantine origin and I have been able to analyse the notes in more than 5,000 volumes so far, yielding several thousand owners' and readers' notes.<sup>5</sup>

The second complementary source consists of the archives of the Islamic law courts which are still preserved today in many former provinces of the Ottoman empire, including modern Syria. Inheritance records, endowment deeds, and any other economic records can shed light on medical practitioners in their socio-economic context. A few documents even deal with medical questions directly, and it is of two such documents that the present article offers editions. I will also attempt to link the physician in these documents with some of the books he and members of his family owned.

None of the abovementioned sources have hitherto been used systematically for the study of medical practice. The most progress was made in Egypt

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4 Cf. Gacek, Adam, "Ownership statements and seals in Arabic manuscripts", in *Manuscripts of the Middle East* 2 (1987), 88–95; Sayyid, Ayman Fu'ad, "Les marques de possession sur les manuscrits et la reconstitution des anciens fonds des manuscrits arabes", in *Manuscripta Orientalia* 9/4 (2003), 14–23; Liebreuz, Boris, "Lese- und Besitzvermerke in der Leipziger Rifā'īya-Bibliothek", in *Manuscript Notes as Documentary Sources*, ed. Andreas Görke and Konrad Hirschler (Würzburg: Ergon, 2012), pp. 139–60.

5 My sources consist mainly of the Arabic manuscript collections of Beirut (American University), Berlin (Staatsbibliothek), Tübingen (Universitätsbibliothek), Leipzig (Universitätsbibliothek), and Halle (Deutsche Morgenländische Gesellschaft), as well as – thanks to their laudable digitizing projects – Ann Arbor / Michigan, Harvard, and Princeton, and the odd references found occasionally in manuscript catalogues.

where a wide variety of texts have been either edited or studied ranging from the early Middle Ages to the late Ottoman period,<sup>6</sup> and for the Ottoman heartlands with an emphasis on the imperial palace.<sup>7</sup> The two documents from the law court registers of Hamah edited and analysed here therefore offer welcome insights into the practice of surgery at the beginning of the thirteenth/end of the eighteenth century in Ottoman Syria. Both are contracts between a physician and the parents of his patients in which the conditions of his performance are outlined. To the best of my knowledge, no such documents in Arabic from the Ottoman period have been published before, and I have found only one from an earlier date, the seventh/thirteenth century, originating from the Cambridge Genizah collection.<sup>8</sup>

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- 6 Pre-Ottoman documentary evidence in the form of sheets of parchment, papyrus, or paper, unearthed in archaeological digs or preserved in archival circumstances includes many anonymous lists of drugs or prescriptions, but also letters and petitions by physicians. They give valuable insights into materia medica, remedies, techniques, and the social environment of the practitioners. The Genizah collection provides a veritable wealth of material; cf. Goitein, Solomon D., *A Mediterranean Society. Vol. 2: The Community* (Berkeley: University of California Press, 1971), pp. 240–72, 575–85. Two editions of Genizah documents are especially noteworthy: Richards, D. S., “A doctor’s petition for a salaried post in Saladin’s hospital”, in *Social History of Medicine*, 5 (1992), pp. 297–306; Khan, Geoffrey, *Arabic Legal and Administrative Documents in the Cambridge Genizah Collections* (Cambridge: Cambridge University Press, 1993), pp. 275–6, n. 60. A valuable study of the social standing of two Mamluk physicians based mostly on their *waqf* deeds is Behrens-Abouseif, Doris, *Faḥ Allāh and Abū Zakariyya: Physicians under the Mamluks* (Cairo: Institut Français d’Archéologie Orientale, 1987). For the Ottoman period there is a very good study of the guild system and its impact on the medical professions by Gadelrab, Sherry Sayed, “Medical healers in Ottoman Egypt, 1517–1805”, *Medical History*, 54 (2010), 365–86.
- 7 Cf. Russell, G. A., “Physicians at the Ottoman court”, *Medical History*, 34 (1990), 243–67; Terzioğlu, Arslan, *Die Hofspitäler und andere Gesundheitseinrichtungen der osmanischen Palastbauten unter Berücksichtigung der Ursprungsfrage sowie ihre Beziehungen zu den abendländischen Spitälern* (Munich: Trofenik, 1979); Terzioğlu, Arslan, *Osmanlılarda Hastaneler, Eczacılık, Tababet ve Bunların Dünya Çapında Etkileri* (Istanbul: no publisher, 1999); Rengin, Dramur *Osmanlı Devleti Saraylarında Tıp ve Eczacılık*. (Istanbul: AYA Kitap, 2008).
- 8 Khan, *Arabic Legal and Administrative Documents*, pp. 275–6, n. 60. Nu’aysa, Yusuf, *Mujtama’ madinat Dimashq fi l-fatra ma bayna 1182 – 1256 h / 1772 – 1840 m*. 2 vols. (Damascus: Dar Talas, n.d.), vol. I, p. 144, Barghuth, ‘Abd al-Wadud Muhammad Yusuf, *Liwa’ Hamah fi l-qarn al-sadis ‘ashar: Nizam al-hukm wa-bunyat al-mujtama’*. S.l.: Author. n.d.), p. 154, and Marcus, Abraham, *The Middle East on the Eve of Modernity: Aleppo in the Eighteenth Century* (New York: Columbia University Press, 1989), pp. 162, 266, 361 all mention contracts for medical practice, the first being for the unspecified service of a barber in 1264/1847 in Damascus, the second and third – like the documents in question here – lithotomies in sixteenth-century Hamah and eighteenth-century Aleppo, respectively. Nu’aysa, *Mujtama’ madinat Dimashq*,

## The Practice of Medicine in Ottoman Syria (Seventeenth-Nineteenth Centuries)

A variety of professions contributed to the practice of medical care in Ottoman Syria.<sup>9</sup> The most important were the physician (*tabib*, *mutatabbib*, or *hakim*), the surgeon (*jarrah*, *jara'ih*), the ophthalmologist (*kahhal*), the orthopedist or bone-setter (*mujabbir*), and the barber (*hallaq* or *muzayyin*).<sup>10</sup> All of them were corporately organized in guilds,<sup>11</sup> but none of these groups was completely homogenous in social standing and material affluence. It is tempting to place the first three at the top of the social ladder while the barber would be expected to be found at the bottom. After all, such stratification would seem to be expressed in the hierarchy of hospitals as it is reflected in the wages in their foundation deeds, where surgeons and ophthalmologists came after the

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I, p. 146 also mentions having seen other documents containing the wages of doctors or the cost of medicine, but does not give figures and references only one such document.

- 9 In the following I will not deal with those operating on the fringes of what we would consider school-medicine. But mystics and venerated religious men who healed with prayers written down and then dissolved in water in order to be drunk or by the pure force of their *baraka* (cf. Ibn Kannan, Muhammad b. 'Isa, *Yawmiyat shamiya aw al-Hawadith al-yawmiya min tarikh ahad 'ashar wa-alf wa-miya* (Damascus: Dar al-Tabba', 1994), p. 390) as well as untrained people with a profound knowledge of traditional herbal medicine might have had the larger share of every-day medical counsel in their hands. People might rather turn to spiritual healers, as did 'Abd al-Mu'ti al-Falaqinsi who, while suffering attacks of temporary unconsciousness, spent a great deal of money on *hukama' al-ashbah wa-l-arwah* (doctors of ghosts and spirits; Ibn Kannan, *Yawmiyat shamiya*, p. 174). The two spheres were, however, not mutually exclusive. A formally trained physician like the Damascene Taqi al-Din Abu Bakr Ibn al-Hakim (d. 1007/1598–99) – his father was head physician in Damascus – who worked for some time at the Ottoman court in Istanbul and used to treat the palace guard with potable talismans described his work as “healing with the spiritual drugs (“al-'aqaqir al-ma'nawiyah”); cf. al-Muhibbi, Muhammad Amin b. Fadl Allah, *Khulasat al-athar fi a'yan al-qarn al-hadi 'ashar*, ed. Muhammad Hasan Muhammad Hasan Isma'il, 4 vols. (Beirut: Dar al-Kutub al-'Ilmiya, 2006), vol. I, pp. 118–9, n. 77 and the same story in his very unflattering biography by al-Burini, al-Hasan, *Tarajim al-a'yan min abna' al-zaman*, 2 vols., ed. Salah al-Din al-Munajjid (Damascus: al-Majma' al-'Ilmi al-'Arabi, 1959–1963), vol. II, pp. 108–10.
- 10 An idealized picture of the hierarchy of medical practitioners just a few decades before the documents edited here were issued is provided by the Damascene scholar Ibn Kannan, Muhammad b. 'Isa, *Hada'iq al-Yasimin fi dhikr qawanin al-khulafa' wa-l-salatin*, ed. 'Abbas Sabbagh (Beirut: Dar al-Nafa'is, 1991), pp. 179–80. The barber, of course, is missing in this account.
- 11 For guilds and their role in the medical practice of Ottoman Egypt, cf. Gadelrab, “Medical healers in Ottoman Egypt, 1517–1805”, pp. 374–80; also Shefer, “Medical and professional ethics”.

physicians, and barbers were not even considered medical personnel at all.<sup>12</sup> But this was not always the case. Barbers could amass great wealth, while some physicians managed to gather only modest sums. As a British traveller noted in the early nineteenth century about his Damascene accommodation, “[We] were recommended to a rather affluent Turk, who possessed one or two houses that were at present vacant. He was a barber, and exhibited another proof of the respectability of this class of people in the East (...).”<sup>13</sup>

The Prussian consul, Johann Gottlieb Wetzstein, in describing the markets of Damascus around the middle of the nineteenth century, mentions a disgruntled physician having to watch the barber and ophthalmologist next door take the better part of the revenue. The barber reportedly had a white Baghdadi donkey – the most expensive kind – tied up outside his door, ready to take him off to perform bloodletting or set leeches, but also to treat sword and knife wounds. He is described as also performing dental operations. Despite these various activities, the barber did not even have an official *ijazat al-jarrah* (license in surgery) which, as Wetzstein informs us, would have been impossible under the Egyptian administration of Syria (1831–1840).<sup>14</sup> It is also noteworthy that barbers at times performed the lithotomy too – the operation mentioned in the edited documents below, where it is undertaken by a physician – and there are reports of this practice dating back to pre-Ottoman times.<sup>15</sup>

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- 12 Cf. for the Bimaristan al-Nuri in Hamah in the year 1000/1591, al-Kayyali, *Tarikh al-tibb*, p. 31; for Damascus in the middle of the nineteenth century, Petermann, H., *Reisen im Orient*, 2nd edition, 2 vols. (Leipzig: Verlag von Veit & Co., 1865), vol. II, p. 439; generally Shefer-Mossensohn, *Ottoman Medicine*, p. 46.
- 13 Carne, John, *Letters from the East: Written during a Recent Tour through Turkey, Egypt, Arabia, the Holy Land, Syria, and Greece*, vol. II. (2<sup>nd</sup> edition) (London: Henry Colburn, 1830), vol. II, pp. 88–9. Cf. also the anecdote of a physician designating his son to become a surgeon after seeing the large sums bestowed upon a barber-surgeon for a simple circumcision performed on the sultan’s son in Mamluk Egypt, cited by Gadelrab, “Medical healers in Ottoman Egypt, 1517–1805”, p. 373.
- 14 It was, however, the practice also in Egypt before the reforms of the nineteenth century. Barbers reportedly “bandaged wounds, bled, scarified and cupped, extracted teeth, opened abscesses, and couched cataracts; they reduced dislocations and hernias, performed circumcisions, and applied leeches”, just as Wetzstein describes it for Damascus; cf. Estes, Worth and Laverne Kuhnke, “French observations on disease and drug use in late eighteenth-century Cairo”, *Journal of the History of Medicine and Allied Sciences*, 39 (1984), p. 129; cf. also Behrens-Abouseif, Doris, “The image of the physician in Arab biographies of the post-classical age”, *Der Islam*, 66 (1989), p. 341.
- 15 Cf. Estes and Kuhnke, “French observations on disease and drug use”, p. 129. Still in the middle of the nineteenth century, an American physician in Syria could write: “The surgeons of Syria are generally barbers. (...) I have a neighbour who has no knowledge of

According to Wetzstein, the barber's level of education and formal – though probably not practical – training was very low, while the physician had studied in Egypt, at the time a centre of European-style medical training, and also possessed the works of Galen and Hippocrates in large volumes.<sup>16</sup> These observations seem to be supported by the account of Mikha'il Mishaqa, who counted about 40 barbers in Damascus in 1848 as responsible for surgery, the head of whose guild was illiterate.<sup>17</sup>

The question of literacy is worth contemplating further, since the level of theoretical knowledge based on the Hellenistic scriptural tradition might be a sharper dividing line between barbers and physicians than socio-economic differences. The intellectual distinction between physicians, ophthalmologists, and probably surgeons as opposed to barbers seems to be corroborated by the evidence found in the manuscripts these different groups possessed. At least for the Syrian lands, books owned or read by physicians seem to be more numerous, more precious, and of the more refined and difficult literary genres than those possessed and read by barbers. In medical texts we find traces of ownership and usage left by numerous physicians, oculists, and surgeons, but – at least in my corpus – not a single barber. Books possessed or read by physicians were also often shared with members of the religious or political elite.<sup>18</sup> This would suggest that barbers may have belonged to lower social networks. The material evidence is not conclusive, but the general pattern in the period under study seems to set both groups apart on account of their education and social interaction.

It is also interesting that many physicians had a second occupation or training either on the side or sometimes even as their main source of income, also working, for example, as a pharmacist or druggist in the market.<sup>19</sup> It is well known that many of the famous Muslim doctors also enjoyed a formal training in the theological curriculum and achieved high standing posts in that field.

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anatomy and cannot read, [but] who has operated for stone with success repeatedly, though not always", De Forest, Henry A., "Medicine in Syria", *The Boston Medical and Surgical Journal*, 47 (1852), p. 158.

16 Wetzstein, Johann Gottfried, "Der Markt in Damaskus", *Zeitschrift der Deutschen Morgenländischen Gesellschaft*, 11 (1857), pp. 487–8.

17 Fleischer, Heinrich Leberecht, "Michael Meschâka's Cultur-Statistik von Damaskus. Aus dem Arabischen übersetzt von Prof. Fleischer", *Zeitschrift der Deutschen Morgenländischen Gesellschaft* 8 (1854), p. 354.

18 For the material basis of these assessments cf. p. 3 and note 5 above. Overall, medical practitioners were not represented in great numbers.

19 Cf. Estes and Kuhnke, "French observations on disease and drug use", p. 129; Behrens-Abouseif, "The image of the physician in Arab biographies", pp. 332–3, 336.

The same might have been true for their Christian and Jewish colleagues. Medical knowledge was sometimes transmitted, cultivated, and practiced among the monks of Christian monasteries.<sup>20</sup> In fact, most physicians known from the contemporary biographies were also or even foremost religious and legal scholars, but this may well be due to a bias in this genre of sources, in which individuals without religious learning or political power are seldom discussed. A rather surprising combination of skills can be seen in the physician Darwish Rajab who accompanied the Prussian consul Wetzstein on his trip to the Syrian Hawran region in the 1850s. Darwish Rajab was also a public storyteller which probably explains why his name is not found in any biographical dictionary from the period.<sup>21</sup>

The role of hospitals is difficult to assess. The large endowments of the Ayyubid and Mamluk era were still in use in the urban centres of Aleppo,<sup>22</sup> Damascus,<sup>23</sup> and Hamah.<sup>24</sup> They were not designed to take on all the cases of these cities, however, having been set up principally to treat those patients who were too poor to have a doctor treat them at home.<sup>25</sup> But with endowments in place to finance the work of these institutions, hospitals presumably provided a number of doctors of various faiths with a stable source

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- 20 Cf. Walbiner, Carsten-Michael, "Monastic reading and learning in eighteenth-century Bilād al-Šām: Some evidence from the Monastery of al-Šuwayr (Mount Lebanon)", *Arabica*, 51 (2004.), pp. 462–77. An American physician writing in 1852 mentions a priest who performed dental operations, De Forest, "Medicine in Syria", p. 159.
- 21 Wetzstein, *Reisebericht über Hauran und die Trachonen nebst einem Anhang über die sabäischen Denkmäler in Ostsyrien*. (Berlin: Dietrich Reimer, 1860) pp. 2–3: "In ähnlicher Absicht hatte ich den Arzt und öffentlichen Erzähler Derwisch Regeb mitgenommen; als Arzt musste er das Volk von mir abhalten, das in jedem Europäer einen Heilkünstler sieht, und des Abends musste er erzählen, wenn ich an meinem Tagebuche arbeiten wollte".
- 22 Cf. Marcus, Abraham, *The Middle East on the Eve of Modernity: Aleppo in the Eighteenth Century*, (New York: Columbia University Press, 1989), p. 265; al-Ghazzi, Kamil b. Husayn, *Nahr al-dhahab fi tarikh Halab*, 3 vols. (Aleppo: al-Maṭba'a al-Mārūniya, 1923–1926), vol. II, pp. 64–6, 103–4.
- 23 Cf. Badran, 'Abd al-Qadir, *Munadamat al-atlal wa-musamarat al-khayal*, ed. Muhammad Zuhayr al-Shawish ([Damascus]: al-Maktab al-Islami li-l-Taba'a wa-l-Nashr, n.d.), pp. 259–60; Ibn Kannan, *Yawmiyat shamiya*, p. 195; Khan, *Arabic Legal and Administrative Documents*, I, pp. 132–40.
- 24 Barghuth, *Liwa' Hamah*, pp. 155–7.
- 25 How independent of any out-of-home services the social elite was is exemplified in Ibn Kannan's description of the house of 'Abd al-Mu'ti al-Falaqinsi in 1122/1710 Damascus. Here, a whole storage room under the supervision of a specialized clerk was full of ingredients for every possible medicine, so that a doctor in case of urgency could immediately prepare everything needed; cf. Ibn Kannan, *Yawmiyat shamiya*, p. 172.

of income.<sup>26</sup> It is not clear whether such hospitals in the Ottoman period still served in a teaching capacity as they had before. It is equally unknown – but it seems unlikely – whether there were special schools for medicine in Ottoman Syria<sup>27</sup> and it also seems doubtful that the large libraries which some hospitals reportedly once possessed, survived until the Ottoman period.<sup>28</sup> Wetzstein, who paints a bleak picture of the overall medical situation in Syria around 1850, says that there were no medical schools left in his day and that medical services generally lay in the hands of old women and charlatans. In his opinion this was a major reason for the depopulation of the country, since even harmless diseases frequently resulted in death or disability.<sup>29</sup> The Russell brothers, who practiced medicine in Aleppo more than 80 years earlier, stressed the same point, stating that medical training was accomplished by apprenticeship with an established doctor who would issue an *ijaza*, which then had to be corroborated by the *ra'is al-atibba'* or *hakim-bashi*. Since the latter – at least around 1750 – was a man usually chosen from among the eminent scholars of the city and not necessarily familiar with the art of medicine, there was, according to the Russells, room for a lot of corruption and mismanagement.<sup>30</sup>

At the same time, medicine was always considered part of the general knowledge of an educated man. While we find large numbers of medical practitioners as owners and readers of medical manuscripts, the vast majority of

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26 Cf. Rafeq, Abdul-Karim, “The integration of religious communities in the workplace in Ottoman Syria and during their stay in Egypt”, in *Society and Economy in Egypt and the Eastern Mediterranean 1600–1900*, ed. Nelly Hanna and Raouf Abbas (Cairo: American University in Cairo Press, 2005), p. 104.

27 Wetzstein writes in a letter that there were no medical schools in the 1850s and had not been for a long time: “Die Medizin ist in den Händen von Charlatanen und alten Weibern, denn Schulen dafür giebt's lange nicht mehr. Der bankrotte Kaufmann praktiziert als Arzt. Die meisten Augenkrankheiten enden hier mit Blindheit, die Kinderkrankheiten mit Tod. (Ein Hauptgrund der Entvölkerung Syriens)”, Johann Gottfried Wetzstein, letter to Heinrich Leberecht Fleischer, Damascus 4th July 1854, Copenhagen, Royal Library, Estate of Heinrich Leberecht Fleischer Ny kgl. Sam. 2969–4. For medical schools that used to exist in Damascus – all founded in the seventh/thirteenth century and vanished long before the advent of the Ottomans – cf. Badran, *Munadamat al-atlal*, pp. 252–8.

28 Cf. Éche, Youssef, *Les bibliothèques arabes publiques et semi-publiques en Mésopotamie, en Syrie et en Égypte au Moyen Âge* (Damas: Institut Français de Damas, 1967), pp. 235–6.

29 Johann Gottfried Wetzstein, letter to Heinrich Leberecht Fleischer, Damascus 4th July 1854, fol. 2r, Copenhagen, Royal Library, Estate of Heinrich Leberecht Fleischer, Ny kgl. Sam. 2969–4.

30 Russell, *The Natural History of Aleppo*, vol. II, p. 116.

their identifiable possessors were legal and religious scholars. We also know that Ibn Kannan and his friends, all religious scholars, included medicine – both prophetic and ancient – in their study circles in the mosque.<sup>31</sup> Furthermore, the legal scholar ‘Abdallah al-Busrawi (1097–1170/1686–1757), who does not appear to have had any connection with medical training judging from his own biography, is nonetheless mentioned as the teacher of Khalil al-Fattal in such diverse topics as legal and grammatical sciences – and medicine.<sup>32</sup> Our sources are silent on whether practicing physicians also consulted the mosque libraries, which occasionally also had medical works on their shelves.

There are two limitations in the picture of biographical dictionaries and chronicles of the Ottoman period we need to be aware of, in addition to their general focus on the social elite which tended to exclude barbers. Firstly, they almost completely disregard two groups of the society which played important roles in the practice of medicine: religious minorities and women. The picture we get of the people involved with medical care, therefore, is highly imbalanced. The operating physician in the cases presented below was a Sunni Muslim, but many of his contemporary colleagues came from a variety of religious sects – and were not necessarily men. Nonetheless, few of these practitioners are mentioned in any of the common biographical sources, which tend to have been written by Sunni Muslims of a religious background from the social elite. For the nineteenth century we have evidence about non-Muslim medical practitioners like the newly converted protestant of Maronite origin Mikha’il Mishaqa, and a Druze oculist Hamzah al-Kahhal operating in Damascus,<sup>33</sup> but the chronicles do not mention them. Since they are also not found in the Muslim biographical sources, we may therefore never learn anything substantial about the Christian Damascene Jabarah family<sup>34</sup> or the

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31 Ibn Kannan, *Yawmiyat shamiya*, p. 196.

32 al-Muradi, Muhammad Khalil, *Silk al-durar fi a’yan al-qarn al-thani ‘ashar*, ed. Muhammad ‘Abd al-Qadir Shahin, 4 vols. in 2 (Beirut: Dar al-Kutub al-‘Ilmiya, 1997), vol. II, p. 98.

33 Hamza was executed for killing Christians during the 1860 massacre in Damascus according to a note left by the Prussian consul Wetzstein in one of the manuscripts in his possession, namely MS Tübingen Ma VI 74. Apart from this note, there is no indication that Hamza was Druze, but according to Mishaqa (Fleischer, “Michael Meschâka’s Cultur-Statistik von Damaskus”, p. 354) most of the 20 oculists in Damascus were Druze. Hamza possessed no less than six manuscripts (MS Tübingen Ma VI 74–77, 79, 138), mostly on medicine, but also Ibn Tumart’s more philosophical *Kanz al-‘ulum*.

34 Antun and his father Butrus Jabara identify themselves as Damascene physicians of Lebanese origin (more precisely from ‘Akkar) in their ownership notes in three manuscripts (MS Leipzig Vollers 759, 761; MS Berlin Staatsbibliothek Spr. 5), but are otherwise not documented. Only Antun dates one of his entries in 1241 (MS Berlin Spr. 5).

Jacobite physician Ni‘mat Allah b. Yuhanna<sup>35</sup> despite their apparent affluence and high level of education. Nonetheless, medicine seems to have been one of those areas of intellectual encounter where Muslims, Christians, and Jews routinely met.<sup>36</sup> It is clear from the manuscripts, for example, that they often changed hands between members of several religious groups. And even western physicians, judging from their own accounts, were aware of the work of their local colleagues.

Secondly, our information is largely based on the urban centres. How medical care worked on an organized level in the rural areas simply lies beyond the scope of most available sources. Yet it seems that there were also physicians who carried out complex treatments even in smaller settlements. For example, when in 1810 the traveller Fath Allah al-Sayigh found himself on the brink of death in a village near Hamah, a skilled surgeon had to be called from the town. But since the surgeon in question proved to be incapable of treating Fath Allah’s severe injuries, the case was transferred to a specialist in the small village of Dayr ‘Atiyah on the road to Damascus. This expert, a certain shaykh Hasan, was proud enough to demand that the patient should be carried to him so he himself would not need to travel.<sup>37</sup> Since Dayr ‘Atiyah was only a few hours’ ride from Damascus, the necessary remedies were ordered from a French physician referred to as “Shabasun” (Chaboçeau) residing there.<sup>38</sup> Only

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35 To the best of my knowledge, he is recorded only in MS Berlin, Staatsbibliothek We II 1093.

36 Christians made up the majority among members of the guild of physicians in Damascus according to Rafeq, “The integration of religious communities”, p. 104.

37 Cf. al-Sayigh al-Halabi, Fath Allah, *Rihlat Fath Allah al-Sayigh al-Halabi ila badiyat al-Sham wa-Sahara al-Iraq wa-l-‘Ajm wa-l-Jazira al-‘Arabiya*, ed. Yusuf Shulhud, 2<sup>nd</sup> edition (Damascus: Dar Talas, 1994), pp. 204–5.

38 al-Sayigh al-Halabi, *Rihlat Fath Allah al-Sayigh al-Halabi*, p. 206. Buckingham and Carne met the same French doctor about 30 years later in the 1820s at an age of more than 80 years. His name is given by Buckingham as Chaboçeau, while Legh spells it – more in line with the Arabic transcription of al-Sayigh – Chabacon, and Carne has it as Chaboiceau. This man, according to Buckingham, worked as a physician in the Middle East (Istanbul, Cairo, Aleppo, and lastly Damascus) for more than 50 years, but did not, in all this time, bother to learn any of the local languages. While this would make it quite unlikely that he regularly treated the indigenous population, he was also in the company of an interpreter. Carne on the other hand, who gives the most detailed account of this man’s life, assures us that Chaboçeau had learned Arabic with ease when he arrived at Damascus still a young man and that he was much frequented by the local population of all classes. But Carne, unlike Buckingham, had no means of judging Chaboçeau’s linguistic skills, since he himself did not speak any Arabic. Many travellers benefitted from his hospitality: cf. Buckingham, J.S., *Travels Among the Arab Tribes Inhabiting the Countries East of Syria and Palestine* (London: Longman, Hurst, Rees, Orme, Brown, and Green, 1825), p. 299; Legh,

a few years later in 1818, the British traveller Buckingham met a Christian physician in a small village near 'Ajlun, who was widely regarded as a learned man and who was addressed as *hakim*. He attracted patients from the whole region; nonetheless, he made a living as the village schoolmaster and as a skilled metalworker.<sup>39</sup>

The state of medical knowledge in the various eastern provinces of the Ottoman empire is usually described by western travellers of the eighteenth and nineteenth century – but also in modern Arabic historiography – within the framework of its alleged decline from former glory. The institutions, the training, and the methodology in use were, in their eyes, clearly inferior to those in the quickly developing scientific world of Europe.<sup>40</sup> A comparison between the medical establishment and training of the Ottoman provinces and the more developed institutions<sup>41</sup> found in the western countries was

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Thomas, *Narrative of a Journey in Egypt and the Country Beyond the Cataracts* (London: John Murray, 1816), p. 149; Seetzen, Ulrich Jasper, *Ulrich Jasper Seetzen's Reisen durch Syrien, Palästina, Phönicien, die Transjordan-Länder, Arabia Petraea und Unter-Ägypten*, vol. 1, ed. Fr. Kruse (Berlin: G. Reimer, 1854), pp. 32–3; Olivier, Guillaume Arthur, *G. A. Olivier's Reise durch das Türkische Reich, Ägypten und Persien, während der Jahre 1792 bis 1798* (Vienna: Anton Doll, 1809), p. 122; John Carne, *Recollections of Travels in the East* (London: Henry Colburn and Richard Bentley, 1830), pp. 107–13. All of those travellers – from the 1790s through the 1820s – wrote that Chaboçeau was the only Frank living in Damascus except for the Spanish monks of the Catholic monastery. Concerning his medical practice, it apparently did not differ much from that of the native physicians. Buckingham made use of his treatment when he fell seriously ill, and Chaboçeau ordered bleeding as well as dietary changes – apparently to the full satisfaction of the British patient – but had the bleeding executed by a barber (Buckingham, *Travels Among the Arab Tribes*, pp. 353–4). Carne gives the additional information that Chaboçeau was by his original training in France not a physician but a surgeon, which practice he totally abandoned in Damascus since it was usually avoided there and much disliked by the patients (Carne, *Recollections of Travels in the East*, p. 109).

39 Buckingham, *Travels Among the Arab Tribes*, pp. 136, 142.

40 Estes and Kuhnke, “French observations on disease and drug use”, p. 128.

41 It should not be forgotten, though, that some practices generally frowned upon today, for example excessive bloodletting, were still widely popular in both cultural contexts in the nineteenth century. After Andrew Archibald Patton painted the usual bleak picture of medical knowledge in Ottoman Syria, especially Damascus, in 1841, he went on to deliberate which place in the country would have the best climate for successful bloodletting, [Patton, Andrew Archibald], *Die heutigen Syrier oder gesellige und politische Zustände der Eingeborenen in Aleppo, Damaskus und im Drusengebirge* (Stuttgart: Cotta, 1845), p. 144; for the long survival of bloodletting in European medicine cf. Warner, John Harley, “Therapeutic explanation and the Edinburgh bloodletting controversy: Two perspectives on the medical meaning of science in mid-nineteenth century”, *Medical History*, 24 (1980),

increasingly unfavourable for the Ottomans, whose institutions, especially the hospitals, had still been admired by foreign visitors in the sixteenth century. At the same time, complaints about perceived decline were a *topos* not peculiar to the Ottoman period. In fact, when the texts of concerned reformers are to be our guide, everything was always in decline. Even the Ayyubid era – usually described as the golden age of Arabic medical tradition – produced texts which claimed that the medicine of their day was a neglected, undervalued, and denigrated art.<sup>42</sup> Later, the Mamluk era received the blame for the perceived decline of the medical profession.<sup>43</sup>

Lastly, the role of western physicians has to be considered, although with a very different impact at different times and in different territories. Some travellers from the sixteenth century onwards found that Europeans were indiscriminately regarded as possessing superior medical knowledge and that every traveller could be expected to perform some medical care.<sup>44</sup> On a more professional level, there was always some exchange between the local practitioners and European doctors who either accompanied and cared for the foreign communities in the trading centres of the region or travelled as curious men of letters to collect plants and knowledge.<sup>45</sup> As early as the late fifteenth and early sixteenth century we know of the physician philosopher Andrea Alpago, who, being of Venetian origin, spent much of his adult life in Damascus and

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241–58; King, Lester S., “The blood-letting controversy: a study in the scientific method”, *Bulletin for the History of Medicine*, 35 (1961), 1–13. Western observers may also have had an unfavourable bias against the indigenous use of drugs but generally attributed the same healing properties to the same plants in their own practice to an astonishingly high degree; cf. Estes and Kuhnke, “French observations on disease and drug use”, p. 139.

42 [Ibn Jumay’], *Treatise to Šalāḥ ad-Dīn on the Revival of the Art of Medicine [=al-Maqāla al-šalāḥīya fī iḥyā’ al-šinā’a al-tibbīya]*, edited and translated by Hartmut Fähdrich (Wiesbaden: Steiner, 1983).

43 Cf. Behrens-Abouseif, “The image of the physician in Arab biographies”, p. 342.

44 A good overview is found in Osterhammel, Jürgen, *Die Entzauberung Asiens. Europa und die asiatischen Reiche im 18. Jahrhundert* (Munich: C.H. Beck, 1998), pp. 141–2.

45 These contacts were almost never mentioned in the biographies and their extent can only be guessed at; cf. d’Alverny, Marie-Thérèse, “Avicenne et les médecins de Venise”, in *Medioevo e Rinascimento. Studi in onore di Bruno Nardi* (Firenze: Sansoni, 1955), pp. 177–98; Brentjes, Sonja, “The interests of the Republic of Letters in the Middle East, 1550–1700”, *Science in Context*, 12 (1999), 435–68; Reichmuth, Stefan, “Mündlicher und literarischer Wissenstransfer in Ägypten im späten 18. / frühen 19. Jahrhundert – Arabische Gelehrte und ihr Zugang zu europäischer Naturwissenschaft”, in *Buchkultur im Nahen Osten des 17. und 18. Jahrhunderts*, ed. Tobias Heinzelmann and Henning Sievert (Bern: Peter Lang, 2010), pp. 27–52.

apprenticed with the eminent doctor Muhammad b. Makki ad-Dimashqi (d. 938/1531).<sup>46</sup> And in 1670 it was the French consul, Laurent d'Arvieux, who remarked that many French physicians, and especially surgeons, came to Damascus to set up their practice.<sup>47</sup> By the turn of the eighteenth century, the aforementioned French physician Shabasun (Chaboçeau) is said to have been the only westerner (*franji*) residing in Damascus, except for some monks.<sup>48</sup> From 1810 to 1813 the Egyptian scholar Hasan al-ʿAttar travelled to Damascus from Istanbul, where he had been in contact not only with the more open intellectual environment of the Ottoman capital but also with some western physicians residing there. He wrote his major medical works in Damascus and also taught medicine, especially anatomy, to his students there. He was, nonetheless, apparently not a practicing physician.<sup>49</sup> These individuals apart, modern European traditions and techniques only had a wider impact on the medical services due to the reforms undertaken in Egypt in the nineteenth century, which reached the Syrian provinces with the Egyptian occupation in the 1830s. It was during this period that the heads of the medical corps and the newly founded medical schools and military hospitals were almost exclusively European, and officially recognized physicians were trained according to a European curriculum. Around the middle of the nineteenth century western travellers could expect to find compatriots practicing medicine in any larger town of the Levant, often connected with the established missionary activities there.<sup>50</sup>

### The Documents

The Centre of Historical Documents (Markaz al-Watha'iq al-Tarikhiya) at Damascus houses the archival records of the Islamic law courts of several major cities in modern Syria, preserving thousands of volumes (*sijills*) with countless documents mainly from the Ottoman period. During my research in

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46 Cf. d'Alverny, "Avicenne et les médecins de Venise", pp. 184–5.

47 d'Arvieux, Laurent, *Memoires du chevalier d'Arvieux*, ed. Jean-Baptiste Labat, vol. II (Paris: Delespine, 1735), p. 464: "Il y a pourtant toujours quelques Marchands Francois à Damas, et souvent quelques Medecin & quelques Chirurgien qui y vont faire des expériences en gagnant de l'argent".

48 Cf. FN 38.

49 Gran, Peter, *Islamic roots of capitalism. Egypt, 1760–1840* (Syracuse: Syracuse University Press, 1998), p. 106–10.

50 See the list in De Forest, "Medicine in Syria", pp. 156–9.





الشيخ حمزة صيادي	الشيخ احمد ابن الحاج عنبر	السيد مصطفى ابن السيد يوسف صواف	الحاج اسمعيل ابن مشه
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## Translation of Document II

There were present [in court] the man called ‘Ali b. Mustafa from the vil-  
lage of Khattab and the woman called Shaqra bt. Jum’a and the two per-  
sons confirming her identity, Khalifa b. Mur’i and Yusuf b. Musa al-Hasan.  
And the two, he and his aforementioned wife, acknowledged in the court  
out of free will and without coercion, that Dib was their underage small  
son and that they both employed the holder of this legal document, the  
master surgeon al-shaykh Ibrahim b. al-shaykh Mustafa al-Halabi, known  
as al-Ikhlasī, to cut the underage Dib’s bladder and remove the stone found  
therein. The salary in cash payment is set at eighteen piasters, ten of which  
are the remuneration for the cutting and eight for the ensuing care. Should  
Dib die or perish [p. 149] no blood-money will be due for him and he is  
released from (paying for) his blood with the consent of his aforemen-  
tioned legal representatives and their acknowledgement. The aforemen-  
tioned [physician] commits himself for seven days so that he can remove it  
[the stone] and treat the wound for the duration of the week until he [the  
boy] is healed. It is upon him [the boy] to be God fearing and in the exam-  
ple of His gracious Prophet. Upon that [the parties] were satisfied with it  
and it was properly witnessed.

Issued the 18th of Dhu l-Hijjah 1212 (3 June 1798)

Witnesses:

al-hajj Isma‘il Ibn Mashshah

al-sayyid Mustafa b. al-sayyid Yusuf Sawwaf

al-shaykh Ahmad b. al-hajj ‘Anbar

al-shaykh Hamza Sayyadi

### Ibrahim al-Ikhlasī / al-Khulasī

The documents do not say much about the patients and their parents. Unlike their physician, they are not even identified by a proper family name. There were other means to identify a person, for example a profession, origin, or recognizable physical traits, but only the second document does so by referring to the village the patient's family came from. Family names, often the fossilized professions of ancestors or the family's original place of origin, were indeed rather scarce in the period and are usually a sign of higher social standing. Their absence does not necessarily mean lack of respectability nor does it precisely indicate any particular economic position. However, it does seem to indicate that the parties concerned were not members of the elite. The same is true for the men who vouched for Hamida bt. Mustafa's and Shaqra bt. Jum'a's respective identities and most of the witnesses. Three of the five men mentioned as witnesses bear family names or are identified by their profession, the two being not always strictly distinguishable. Some names are found in many other documents from Hamah, which suggests that they were not affiliated with the parties but attached to the court in their function as professional witnesses. The parents in the first document as well as the two men vouching for the woman's identity were all addressed by the title *sayyid*, while the parents in document II were identified only as *al-rajul al-mad'u*, i.e. the man called and *al-mar'a al-mad'uwa*, i.e. the woman called, undoubtedly signifying their lower social standing.

More can be said about the performing physician and his background. The medical profession was transmitted in the Ikhlasī or rather – in the more common form – Khulasī family for many generations.<sup>51</sup> Members of this family working as physicians are documented through biographical dictionaries, documents, and the marks they left in manuscripts in their possession from the middle of the twelfth to the second half of the thirteenth century/mid eighteenth to mid nineteenth century CE. In a rare *ijaza* issued in Damascus for 'Abd al-Qadir b. Ibrahim al-Khulasī – the son of our presumed surgeon –, its issuer Hasan al-'Attar (in Damascus 1810 to 1813) speaks of this man as “the physician just like his father, grandfather, and their kin since ancient times” (*wa-ahl baytihi min qadim al-zaman*). He goes on to laud the family as “extremely skillful” and “exhibiting the subtleties of this craft” (“*daqa'iq tilka l-sina'a*”) as well as breath-taking and famous deeds therein.<sup>52</sup> To establish the

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51 This latter form is the one found in all the sources and will therefore be used in the following. The form Ikhlasī was probably just a scribal error.

52 The *ijaza*'s text is reproduced in Kayyālī, *Tarikh al-tibb*, pp. 139–40.

Khulasi's genealogy by means of this scarce material, though, is not an easy task. To identify our Ibrahim with documented Khulasis of that name inevitably remains somewhat conjectural, but it is a useful exercise. Baytar speaks of one skilled physician called Ibrahim al-Khulasi al-Halabi whose father's name, however, was Muhammad Darwish and not Mustafa.<sup>53</sup> But since inaccuracies and mix-ups in names and dates – either due to the original author, a copyist, or the modern editor – occur fairly often in these sources, we cannot rule out that they were the same. Indeed, in Baytar's biography of this man's son, 'Abd al-Qadir al-Khulasi, Ibrahim's father is now called Mustafa as in our document.<sup>54</sup> Furthermore, in 1249 (1833–34) Ibrahim's younger brother Talib al-Khulasi signed an owner's note in one of his manuscripts as "Talib b. Mustafa al-Khulasi".<sup>55</sup> It appears, therefore, that Baytar's Ibrahim b. Muhammad Darwish al-Khulasi could in fact be the same person as our Ibrahim b. Mustafa al-Khulasi after all.

On the basis of this assumption, we may tentatively deduce the following data from the three biographies of Ibrahim al-Khulasi and his son 'Abd al-Qadir as provided by Baytar and Shatti: Ibrahim al-Khulasi was the foremost physician of his time to the extent that Baytar calls him, using a familiar hyperbole, the Galen of his time and the Ptolemy of his generation,<sup>56</sup> but he also studied some other sciences – *ba'd al-'ulum* presumably referring to

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53 al-Baytar, 'Abd al-Razzaq, *Hilyat al-bashar fi tarikh al-qarn al-thalith 'ashar*, ed. Muhammad Bahjat al-Baytar, 3 vols. (Damascus: Matbu'at Majma' al-Lugha al-'Arabiya bi-Dimashq, 1961–1963), vol. I, p. 32. The biography – and those of other Khulasis in the literature – is repeated in al-Kayyali, *Tarikh al-tibb*, p. 139. Gran, *Islamic roots of capitalism*, pp. 108–09 also uses the same source, but seems to misread it in two crucial points when he claims Ibrahim was the author of a medical book on the pulse and the eyeball: first, while the term *qarura* can mean the iris of the eye as Gran understands it, it is here, in combination with the pulse, clearly the urine glass – Ibrahim al-Khulasi was not an oculist. The meaning is obviously to stress the art of noninvasive diagnosis with the least possible direct physical contact. As our documents show, this must be taken with a huge grain of salt. Secondly, I cannot find in the biography any mention of a book Ibrahim al-Khulasi wrote on these subjects, or any other subjects for that matter.

54 al-Baytar, *Hilyat al-bashar*, III, p. 922. To further illustrate the problem of biographical sources, information on this son is also contradictory, since Baytar says he was born in Damascus, while the later Shatti claims he arrived there from Aleppo as a small child in the year 1211; cf. al-Shatti, *A'yan Dimashq*, p. 186.

55 This note is found in MS Berlin Staatsbibliothek We II 1882. Cf. on him also Gran, *Islamic roots of capitalism*, 1998: p. 109.

56 al-Baytar, *Hilyat al-bashar*, I, p. 32.

religious sciences<sup>57</sup> – and composed fine poetry. According to Shatti, Ibrahim came to Damascus in 1211/1796–97 and settled there for the rest of his life. This would fit well with the dates provided by the present documents – issued in 1212/1797–98 in Hamah – and a book he owned in 1200/1785–86 in Aleppo (Berlin Ms.or.oct. 1492). At this latter date, Ibrahim must already have been a grown man since his son Ahmad<sup>58</sup> already owned that very same manuscript in the year 1197/1783, which would make Ibrahim at least 30 to 40 years of age around 1200/1785–86 and an impressive, though not impossible, over 90 years old at the time of his presumed death in 1255/1839. Baytar is not concerned with the material aspects of Khulasi's life, but Shatti reports that, upon his death, he left a large sum of money and real estate to his son 'Abd al-Qadir, enough for the latter to step down from his religious posts and pursue the life of a student and mystic.<sup>59</sup>

How did a physician amass so much wealth? Part of the answer is provided by our documents. Ibrahim earned 18 *qirsh* for one operation and therefore 36 *qirsh* for the two lithotomies documented here in 1212/1797–98. The preacher (*khatib*) of Hamah's Great Mosque in the year 1202/1787–88 received an official salary of 15 *qirsh* – per year.<sup>60</sup> A further comparison can be made with the prices of riding animals like donkeys and mules. These were quite expensive commodities in comparison to which the price of an average piece of real estate was quite modest. In 1211/1796–97, an average donkey could cost around 50 *qirsh*<sup>61</sup> and a mule even 100 *qirsh*.<sup>62</sup> The same was observed by Marcus for Aleppo earlier in the century when he ascribed to the physicians an “earning power many times that of the wage employees” based on the contracts he saw.<sup>63</sup>

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57 His mystical inclinations are reflected in his membership in the Rifa'iya order, which he mentions in an owner's note dated 1200 in MS Berlin Staatsbibliothek Ms.or.oct. 1492, fol. 1r.

58 To be identified with the mystically inclined Aleppine preacher Ahmad b. Ibrahim al-Khulasi who died in 1244/1828–29 – and therefore before his assumed father – in al-Tabbakh, Muhammad Ragib, *I'lam al-nubala' bi-tarikh Halab al-shahba'*, 2nd ed., 7 vols. (Aleppo: Dar al-Qalam al-'Arabi, 1988), vol. VII, p. 231. Strangely, Tabbakh claims that this Ahmad was the first of the Khulasi family of physicians (“awwal man 'urifa min Bani al-Khulasi al-attibba'”).

59 Al-Shatti, *A'yan Dimashq*, p. 186.

60 Markaz al-Watha'iq al-Tarikhia Damascus (hereafter MWT), Shar'iyat Hamah, 46 / 151. However, this was certainly not the man's only income.

61 MWT, Shar'iyat Hamah, 47 / 265.

62 MWT, Shar'iyat Hamah, 47 / 291.

63 Marcus, *The Middle East on the Eve of Modernity*, p. 162, and endnote 10, p. 361, which seems to list 10 documents for which Marcus does not mention the dates, and in which

During Khulasi's stay in Hamah he may well have treated more than just the two patients documented here. He may have made an annual tour through the countryside, attracting patients from all over the region. The patient mentioned in the second document lived in a village, so we may assume that his family came to Hamah to seek treatment from the famous physician. It is also possible that al-Khulasi treated rural patients individually in their respective villages. Given the extended period of recovery under his care and supervision which the documents stipulate, however, it seems more likely that treatment took place in Hamah.

Ibrahim's professional training – either orally or by means of books – most probably took place at home and it was in all likelihood based upon the prevailing theoretical concepts of the Hellenistic tradition of humoralism. The two medical manuscripts I could identify as belonging to successive members of the Khulasi family – and at least one of them to Ibrahim personally – both contain texts from this tradition.

The few biographical notes on the family found in the contemporary dictionaries do not mention surgical practice. On the contrary, the genius of Ibrahim b. Muhammad Darwish al-Khulasi – who, as shown above, is quite probably to be identified with our Ibrahim b. Mustafa – as a doctor is specifically linked to his diagnostic skills with the pulse and the urine-glass.<sup>64</sup> This seems to be a topical picture in which the physician based his art on the literary tradition and non-invasive methods. And this the Khulasis certainly did, as several members of the family, including Ibrahim himself, possessed texts by Galen and Avicenna. But in cases such as the ones documented here, a work like the *Qanunah* (Michigan Isl. Ms. 613), an abridged version of Avicenna's *Qanun fi l-tibb* that also stayed in the family for several generations, will not have been of much use. Its section on stones in the bladder does not mention anything but potable medicine made from various herbs, spices, and fruits depending on the climate and season.<sup>65</sup> We do not know whether knowledge about the performance of the lithotomy came down to Ibrahim al-Khulasi by means of books – he may have had access to the *Tasrif* of the Andalusian physician al-Zahrawi who already described the procedure in the tenth century<sup>66</sup> – or

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the cost of the operation ranged from three to 12 piasters. (I owe this reference to Maurits van den Boogert).

64 Al-Baytar, *Hilyat al-bashar*, I, p. 32.

65 Michigan Ms. Isl. 613, p. 211; a digitized version is available online: <http://babel.hathitrust.org/cgi/pt?id=mdp.39015079127489;page=root;view=image;size=100;seq=213>.

66 Cf. for the lithotomy on male and female patients Albucasis [= Khalaf b. 'Abbas al-Zahrawi], *De Chirurgica. Arabice et latine*, ed. Johannes Channing (Oxford: Typographeum

if the necessary techniques were transmitted in Ottoman Syria from one generation to the next purely by way of hands-on teaching, as the Russell brothers have suggested.<sup>67</sup> In any case, our documents make it abundantly clear that Ibrahim al-Khulasi's professional identity as a physician *pur sang* was not as clear-cut as the biographies would suggest. The same man contracted for the same operation within an interval of less than a month was called *tabib* (physician) in the first document and *usta jara'ih* (master surgeon) in the second. The present documents therefore leave no doubt that Ibrahim al-Khulasi was both a physician and a surgeon, bridging the gap between bookish theory and invasive practice.

### The Operation

Invasive surgical procedures are generally held to have been uncommon in pre-modern Middle Eastern medical treatment.<sup>68</sup> In the absence of anaesthetics and antiseptics, every venture of the knife might have caused a fatal infection and unavoidably caused great pain. Usually the doctor would prescribe drugs and dietary changes alone, often in combination with bloodletting, which – at least in the Ottoman period – usually fell within the purview of the barber. Most sources indicate that the actual surgical operation was commonly removed from the responsibility of the physician, whose work was only to diagnose the illness – usually by feeling the pulse and/or examining the urine – and prescribe a cure, while the actual cutting, if unavoidable, was performed by specialized surgeons (*jarrah*) or barbers (*hallaq*). These were considered craftsmen, as opposed to the physicians who ideally represented the philosophical part of the noble medical science. In our case, the esteemed

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Clarendonianum, 1778), pp. 283–92; a short allusion to it is also found in al-Razi, Muhammad b. Zakariya, *Traité sur le calcul dans les reins et dans la vessie [=Maqāla fi l-ḥaṣāh fi l-kulā wa-l-mathāna]*, ed. and translated by P. de Koning (Leiden: Brill, 1896), pp. 52–4.

67 Russell, *The Natural History of Aleppo*, p. 117.

68 Cf. on this aspect in the pre-Ottoman period Savage-Smith, Emilie, “The practice of surgery in Islamic lands: myth and reality”, *Social History of Medicine*, 13 (2000), 307–21; Porman, Peter E. and Emilie Savage-Smith, *Medieval Islamic Medicine* (Edinburgh: Edinburgh University Press, 2007), pp. 121–35; Shefer-Mossensohn, *Ottoman Medicine*, pp. 45–61. The latter claims that physicians in an Ottoman context “considered them [surgical operations] routine” and carried them out “on a daily basis” (*Ottoman Medicine*, p. 46), but later on (pp. 56–9) it would seem that this only applies to “light surgery”, like phlebotomy or cauterization, and nothing of an invasive nature.

physician Ibrahim al-Khulasi did not keep himself aloof from the performance of operations, nor was he afraid to carry them out. Ibrahim al-Khulasi came from a family of highly educated physicians, members of which also rose to prominent posts in the religious hierarchy of Aleppo and Damascus.<sup>69</sup> He might be expected to have shunned the knife and left the dirty work to other practitioners. According to most of the medical handbooks, including those in his possession, Ibrahim was not supposed to perform the operation at all. The present documents are therefore a testimony to a world of medical practice that did not separate the art from the craft as strictly as the literary sources would have us believe.<sup>70</sup>

One of the operations that seem to have been in constant use was the lithotomy. The description of its performance is known from the medical handbooks.<sup>71</sup> Fortunately for us, the physicians Alexander and Patrick Russell have described in some detail the actual procedure and the surrounding circumstances of the lithotomy as performed only a few decades before al-Khulasi and in the original hometown of his family. Their account also clarifies some of the legal issues and their underlying causes and sheds light on medical aspects not mentioned in the document:

In regard to lithotomy, they cut on the gripe,<sup>72</sup> and with tolerable success in children. Indeed, few adults consent to run the hazard, till worn with

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69 Ahmad b. Ibrahim (d. 1244/1828–29) was *khatib* in a mosque with mystical inclinations (Tabbakh, *I'lam al-nubala'*, VII, p. 231); Ibrahim's own son 'Abd al-Qadir (d. 1284/1867–68) was *imam* in a mosque (al-Shatti, *A'yan Dimashq*, p. 186).

70 This separation as portrayed in the sources is outlined in Behrens-Abouseif, *Fath Allah and Abu Zakariyya*, p. 341.

71 Cf. Savage-Smith, "The practice of surgery", p. 315; Porman and Savage-Smith, *Medieval Islamic Medicine*, p. 63.

72 "Cutting on the gripe", also called the "Apparatus Minor" or "Celsian" lithotomy, is the technical term for the operation that was most commonly used in Europe until the sixteenth century when it was gradually replaced by the more invasive and more painful "Merian operation" or "Apparatus Maior" which in turn was replaced from the eighteenth century onwards by the "lateral technique". The cutting on the gripe was from then on usually limited to children and was indeed never applicable to female patients. In using these words, Russell may thus describe the Aleppine physician's approach as an outdated technique. The Austro-Hungarian doctor Honigberger claims to have introduced the Apparatus Maior in Mount Lebanon and the Syrian cities only in 1820, „was nach den Gelingen der ersten Operationen allgemeines Aufsehen erregte und mir bald den Namen eines großen Operateurs verschaffte", Honigberger, Johann Martin, *Als Leibarzt am Hofe des "Löwen vom Panjab" Ranjit Singh* (Halle an der Saale: Universitätsverlag Halle-Wittenberg, 2011), pp. 28–9.

pain, and reduced to an ill habit of body. Another circumstance appears likewise unfavorable to them, by bringing on an inflammable disposition in the bladder. For some time previously to the operation, the patient is carried daily to the Bagnio [i.e. the Turkish baths], in order that the parts may be relaxed, and he is often obliged to suffer excruciating pain from the pressure, and frictions on the pubes and perinaeum, made with a view to bring the stone into a proper situation. Their apparatus consists of a razor, a kind of scoop, and an ill fashioned forceps; but the forceps is only used when the stone cannot be extracted with the fingers. The modern catheter, and the gorget, are unknown.<sup>73</sup>

It is interesting to note that there existed, at least in Ottoman Egypt, another, non-evasive method to extract stones. This method was reported first by the Venetian physician Prosper Alpin in the sixteenth century and later by the British traveller and physician Edward Browne in the eighteenth century. Apparently nothing of the kind was known in Europe since both authors call the operation incredible and even doubt that their readers would believe them. The operation consisted of inserting one or a number of pipes through the penis directly to the neck of the bladder, then widening the neck by forcefully blowing through them, and finally inserting a finger of the left hand into the anus and thereby pushing the stone into the pipe.<sup>74</sup> This allowed for the removal of very sizeable stones. It is not certain whether this technique was known or practiced in the Syrian lands at the time of our documents as well; the Russell brothers do not mention it. The method was also unknown to the scores of European physicians who gave detailed descriptions of the removal of stones in Egypt from the beginning of the nineteenth century, and who did report several invasive methods, indigenous or newly imported from Europe.<sup>75</sup> The Arabic verb used in our documents, *shaqqa*, clearly implies an invasive

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73 Russell, *The Natural History of Aleppo*, vol. II, p. 138.

74 Alpin, Prosper, *La médecine des Égyptiens, 1581–1584*, 2 vols. 2<sup>nd</sup> edition (Cairo: Institut Français d'Archéologie Orientale, 2007), vol. II, pp. 223–7; Brown, Edward, *The Travels and Adventures of Edward Brown* (London: A. Bettersworth, 1739), pp. 408–9. Brown's own father, a famous physician in London, was skeptical of the surgical removal of stones, at least in adults; cf. Shaw, A. Batty, "The Norwich school of lithotomy", *Medical History*, 14 (1970), pp. 227–8.

75 The accounts of Clot Bey, Gaetani, Grassi, Hammont, Morburgo, and Pruner are summarized by Ritter v. Röser, Jacob, *Ueber einige Krankheiten des Orients. Beobachtungen, gesammelt auf einer Reise nach Griechenland, in die Türkei, nach Aegypten und Syrien* (Augsburg: J.A. Schlosser's Buch- und Kunsthandlung, 1837), pp. 72–8.

procedure, for it literally means a cut that opened or split the tissue in order to gain access to the bladder.

As our sources suggest, the operation, routine as it may have been, was not without risk. The Russells reported “tolerable success in children”, which is just another way of saying that the procedure was often fatal for them as well. This is no different from the situation in Europe up to the eighteenth century where lithotomies were frequently performed by itinerant quacks and discouraged by renowned physicians due to the grave danger particularly to adults.<sup>76</sup> And indeed, both the patients in our two documents are underage (*qasir ‘an darajat al-bulugh*) children. I know of only one case in the contemporary literary sources where an adult had his stones surgically removed, and the operation resulted in his death.<sup>77</sup> But death was not only a personal tragedy, it was also a legal matter that could make the physician liable for blood-money.<sup>78</sup> According to the Russells, it was this danger and the dreaded legal consequences that made the physicians obtain a document in court:

In order to obviate such vexatious consequences, it is customary for the more prudent practitioners, previously to undertaking any dangerous case, to have recourse to the Mahkamy [i.e. *mahkamah* or court] for a legal testimonial, (Hugget [= *hujjah*]), which ensures a certain sum for their attendance, proportionate to the success of the cure, and secures them from litigious persecution afterwards, whatever may be the event. Under this sanction, they venture the extirpation of wens, the schirrous tumors; and sometimes lithotomy, as well as couching the cataract. But few of the town Surgeons attempt these two last operations; leaving them, like the more hazardous of the others, to itinerant practitioners of more courage.<sup>79</sup>

All the details as reported by Russell are matched in our documents: the procedure, the age of the patient, the fact that a document was drawn up in court and it explicitly stating that the physician was not liable for any resulting harm.

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76 Shaw, “The Norwich school of lithotomy”, pp. 227–8.

77 It can be found in the biography of Ibrahim al-Bakhshi al-Khalwati, “*kana al-shaqq ‘anha* [i.e. *al-husat*, the stones] *sabab wafatihi*”, in Muradi, *Silk al-durar*, I, p. 28.

78 According to a fourteenth-century *hisba* manual by Ibn al-Ukhuwa, the question of whether blood-money was to be paid was decided by the chief physician of the town by reviewing the written prescriptions issued by the physician; cf. Levey, Martin, “Fourteenth century Muslim medicine and the *hisba*”, *Medical History*, 7 (1963), p. 177.

79 Russell, *The Natural History of Aleppo*, II, pp. 137–8.

Even the mentioning of itinerant practitioners would fit Ibrahim al-Khulasi, who hailed from a famous Aleppine family and apparently lived in Damascus for about a year before this operation was undertaken. He might not have ventured to undertake the same operation in his own home town. Only the notion that the doctor's fee was proportionate to the operation's success is not mirrored in our documents, where Ibrahim al-Khulasi received a fixed sum, apparently regardless of the outcome of his performance. Russell's information is nonetheless corroborated already in the seventh/thirteenth century by a contract preserved in the Cambridge Genizah collection, where the price is only stipulated in case of success, while in the case of failure both parties agreed to renegotiate.<sup>80</sup>

### Conclusion

The two documents edited here offer rare insights into the division of labour among medical practitioners in Ottoman Syria – or rather, the absence of strict divisions between activities performed by physicians and those of surgeons – the remuneration of medical men, and the legal issue of liability connected with the performance of invasive surgery. While the risks of a bladder stone operation were considerable for the patient, Ottoman medical practitioners could contractually reduce their own risk of being held liable for blood-money in case the patient died by having a contract drawn up before a legal court prior to the operation. In terms of the practical application of medical knowledge, these documents show an itinerant doctor who was no quack but rather a leading and learned physician of his time. It appears that surgery was part of his job description as a physician, although invasive procedures are usually believed to have been performed either by specialized surgeons or barbers and that greater social prestige was attached to the non-invasive methods of the physician. The financial rewards for bladder stone operations seem to have been sizeable, which in itself might explain why a notable physician should be found “cutting the stone” in Hamah's countryside in the closing years of the eighteenth century.

Our documents do not yet show signs of European influence. They rather shed valuable light on a medical practice that was to change dramatically, starting already in the lifetime of the performing physician. The last Arabic book on the old medicine (“ilm al-tibb al-qadim” in the words of its author's

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80 Khan, *Arabic Legal and Administrative Documents*, p. 275.

twentieth-century biographer) was reportedly written in 1277/1860 by the Aleppine physician and religious scholar Muhammad al-Tayyar al-Kayyali (1229/1814–1278/1861–2).<sup>81</sup> The last reputed physician to practice medicine in Damascus according to the old medicine was Mustafa Agha Ibn ‘Audah, who died in 1280/1863–4.<sup>82</sup> And at the end of the century, two doctors coming from Egypt to Damascus to conduct treatment using the old methods were already considered curious rarities.<sup>83</sup>

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81 Tabbakh, *I‘lam al-nubala’*, V, 302.

82 Al-Shatti, *A‘yan Dimashq*, p. 284.

83 ‘Ali b. ‘Abduh Shura (d. 1301) and his father; cf. Al-Shatti, *A‘yan Dimashq*, p. 330.