

Why Muslims Shouldn't Practice Medicine: The Autobiographical Account of a Frustrated Physician, Ibrāhīm al-Qalyūbī (fl. second half of seventh/ thirteenth century)

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Naṣīḥat al-muḥibb fī dhamm al-takassub bi-l-ṭibb, a largely autobiographical treatise by the otherwise unknown Cairene physician Ibrāhīm ibn Yuḥannā al-Wajih al-Qalyūbī (fl. second half of the seventh century AH / thirteenth century CE), offers a unique account of the lives of street medical practitioners. Although written as a piece of advice warning students about the dangers that the practice of medicine poses for them in this world and the hereafter, this work is a treasure trove of information about the life of physicians beyond the walls of the court and the attitude of the common people towards them and their art. In this essay I will survey and discuss al-Qalyūbī's complaints about the poor living conditions of physicians, the challenge of their authority by female medical practitioners, the predominance of Jews in the profession, and the dangers that the practice of medicine entails, according to al-Qalyūbī, for the intellect and the religious convictions of physicians.

Keywords: Islamic medicine, history of science, Mamluks, religious polemics, female medical practitioners, midwives, Jews, antisemitism, unbelief in Islam

The sources that have preserved information about medicine and its practitioners in medieval Islamic societies are uneven and biased. Biographical collections and historical narratives provide a rather idealised depiction of the lives and works of elite physicians and are usually silent about life beyond the walls of the court. The documents haphazardly preserved in archives such as the Cairo Genizah are precious to researchers working on Egyptian Jews and their relationship with other religious communities, but they are partial and fragmentary.

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The work under study in this article, recently edited, is in many ways the antithesis of these sources.¹ *Naṣīḥat al-muḥibb fī dhamm al-takassub bi-l-ṭibb* (Advice to the passionate [student] admonishing against making a living with medicine) is a largely autobiographical and disconsolate account of a physician who struggled to make a living in the streets of Cairo competing with Jewish and female practitioners. This treatise is also a reflection on the physician's powerlessness in the face of death, the dangers of losing one's faith, and the dread of the hereafter. For al-Qalyūbī, the practice of medicine destroys civility, intellect, and religion, and Muslims should run away from this profession.

Naṣīḥat al-muḥibb is introduced by its author as a work of advice addressed to Muslim physicians, and it certainly revolves about a recurrent topic: Muslims should not practise medicine. It has, however, little in common with other Islamic treatises aimed at instructing rulers or students by way of advice or admonition. If we were to define it in terms of literary genres, we would also need to follow the clues given in the second part of the title because this work is, above all, a work of blame (*dhamm*) filled with exemplary anecdotes.

Al-Qalyūbī's treatise consists of an extended autobiographical introduction followed by four chapters. In the introduction, the author discusses his education and career as a physician, and the predicament that prompted him to write this work. The four following chapters are focused on blaming the practice of medicine, considering the ways in which this art endangers the life of Muslims both in this world and the hereafter, namely the ways in which it ruins civility and good manners (*muruwwa*); brings about shamelessness (*yudhhib al-ḥayā'*); impairs reason (*'aql*); and destroys religion (*dīn*).

The treatise contains long admonitory passages addressing the reader and abounds in autobiographical anecdotes. These anecdotes, usually written in the first person, report the encounters of the author with colleagues and patients, the hard life of the Muslim physicians who practised their art in the streets and markets of Cairo, and the challenges posed by women with practical medical knowledge and Jewish medical practitioners. Al-Qalyūbī's opinions are extremely biased, and the historicity of these anecdotes cannot always be taken for granted. They provide, however, a spectrum of discursive and practical possibilities that allow further enquiry into the living conditions of Cairene physicians and their clients.

Many of these anecdotes contain detailed information about the medical treatments used and the procedures performed by the author and his colleagues, including discussions about the disagreement among physicians. The analysis of this medical content, however, is beyond the scope of this study.² In this article, I will briefly survey the information we possess about the life and work of the author and discuss four central aspects of his work using the information scattered throughout the treatise: the living conditions of market physicians, the medical authority of women, the critique of Jewish physicians, and the problem of unbelief.

1 The edition of al-Qalyūbī's *Naṣīḥat al-muḥibb fī dhamm al-takassub bi-l-ṭibb*, based on the *unicum* manuscript Gotha, Forschungsbibliothek, Or. A 1907, was published by Muḥammad Yāsir Zakkūr in 2019. The manuscript of 185 folios is written in clear *nashk* and partially vocalised. It is undated, but contains an ownership statement by a certain Ibn al-Kamāl dated 1006 / 1598. A second, later hand has added marginal corrections and a few additions that likely result from a collation with a second exemplar of the work. A digital reproduction may be consulted at dhh.thulb.uni-jena.de/receive/ufb_cbu_00005205 (accessed 30 September 2022).

2 Although most of the discussions involve disagreements about dietetics and the use of drugs, the author also pays attention to the mistakes of eye doctors, surgeons, and bonesetters.

Life and Work

No historical source seems to mention Ibrāhīm al-Qalyūbī. The little that is known about his life comes from the autobiographical information in the introduction of *Naṣīhat al-muḥibb*, also summarised in a note copied on the title page of the *unicum* manuscript containing this treatise.³

The full name of the author appears as Ibrāhīm ibn Yuḥannā al-Wajih al-Qalyūbī al-Ṭabīb al-Adīb. The latest date mentioned is 686 AH/1287 CE, which places his floruit in the second half of the seventh/thirteenth century. The autobiographical passages introducing the work indicate that al-Qalyūbī studied language, literature, and religious disciplines.⁴ The professions to which he might have access with this training did not please him, so he decided to become a physician and studied medicine under two of the three famous Banū Ḥulayqa brothers, the sons of al-Rashīd al-Dīn Abū l-Waḥsh (d. 675/1277), a Christian physician from Syria who served several Ayyubid rulers.⁵ Rashīd al-Dīn's sons embraced Islam and enjoyed successful careers under the auspices of Sultan Qalāwūn (r. 678-689/1279-1290). 'Alam al-Dīn (d. 708/1308 or 1309) and his brother Muwaffaq al-Dīn (d. 708/1308) – not named in al-Qalyūbī's treatise – were appointed chief physicians (*ra'īs al-aṭibbā'*) in Syria and Egypt respectively. The third of the siblings, Muhadhhab al-Dīn (d. 679/1280 or 1281), was entrusted with the direction of the hospital that Qalāwūn founded in Cairo.⁶ Al-Qalyūbī states that he frequented the *majlis* of Muhadhhab al-Dīn;⁷ a note on the manuscript's title page also refers to 'Alam al-Dīn, although he is not mentioned by name in the treatise.

A relationship with such an influential family should have set al-Qalyūbī on the right path to a profitable career, but luck did not favour him. A few anecdotes suggest that he might have enjoyed some temporary success; he treated prominent legal scholars,⁸ and there is a mention of a wealthy patient, likely the prominent Ayyubid physician and scholar 'Izz al-Dīn ibn Shaddād (d. 684/1285).⁹ The reasons behind al-Qalyūbī's fall from favour remain unknown. His frustration and resentment, however, left behind one of the most original and interesting works written in the seventh/thirteenth century, and an important source of information about the lives of those unnamed physicians who practised their art beyond the courtly circles.

3 Gotha, Forschungsbibliothek, Or. A 1907, fol. 1r.

4 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 34.

5 Ibn Abi Uṣaybi'a, *Uyūn*, ed. Savage-Smith *et al.*, 4.54.

6 Ibn al-Furāt, *Ta'rikh*, ed. Raziq and 'Izz al-Dīn, 8:23-24; Ibn al-Suqā'i, *Tālī*, ed. and trans. Sublet, 46/60 (no. 69); Ibn Abi Uṣaybi'a, *Uyūn*, ed. Savage-Smith *et al.*, 14.55. On this family and their relations with the Mamluk patrons, see Northrup, Qalāwūn's patronage; and Hillowala, Abū Ḥulayqa.

7 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 37.

8 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 136.

9 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 134-135.

Autobiographical passages and even proper autobiographies are not rare among Arab physicians,¹⁰ so much so that a possible Galenic influence on the genre was suggested long ago by Rosenthal.¹¹ Al-Qalyūbī's *Naṣīḥat al-muḥibb*, however, stands out as an oddity when compared with other autobiographical pieces. Although a few biographical details are given in the preamble, this work is not an account of its author's life but rather an unusual combination of advice and blame literature built upon anecdotes in which al-Qalyūbī appears as either protagonist or witness. What more strikingly contrasts with other autobiographical accounts is its self-deprecating tenor. Instead of celebrating his deeds in the profession, al-Qalyūbī laments his decision to study and practise medicine and warns his readers about following this path, because even dogs, he bemoans, have a better life.¹²

The central theme of the work, the censure of medicine, is also atypical. A treatise with a rather similar title, *Risāla fī dhamm al-takassub bi-ṣinā'at al-ṭibb*, written by 'Abd al-Wadūd ibn 'Abd al-Malik (fl. late fifth/eleventh and early sixth/twelfth centuries) has partly survived in a *unicum* manuscript.¹³ 'Abd al-Wadūd discusses epistemological critiques against medicine, but not its practice; and he ultimately acknowledges its value.¹⁴ Interestingly, a note on the title page of the Gotha manuscript containing al-Qalyūbī's treatise mentions this text by 'Abd al-Wadūd, but the two works share little more than the title. Al-Qalyūbī has no doubts about the scientific value of medicine and praises the discipline by resorting to the typical argument that medical knowledge leads to the realisation of God's design. His concern is about the pernicious effects that the practice of medicine exerts upon physicians.

Living Conditions of Street Physicians

The image of the seventh/thirteenth-century Muslim physician that has come down to us stems from the biographies written by authors such as Ibn Abī Uṣaybi'a or Ibn al-Qifṭī. These physicians belonged to the elites, often to families who had served at the court for several generations. Frequently, they were authors of medical, philosophical, or legal works, as well as sometimes poets. *Naṣīḥat al-muḥibb*, in contrast, offers a unique glimpse into the world of the medical practitioners who struggled to make a living on the streets and in the markets of Cairo.¹⁵

By »street« or »market« physician I refer to those practitioners who had their shop (*dukkān*) in the market or waited there until they were called to attend a patient. Very little is known about the world of medicine outside the court, let alone about the social extraction of its practitioners, apart from the preponderance of non-Muslims. Al-Qalyūbī does not give much information about the careers of his colleagues either, but a couple of his remarks about medical education may shed some light on this matter. The first reference to the training of physicians occurs in an anecdote where he mentions a man from Qalyūb who practised

10 For instance, al-Rāzī, al-Bīrūnī, Ibn Sinā, Ibn Riḍwān, Ibn Buṭlān, 'Abd al-Laṭīf al-Baghdādī, Ibn al-Haytham, and Samaw'al al-Maghribī.

11 On Galen's autobiographical writings, see Nutton, Galen. For a discussion of the Galenic influence, see Rosenthal, *Arabische Autobiographie*. These theories are outdated; see Reynolds, *Interpreting the Self*, 22-26 (critique of Rosenthal's theory) and 46-48 (discussion of Galen's influence).

12 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 153 (*al-kalb aladhdhu minhu ṭshan*).

13 This work, still unedited, has survived partially in Istanbul, Hekimoğlu Ali Paşa, 691, fols. 128v-133v.

14 See Rosenthal, *Defence of medicine*, 520.

15 The main location where physicians offered their services seems to have been the Booksellers' Market (*Sūq al-warrāqīn*; al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 57, 83, 115), but there are further topographical references that would repay a proper study.

medicine without formal studies; he had learned it as apprentice in a druggist shop.¹⁶ This is reminiscent of a complaint about *dhimmi* physicians written by the Baghdadi bureaucrat Ibn Faḍlān (d. 631/1233 or 1234), who claimed that young boys who have not even read ten of the questions in Ḥunayn ibn Iṣḥāq's *Masā'il fī l-ṭibb* (Medical questions) nor five points of 'Alī ibn 'Isā's *Tadhkirat al-kaḥḥālīn* (Oculists' handbook) were sent to the street-shops to learn as apprentices.¹⁷ These propaedeutic works are similar to those mentioned in treatises of market inspection (*ḥisba*),¹⁸ and it is not unlikely that many of the anonymous market physicians mentioned by al-Qalyūbī had followed a similar practical training complemented with extracts from reference works or medical handbooks.¹⁹

In any case, the clients of al-Qalyūbī and his colleagues seem to have valued practical skills above any other qualification. This is illustrated by a second anecdote in which al-Qalyūbī argues with an old woman (*ajūz*) as to whether women can learn medicine. He denies it, but those present claim that what really matters is to master practice (*durba*), while medicine is only discourse (*kalām*) and anyone able to read can learn it.²⁰

References to the toils and hardships of the physician's life are scattered throughout the text. Some of these anecdotes may be exaggerated or even fictionalised, but the social and historical information that transpires from them is extraordinary. Most of al-Qalyūbī's complaints are related to notions of *muruwwa*,²¹ which here can be understood as civility, good manners, and decency; and *ḥayā'*, shame or, more properly in this context, self-respect. Long sections of his treatise discuss situations related to different manifestations of these concepts. For instance, the practice of medicine is literally dirty work, and physicians have a hard time keeping their clothes clean. Their contact with sick people and the need to inspect bodily fluids affects their appearance and makes it difficult for them to be in a state of ritual purity (*ṭahāra*) when praying.²² These procedures also soil their reputation. Al-Qalyūbī complains about having been mockingly asked about the inspection of his patients' urine

16 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 92 (*yataṣaddā l-ṭibb fī Qalyūb min ghayr an yaqra'ahu illā durbatan iktasabahā min dukkān al-īṭr*).

17 Ibn al-Fuwāṭī, *Hawādith*, ed. Shabībī and Jawād, 66-67. Ibn Faḍlān's petition was addressed to the Abbasid caliph al-Nāṣir (r. 575-622 / 1180-1225); see Yarbrough, *Friends of the Emir*, 220-222.

18 For al-Shayzarī (d. after 577 / 1181 or 1182), the market inspector should examine physicians and eye doctors with Ḥunayn ibn Iṣḥāq's *Miḥnat al-ṭabīb* (Examination of the physician; al-Shayzarī, *Nihāyat al-rutba*, ed. Ismā'il and al-Mazīdī, 264). The Mamluk Ibn al-Ukhuwwa (d. 729 / 1328) recommends Ḥunayn ibn Iṣḥāq's *al-'Ashar maqālāt fī l-'ayn* (Ten treatises on the eye) to examine eye doctors, and Galen's *Qāṭājānas* to examine surgeons (i.e., κατὰ γένη, The composition of drugs according to their genre; Ibn al-Ukhuwwa, *Ma'ālim*, ed. Levy, 167, 168). The recommendations of *ḥisba* manuals are prescriptive and should not be taken as historical fact, but these medical texts have a practical aim similar to those mentioned by Ibn Faḍlān.

19 The texts on *materia medica* preserved in the Cairo Genizah could be a testimony of these practices, since they are often excerpts or summaries from reference works such as al-'Aṭṭār's *Minhāj al-dukkān*. It is not implausible that they were read as part of the apprenticeship. See Lev and Amar, Practice versus theory.

20 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 139; this anecdote will be discussed below, p. 83

21 *Muruwwa* (or *murū'a*) is a complicated notion that initially referred to the sum of physical and moral qualities that a man should possess. Eventually, it became to embody the virtues of a civilised man, such as moral integrity, civility, and good manners. Al-Qalyūbī occasionally uses this term to refer to moral integrity, but most of the time *muruwwa* refers to civility and respect for social codes, especially those concerning cleanness and ritual purity. For all the misogynistic tenor of the treatise, interaction with women does not seem to be understood as a threat to masculinity. Interaction with Jews is also a menace for *muruwwa*, according to al-Qalyūbī.

22 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 93.

and faeces,²³ and often receiving vials with false urine samples.²⁴ People also joke about the physician's inspection of genitals when treating sexual diseases, and even imitate him and touch his genitals to make fun of him.²⁵ References to the impurity of physicians related to the use of uroscopy for diagnosis and the employment of excrement in their remedies have a long tradition and should not be connected, at least in this period, with the confession of the practitioners.

A different form of humiliation comes from the need to deal with the poor denizens of the Cairene alleys (*ša'ālik al-zuqāq*), who cannot be trusted and who make physicians debase themselves when asking to be paid. »If the physician had any honour or dignity left (*karam aw muruwwa*),« says al-Qalyūbī, »he'd rather let himself die of starvation.«²⁶ The streets of Cairo also hide graver risks. Al-Qalyūbī recounts that a woman took him one night to a strange house in a hidden alley. He feared for his life, thinking that he had been deceived by »stranglers« (*khannāq*), as had recently happened to a certain physician named Najm al-Dīn, killed by one of their womenfolk (*khannāqa*).²⁷

Complaints about the working schedule and the poor emoluments of physicians are also a recurrent topic. Unlike other professions, physicians may be called at any time of the day – sometimes even in the middle of the night – and accosted by people in the streets;²⁸ they also need to knock on many doors to make a living, and they are not often well received.²⁹ Al-Qalyūbī narrates how someone with whom he had no previous relationship woke him up in the middle of the night, without even considering that this could be disrespectful.³⁰ Another serious problem arising from their irregular schedule is that they cannot attend the prayers at their due time, raising suspicions of unbelief among their neighbours.³¹

Al-Qalyūbī does not provide detailed information concerning physicians' emoluments, but its legal basis and religious implications are discussed in several instances. In theory, their remuneration could have taken the form of a fair compensation for services rendered (*ujra*), but the provision of medical services can only be assessed once the outcome of the treatment is known. That is why, in order to dispel any doubt (*shubha*), a physician's emoluments should not be considered a compensation for services (*al-ṭibb laysa 'alayhi ujra*), but rather a kind of transaction not subjected to conditions or reciprocity (*'alā sabīl al-hiba*) that takes the form of a visitation fee called »right to ride« (*ḥaqq al-rukūb*).³²

23 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 94.

24 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 115.

25 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 129-130.

26 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 131. All translations from al-Qalyūbī's treatise and other sources are my own.

27 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 132. The term »stranglers« (*khannāq*, *khannāqūn*) refers both to a sect of Kufan assassins, followers of Abū Manṣūr al-'Ijlī, and to a class of robbers who used to break into their victims' houses, where they strangled them. There are occasional references to stranglers in Arabic literature; the most relevant of them is perhaps al-Jāhīz's account; see al-Jāhīz, *Ḥayawān*, ed. Hārūn, 2:264-271 (robbers) and 6:389-391 (on the »stranglers« sect).

28 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 154.

29 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 156.

30 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 127.

31 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 212.

32 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 62. This explanation appears in the anecdote about Ibn al-Jumay's student discussed below on p. 87. I am not aware of other references to this *ḥaqq al-rukūb* in medical contexts. Interestingly, the verb used by al-Qalyūbī to fetch a physician or a druggist is *rakkaba* (to make someone ride); see for instance *Naṣīhat al-muḥibb*, ed. Zakkūr, 83 and 189. On the concept of *ujra*, see Schacht, *Ajra*; on *hiba*, see Rosenthal, *Hiba*.

A pious Muslim would conclude that receiving such compensation (*ujra*) for his work is unlawful, because his actions do not have an immediate counterpart (*la 'ayn lahu*) and a fair compensation can only be accepted, once the patient has recovered, as payment for the continuous efforts of the physician. If the physician listens to the voice of reason he will reach the same conclusion, because the conditions affecting the human body are incommensurable and his science cannot provide certainty.³³ According to al-Qalyūbī, Jewish physicians are not bound by this kind of scrupulosity, but his Muslim colleagues needed to argue that their compensation (*ujra*) is in fact the visitation fee (*ḥaqq al-rukūb*).³⁴ If a Muslim physician wants to abide by the religious laws, he must resign himself to a rather unstable income, among other reasons because being unable to ask for a full payment in advance makes it easier for the patients to bargain or cheat.³⁵ Several passages discuss the quarrels of physicians with patients and their families who are not willing to pay anything until the sick person recovers. The long working hours and poor income of physicians are even compared – negatively – with those of other workers such as cooks, cloth merchants, or druggists.³⁶

A striking piece of information about the life of market physicians that should be understood in this context and in terms of their bad reputation is al-Qalyūbī's contention that »most Muslim physicians are bachelors (*uzzāb*)«. »And you know,« he remarks, »how the life of the bachelor is: it's like that of the traveller, or of those lodged in caravanserais (*khānāt*).«³⁷ Regretfully, the author does not elaborate on the causes of their unmarried state. But he rants at length about the difficulties of securing good domestic service to cook, clean one's house, and wash one's clothes. He does not say anything about himself, but judging by his detailed knowledge of these problems, the frustration that transpires from this description, and the lack of references to his family, one would guess that al-Qalyūbī was a bachelor himself.³⁸

Bachelorhood, and especially celibacy, are notions usually restricted in the sources to the discussion of asceticism and monasticism. I am not aware of any reference linking male bachelorhood and poor living conditions in medieval Islam. In want of proper prosopographical information, we cannot know whether al-Qalyūbī was exaggerating, but this treatise shows that the existence of men unable to marry because of their profession was not an outlandish notion in seventh/thirteenth-century Cairo.

33 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 193 (in the section discussing intellect).

34 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 217 (as part of the discussion of *mu'āmalāt*). For a discussion of medical costs in Jewish sources, see Langermann, Fixing a cost. For cases of Jewish physicians receiving a fixed amount from Muslim clients, see Gibson and Vollandt, Cross-communal scholarly interactions.

35 A common fraud was to give the physician an acceptable amount of money on the first day, but then to pay him irregularly during the treatment; see al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 149, also 150-152.

36 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 156-158. These passages include explicit references to the daily earnings in these professions.

37 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 85.

38 Doing the domestic chores oneself is often preferable, according to al-Qalyūbī, although he admits that he is exaggerating (*alā tariq al-mubālagha*); see *Naṣīḥat al-muḥibb*, ed. Zakkūr, 85-86.

Medical Authority Contested: Old Women, Midwives, and Wet Nurses

The notions of civility and shame discussed by al-Qalyūbī are intimately related to the contestation of the authority of physicians, considered one of the most humiliating aspects of their daily work. Numerous anecdotes portray arguments with patients and their families. Common people were aware of the fame of the court physicians but distrusted the practitioners to whom they had access and who did not know the secrets of those who served the ruler.³⁹ When reading al-Qalyūbī's complaints one has the impression that people distrusted physicians but not their art; they just preferred to give credence to other people related to the practice of medicine, especially if the physician was not eloquent enough.⁴⁰ There is a group that stands out for their authority: Muslim women.

The passages of *Naṣīḥat al-muḥibb* conveying the discussions of women with patients and physicians are a trove of precious information about a world usually hidden to the eyes of historians. No other medieval text offers such a rich testimony of female medical authority. These anecdotes are written from the perspective of a male physician and clearly biased; they might also be to some extent fictionalised, but it does not deprive them of considerable factual value. These are, to use Ginzburg's famous expression, uncontrollable voices (*voci incontrollate*) that allow us to reach beyond the intentions of the author.⁴¹ Al-Qalyūbī criticises women's engagement with medicine but, unlike other medical works,⁴² his main purpose is not to condemn the ignorance of women, but rather the ignorance of those who valued their expertise above the physician's knowledge.⁴³ When denouncing the humiliation that this entails for him, al-Qalyūbī gives voice to these female medical practitioners and lets them talk about diseases and treatments.

The agency of women manifests itself in different ways. Most of the anecdotes involving sick people begin with a woman, generically referred to as *mar'a*, seeking medical care for a relative. It is usually women who go to the market to find a physician of their choice, and sometimes haggle about his remuneration.⁴⁴ This may well reflect actual practice. In view of the many anecdotes reporting how women held discussions with physicians, it is not unlikely that they were the ones who were entrusted with finding the most adequate physician in the market and haggle with him.

The episodes in which al-Qalyūbī and other physicians argue with women about the best way of treating their sick relatives are of great historical value. These cases usually involve midwives, wet nurses, and old women.⁴⁵ Very often, says al-Qalyūbī, the physician is interrupted by an old woman or a midwife when he starts to write down a prescription, and they will not stop arguing with him until the physician accepts her suggestions. He would often

39 al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 180.

40 al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 128-129.

41 Ginzburg, *Il filo e le tracce*, 10.

42 On the relationship between women and physicians, see Giladi, *Muslim Midwives*, 69-88; and Verskin, *Barren Women*, 175-202.

43 This is implied in many discussions, and explicitly stated in al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 118, 138.

44 See, for instance, al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 83 (women seeking physicians), 131, 137 (women who hire al-Qalyūbī), 138 (women asking al-Qalyūbī about their children).

45 The Arabic term *ʾajūz* (pl. *ʾajāʾiz*, *ʾujuz*) refers to a woman of advanced age who no longer inspires sexual desire. She has the liberty to move around like a man, unlike younger women whose movements are restricted. Due to her freedom the *ʾajūz* often appears as a go-between or procuress in picaresque literature. On the legal definition of *ʾajūz*, see Katz, *Women in the Mosque*, 71-72, 102.

capitulate because the relatives trust the woman's judgement above that of the physician and if she is challenged, the physician might leave empty-handed and subsequently see the doors of other houses closed to him. Al-Qalyūbī argues that women enjoy more authority than physicians due to the ignorance of the people.⁴⁶ This causes great damage to the profession and is exploited by Jewish physicians, who do not have any scruples when it comes to damaging Muslim patients and only seek to please their female clients by prescribing whatever they and their midwives or wet nurses want.⁴⁷

Some of the verbal interchanges reported in *Naṣīḥat al-muḥibb* include direct accusations against physicians and their art. For instance, a woman is quoted as exclaiming: »If a physician tells you that he knows anything about the body's insides (*al-aḥshā'*), he is lying. Only the midwife knows that.«⁴⁸ Most of these disputes revolve around the problem of medical theory versus practice, since the practical skills of female medical practitioners were often more valued than the arcane science of theoretical physicians. Al-Qalyūbī complains that the patients' relatives very often ask him to consult with experienced old women and reach an agreement with her about the treatment.⁴⁹ In one of these cases he says ironically that he will embroider something for her in return, and when a woman argues that men do not know about that, he replies:

And how does a woman know about medicine? If you have doubts about my claiming to know something that is easy just because I am a man, why should we believe your claim to know anything about the most difficult and hidden things, because you are a woman?

This argument did not seem to impress the relatives of the patient, who replied: »Things are not like that. Embroidering is an art (*ṣinā'ā*), but medicine is only discourse (*kalām*). Anyone who reads about it with application can learn it.«⁵⁰ For them and, if we judge by the tone of these anecdotes, perhaps for many other contemporaries of al-Qalyūbī, the tangible medical skills that women learned through practice seemed to be more valuable than the bookish knowledge of physicians.

These anecdotes show women in a different light. The image of midwives portrayed in medical sources is that of mere practitioners or assistants in cases in which male physicians interact with female patients. The sources are silent about other practices, but scholars have suggested that women engaged in other care-giving activities and, to some extent, provided medical attention.⁵¹ This contention is clearly supported by the competence that al-Qalyūbī's clients claimed for old women or midwives, which does not correspond with their ancillary representation in medical works. There are further discussions in which the role of midwives and old women also seem to transcend this divide. Al-Qalyūbī tells us that he once attended

46 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 117-118.

47 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 223-224 (al-Qalyūbī refers to these prescriptions as remedies clothed in »women's words« [*alfāz al-nisā'*]). On this, see also the discussion below on p. 88-89.

48 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 119.

49 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 139 (*yā ḥakīm hādhihi al-'ajūz la-hā durba fa-ittafiq ma'a-hā 'ala mā yanbaghi*).

50 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 139.

51 Pormann and Savage-Smith, *Medieval Islamic Medicine*, 103.

a woman who fell severely ill after following the treatment that a midwife had prescribed for her in writing (*waṣafathā la-hā qābila fī warāqa*). When the patient was informed about the mistreatment, she tore the prescription into pieces, and her husband exclaimed: »If only a market inspector (*muḥtaṣib*) would do the same to her!« This testimony links the female medical practitioners to the realm of literacy, as also suggested in the anecdote discussed above.⁵² It also places midwives under the authority of the market inspection (*ḥisba*), even though they are never mentioned in *ḥisba* treatises.⁵³ Even if this anecdote is exaggerated or fictional, it is presented as a plausible case: it was conceivable that midwives had agency not only to treat women, but also to write prescriptions.

Al-Qalyūbī's testimony not only stresses the involvement of women in medical care, it also shows us that physicians discussed their treatments with them and that the patients' relatives often required them to consult with the women and follow their advice.⁵⁴ Medical texts, especially in the chapters on obstetrics, sometimes discuss collaboration between physicians and midwives, but the kind of imposed cooperation that transpires from al-Qalyūbī's anecdotes endows women with much more power.⁵⁵ It is worth noting that al-Qalyūbī also mentions another kind of fraudulent collaboration between druggists, physicians, midwives, and wet nurses to acquire forbidden products and provoke abortions.⁵⁶

In these discussions between women and physicians, both parties seem to share the same medical paradigm, and no references are made to superstition or magic. Women discuss treatments, and they use the idiom of medicine at least when referring to the properties of foodstuffs, their effects, and their adequacy to heal the patients, sometimes casting doubt on the physician's experience. In the dialogues reproduced by al-Qalyūbī, however, women do not use terms related to humoral theory.⁵⁷ In general, people are afraid of drugs, especially if they contain many ingredients,⁵⁸ and women seem to be strongly opposed to dietetic prescriptions that they consider unhealthy or unfounded. Al-Qalyūbī states that he has often

52 Although the sources occasionally refer to women as physicians (*ṭabība*, pl. *ṭabībāt*), mentions of literate women who read medical books are an oddity. For an exception, see Verskin, *Barren Women*, 190 n. 532.

53 Giladi, *Muslim Midwives*, 72-73.

54 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 120, and especially 146. When al-Qalyūbī enumerates the ordeals that the market physicians must undergo, he mentions having to cooperate with women, old women, and even the ignorant people accompanying the patient (*fā-l-ʿajūz bal kull ḥāḍir yushārikuhu fī l-ḥukm ʿalā l-maraḍ mā huwa wa-fī l-ʿilāj*, p. 120; *mushāraḳat al-nisāʾ wa-l-ʿajāʾiz wa-juhḥāl al-rijāl*, p. 146). It is unclear whether this refers to accepting the consultation of midwives or to sharing clients. A similar expression was used earlier (*Naṣīḥat al-muḥibb*, ed. Zakkūr, 144) referring to the acceptance of consultations by ignorant physicians: »You will see that [others] cooperate with him in medical matters (*yushārikūnahu fī l-ṭibb*), and they do not reject the collaboration of an old woman, a midwife, or the patient's visitors.«

55 On the cooperation between physicians and midwives, especially in gynaecological situations, see Verskin, *Barren Women*, 191-198.

56 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 214. Al-Qalyūbī seems to consider abortion an illegal activity. The ruse consists of a midwife pretending that her client has given birth but cannot expel the placenta. The drug prescribed for this is, however, used to provoke an abortion. With a few exceptions, especially in the Mālikī school, abortion was allowed by most Islamic legal scholars; see Eich, *Induced miscarriage*. Physicians were more cautious about this matter though; see Musallam, *Sex and Society*, 68-71.

57 For instance, al-Qalyūbī reports a typical discussion with an old woman or a wet nurse in which the opinions of the physician are contested when referring to the properties of the foodstuff he prescribes (pungent, dry, cold, etc.), and their effects (violet syrup is bad for the blood); and they even claim that physicians are unable to distinguish these properties. See *Naṣīḥat al-muḥibb*, ed. Zakkūr, 116-118.

58 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 134.

reprimanded mothers for giving too many sweets and nuts to their children, to no avail;⁵⁹ and that old women would systematically dismiss the diet prescribed by physicians and feed their ill relatives or patients according to their own cultural traditions.⁶⁰ Interestingly, no mention is made of prophetic medicine (*ṭibb nabawī*) in any part of the treatise. In a couple of instances al-Qalyūbī refers to the exclusive reliance on God's grace (*tawakkul*) invoked by some Muslims who reject medical treatment,⁶¹ but women do not appear in these anecdotes.⁶²

References to female medical agency in medieval Egypt can be found in other sources, although not with the same degree of richness as in this text. An outstanding example is Ibn al-Ḥājj's (d. 737 / 1336 or 1337) *al-Madkhal*, particularly the sections denouncing the preponderance of non-Muslim physicians. Ibn al-Ḥājj argues that medicine is essentially experience (*tajriba*), and that those who have experience possess medical knowledge, therefore »many midwives and old women have acquired a great deal of that good knowledge«. The Muslims in need of medical care could resort to them, instead of hiring *dhimmī* physicians as they usually do.⁶³

Ibn al-Ḥājj, an author renowned for his misogyny, recognises the medical authority of women out of necessity and is horrified by the dangers he sees in the preponderance of non-Muslim physicians. Al-Qalyūbī, whose opinions come across as no less misogynistic, would have taken his argumentation as an insult. Equating the knowledge of physicians with the experience of women was for him a humiliation, and one of the causes that led him to advise against the practice of medicine. But he would have agreed with Ibn al-Ḥājj about the dangers posed by *dhimmīs*, because – as humiliating as it was to be compared with women – being taken as a Jew was for him probably worse.

An Anti-Jewish Diatribe

Naṣīhat al-muḥibb is, in many ways, an anti-Jewish diatribe. It is also an early witness to the changes in Muslim attitudes towards *dhimmīs* in the seventh/thirteenth and eighth/fourteenth centuries, during which several works criticising the employment of non-Muslims appeared. These treatises responded to the social and political changes promoted by the Mamluk rulers and the way they affected the relationship with the non-Muslim population, especially Egyptian Copts.⁶⁴ The work of al-Qalyūbī's contemporary Ibn al-Nābulusī (d. 660 / 1262), *Tajrīd sayf al-himma* (Unsheathing the sword of ambition), is perhaps the best example.⁶⁵ The majority of the arguments brought forward in these anti-*dhimmī* works rely

59 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 137.

60 Favourite »healing« dishes of Turkish, Kurdish, and Frankish women are listed in al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 117.

61 Al-Qalyūbī reports on one of his patient's relatives claiming that the only healer is God, but he attributes this attitude to the belief that all physicians are Jews (*Naṣīhat al-muḥibb*, ed. Zakkūr, 104). When discussing the hardships of the physician's life, al-Qalyūbī also argues that some ignorant people reject medical treatment because they rely only on God's grace (*Naṣīhat al-muḥibb*, ed. Zakkūr, 169). In the closing paragraphs of the treatise, however, he quotes a hadith condemning medicine (*Naṣīhat al-muḥibb*, ed. Zakkūr, 230).

62 It is worth noting that classical works on *ṭibb nabawī* refer to female medical practitioners, and argue that women can treat male patients; see, for instance, Abū Nu'aym, *Mawsū'at al-ṭibb al-nabawī*, ed. Dūnmaz Turkī, 489-490.

63 Ibn al-Ḥājj, *al-Madkhal*, 4:114.

64 On these works, see Yarbrough, *Friends of the Emir*.

65 See Yarbrough's introduction to the edition and translation of al-Nābulusī, *Sayf*.

on quranic verses, *tafsīr*, and hadith, and the traditions related to the pact of ‘Umar. Jews occupy a central position in these materials, but they are barely mentioned when addressing the daily problems denounced in these treatises, which were written with Coptic bureaucrats in mind. Another characteristic common to all these works is that medical practitioners receive scarcely any attention, despite the preponderance of non-Muslim physicians. I am only aware of two brief passages criticising *dhimmī* physicians. The first one occurs in Ibn al-Wāsiṭī’s *Radd ‘alā ahl al-dhimma* (A response to the protected people). The critique is put here in the mouth of Maimonides, who allegedly warned Saladin’s secretary against his co-religionists »because for us whoever disrespects the Sabbath should be shunned«. Then, Ibn al-Wāsiṭī states, »al-Qāḍī al-Fāḍil banned the medicine of the Jews (*ḥarrama ṭibb al-yahūd*) and their employment«. ⁶⁶ The second example was written at least half a century after al-Qalyūbī’s treatise by the Sunnī scholar and official Ibn al-Durayhim (d. c. 762 / 1360). In his treatise against *dhimmīs*, Ibn al-Durayhim laments that Muslims put their souls in the hands of Jewish physicians and their wealth in those of the Christians. ⁶⁷

In general, and despite a few anti-*dhimmī* references in earlier times, Muslim sources only seem to show a clear change in attitude towards non-Muslim physicians by the end of the Ayyubid period and, especially, under the Mamluks. ⁶⁸ One could argue that al-Qalyūbī is a perfect example of this change, with the caveat that our knowledge of these periods comes from biographical works focused on elite physicians, not on the kinds of practitioners criticised in *Naṣīḥat al-muḥibb*. Al-Qalyūbī does not talk about court physicians, such as Maimonides, nor does he discuss the employment of Jews and Christians in the administration as do the works written against the Copts. His treatise is about life in the streets and markets where – as he complains several times – most physicians were Jews, ⁶⁹ to such an extent that people took for granted that anyone practising medicine was Jewish, ⁷⁰ and physicians were sometimes addressed as *kohen* or *rayyis*. ⁷¹ Al-Qalyūbī illustrates this point with an anecdote about a child who referred to him as *ḥakīm* ⁷² and was scolded by a man who exclaimed: »What a horrible generation! You are calling a Muslim *ḥakīm*? Is he a Jew? May God pardon you!« ⁷³

Although it is impossible to know with certainty the religious confession of the Cairene medical practitioners, the preponderance of *dhimmī* physicians among the Egyptian elites is attested in narrative sources from the Fatimid period, when out of the 33 physicians mentioned by name in biographical works, nine were Jews and five Christians. ⁷⁴ In the Ayyubid period, 19 of the 29 Egyptian physicians included in Ibn Abī Uṣaybi‘a’s *‘Uyūn al-anbā’* were

66 Ibn al-Wāsiṭī, *Radd*, ed. and trans. Gottheil, 397, 430 (my translation here). On this author, see Yarbrough, *Friends of the Emir*, 237-241. On the prohibition against practising medicine, which was not enforced by Saladin, see Lev, *Saladin*, 189-190.

67 Ibn Durayhim, *Manhaj al-ṣawāb*, ed. Kasrawī, 200.

68 See the discussion of this chronology in Lewicka, Healer.

69 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 83, 215.

70 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 104, 105 (*ḥakīm* with the meaning of *Yahūdī*).

71 *Rayyis* is a title given to the head of the Jewish community; see Cohen, *Origins*. Influential court physicians were often appointed heads of their communities; see Goitein, *Mediterranean Society*, 2:234-245.

72 *Ḥakīm* means »wise« or »learned« but was commonly used as an honorific title to address physicians and eventually ended up meaning »physician«.

73 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 103.

74 Köhler, *Wissenschaft*, 118. See also the comment of the Andalusī Ibn Abī l-Ṣalt (d. 529 / 1134), who claimed that all the good physicians in Egypt were either Jews or Christians; *al-Risāla al-Miṣriyya*, ed. Hārūn, 34.

also *dhimmi*s.⁷⁵ At least 18 families of Jewish physicians were active in Ayyubid times and continued to practise their art under Mamluk rule. Before the advent of the Mamluks, Jews could practise medicine in the court with relative freedom, and the sources only attest to the conversion of one Egyptian Jewish physician in this period.⁷⁶ But their situation deteriorated rapidly from the beginning of the eighth / fourteenth century, and a notable number of them converted to Islam in the following decades.⁷⁷

This shift in the attitudes towards non-Muslim physicians is already noticeable in the seventh/thirteenth century. A medical madrasa exclusively for Muslims was endowed by Muhaddhab al-Dīn al-Dakhwār (d. 628/1230) in Damascus;⁷⁸ the hospital built by the Mamluk sultan Qalāwūn in 695/1285 banned, at least in theory, the employment of non-Muslims. But the image offered by the sources, even the documents of the Cairo Genizah,⁷⁹ does not fully reflect the situation of those who practised their art in markets and streets. Al-Qalyūbī's account might be resentful and partial, but it is nonetheless a first-hand source about the changing attitudes towards *dhimmi*s outside the elite circles and about a world known to us only through *adab* literature.⁸⁰

Only two Jewish physicians are referred to by name in *Naṣīḥat al-muḥibb*: Ibn Ṣaghīr, who is mentioned in passing,⁸¹ and the prestigious Ibn Jumay' (d. 594/1198), protagonist of the longest anecdote in the section discussing *muruwwa*. Al-Qalyūbī relates that a young Jewish man opened a money-changing shop after receiving a large inheritance. Worried about the implications that such business entailed for his religious integrity and the salvation of his soul, he was persuaded to study medicine under Ibn Jumay'. When a patient died because Ibn Jumay' mistakenly used a lethal drug, the young man resolved to abandon the study of medicine because the errors in this art had even worse effects than the misdeeds of his former profession. Despite his mistake, Ibn Jumay' is presented in a positive light, and al-Qalyūbī considers the gesture of his student an example of *muruwwa*, integrity, and religious commitment.⁸²

75 See Eddé, *Les médecins*, 92. These biographies are in chapters 14 and 15 of Ibn Abī Uṣaybi'a's *Uyūn al-anbā'*.

76 He was the son of the Cairene eye doctor Abū l-Faḍl (or l-Faḍā'il) ibn al-Nāqid and embraced Islam in the second half of the sixth / twelfth century; see Lev, *Jewish Medical Practitioners*, 226; Ibn Abī Uṣaybi'a, *Uyūn*, ed. Savage-Smith *et al.*, 14.34.1.

77 Lev, *Jewish Medical Practitioners*, 226-228.

78 For al-Dakhwār's biography, see Ibn Abī Uṣaybi'a, *Uyūn*, ed. Savage-Smith *et al.*, 15.50. The most interesting testimony about this madrasa is probably the resentful account of Barhebraeus who, when commenting on al-Dakhwār's endowment, stated: »And in his evil-mindedness he decreed that no men other than Muslims, neither Jews nor Christians, should enter that college to read (or, study) therein. And this regulation is observed at the present day in Damascus. And Jewish and Christian students of medicine read and study outside the precincts of that training college.« See Barhebraeus, *Chronography*, ed. and trans. Budge, 1:399.

79 The prosopographical information contained in the Genizah documents has been collected and studied by Efraim Lev in his monograph *Jewish Medical Practitioners*.

80 Some of these *adab* works also attest to the preponderance of Jewish medical practitioners. In al-Jawbarī's *Kashf al-asrār* almost all anecdotes about medicine are related to Jews. The chapter on »the secrets of Jews« consists of one introduction and five sections discussing professions or activities associated with medicine: *banj* (henbane) sellers, druggists, »naturalist physicians« (*al-aṭibbā' al-ṭābi'iyya*) – considered the greatest unbelievers and hypocrites (*ashadd kufran wa-nafāqan*) – dung collectors, and sellers of poisons. See al-Jawbarī, *Kashf*, ed. Dengler, trans. Davis, 90-97.

81 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 160 (the editor vocalises as Ibn Ṣughayyir). On Ibn Ṣaghīr, see Mazor and Lev, *Dynasties of Jewish doctors*, 6-9.

82 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 61-64 (the editor vocalises as Ibn Jamī').

This episode is an exception among the many anecdotes involving Jewish physicians, who are usually portrayed by al-Qalyūbī as treacherous and evil, and identified as one of the factors pushing Muslims away from this profession.⁸³ Al-Qalyūbī's deference for Ibn Jumay' was certainly due to professional respect. This physician enjoyed great influence among his colleagues and was also quoted as an authority by relevant Muslim legal scholars.⁸⁴ This might also hide a different attitude on al-Qalyūbī's part with regard to court and street Jewish physicians, but the information we possess does not allow us to draw further conclusions. In general, al-Qalyūbī depicts Jews as a threat to Muslims, repeating the stereotyped ideas that we find in other examples of anti-Jewish literature, namely their filthiness, their love of money, and their understanding of Jewish religious and ethical principles as a set of rules that apply only to themselves and should not be extended to other religious confessions.

Negative references to Jews are omnipresent in all sections of *Naṣīhat al-muḥibb*. When discussing *muruwwa*, al-Qalyūbī resorts to the *foetor judaicus* trope and depicts Jewish neighbourhoods as filthy and stinky,⁸⁵ to the extent that the noses of passers-by become congested, and headaches ensue. Should one of them wear clean clothes when he goes to bed, says al-Qalyūbī, his clothes are dirty when he wakes up, as if covered in egg yolk or diarrhetic evacuations. Should one of them happen to look clean on the outside, he claims, he is filthy on the inside.⁸⁶

The references to the avarice and usury of Jews are usually contrasted with the notion of *ujra* discussed above and the religious scrupulosity that constrains pious Muslim physicians when asking for their emoluments. Jews, argues al-Qalyūbī, do not have this problem because their religion allows them to ask Muslims for a proper compensation in advance, irrespective of the results of their treatment, and they sometimes resort to usury.⁸⁷ The most distrustful of them even carry a balance to weigh the coins.⁸⁸ What is worse is that they have no consideration for Muslims and nothing stops them when it comes to earning money at the expense of their patients' health.⁸⁹ People do not realise that Jews consider them their enemies,⁹⁰ and Muslim physicians try to preserve their reputation by refusing to treat any patient who also has dealings with Jewish physicians.⁹¹ This is especially grave, according to

83 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 216 (*haraba akthar al-muslimin min hādhihi al-ṣinā'a*).

84 See, for instance, al-Qarāfi, *Furūq*, ed. al-Qiyyām, 3:152.

85 I.e., the belief that Jews exude an unpleasant odour. This stereotype goes back to Roman times; see Lanfranchi, *Foetor judaicus*. I am not aware of any study of this topic in Islamic societies, but the connection between Jews and unpleasant odours has been commented on apropos Abū Ma'shar's astrological treatises; see Zafran, Saturn and the Jews, 16-18.

86 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 89. A couple of popular proverbs about Jews being like tombs that look clean outside but contain putrid corpses are quoted here.

87 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 215 (with quranic verses against Jews and *dhimmīs*, namely Quran 9.8, 3.75, and 5.82).

88 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 182.

89 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 223 (*yaḍurr al-nās ṭalaban li-l-ma'āsh*), also 198 (anecdote about a man who asks al-Qalyūbī for a remedy for his sick brother without being able to describe any symptoms; when al-Qalyūbī declines to give him the medicine, the man asks a Jew, who sells him a remedy).

90 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 216 (*annahu 'aduww wa-madhhabuhu ḍarrara al-'aduww*). For similar reasoning, see Ibn al-Wāsiṭī's anecdote about Maimonides and al-Qāḍī al-Fāḍīl mentioned above.

91 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 217.

al-Qalyūbī, in the case of female patients, because Jewish physicians will give them all the remedies and cosmetics that they want, without considering whether they could be harmful for their health or employed for something unlawful.⁹² In general, bad physicians, most especially Jews, try to gain the favour of their clients by complying with all their wishes, thus predisposing them against other physicians.⁹³

The number of anecdotes involving Jews shows us that some seventh/thirteenth century Muslim physicians already saw a problem in the predominance of *dhimmī* medical practitioners. Al-Qalyūbī seems particularly concerned about the conspicuous presence of Jews in the public space, in a way that calls to mind the polemical works of later Ḥanbalī authors such as Ibn Qayyim.⁹⁴ But his account also suggests that these worries were not shared by the common population, who continued hiring Jewish physicians or, as the Mālikī Ibn al-Ḥājj claimed, even preferring them over their coreligionists.⁹⁵ This preference might have been a matter of convenience, especially if the vast majority of physicians were *dhimmīs*.

Rather than a preponderance of Jews, the real problem seems to have been the lack of Muslims in the profession. When al-Qalyūbī resents competing with colleagues who are not bound by the religious scrupulosity expected from pious Muslim physicians, he acknowledges the dangers of following the same path. For him, this situation either pushed Muslims away from the profession or made them relax their religious observance, with the implications that this had for the reputation of all other Muslim physicians, often suspected of heretical tendencies, and for the very salvation of their souls.

Reason, Religion, and Unbelief

The Buyid Mu'tazilite vizier Ibn 'Abbād (d. 385/995) famously referred to medicine as »a ladder of heresy (*sullam al-ilḥād*).«⁹⁶ This statement reflects the views of an important number of Mu'tazilite theologians who, already from the third/ninth century, polemicised against some physicians and natural philosophers concerning creation, causation, and the very epistemological principles of their science. Galen, whose *On My Own Opinions* discusses the

92 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 223-224. The fourth / tenth-century Baghdadi physician al-Kaskarī also complains that Jews were preponderant in the land and counterfeited their medical products; see Pormann, *The physician and the other*, 212.

93 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 97.

94 On Ibn Qayyim's discussion of the place of *dhimmīs* within the public sphere, see Bosanquet, *Minding Their Place*.

95 See the discussion of Ibn al-Ḥājj's arguments in Verskin, *Barren Women*, 224-226. The position of Ibn al-Ḥājj cannot be extrapolated to other religious scholars. For instance, there are no references to *dhimmīs* in the works dealing with *ṭibb nabawī* written during the fourth-seventh / tenth-thirteenth centuries by authors such as Ibn al-Sunnī (d. 364/974), Abū Nu'aym (d. 430/1038), Ibn al-Jawzī (d. 597/1200), al-Birzālī (d. 692/1239), al-Tifāshī (d. 651/1253), and Ibn Ṭarkhān (d. 720/1320). A negative attitude to *dhimmīs* is noticeable in works written in the eighth / fourteenth century by the disciples of the Ḥanbalī Ibn Taymiyya (d. 728/1328), such as al-Dhahabī (d. 748/1348) and Ibn Qayyim (d. 751/1350), who are extremely critical of non-Muslim physicians. On prophetic medicine, see Perho, *Prophet's Medicine*. For references to Jewish physicians in the service of Muslim families in the Cairo Genizah archives, see Gibson and Vollandt, *Cross-communal scholarly interactions*.

96 See al-Tawḥīdī, *Akhḫāq al-wazīrayn*, ed. Ibn Tāwīt, 114.

kinds of knowledge that he could or could not assess with certainty, was regarded by many as an unbeliever,⁹⁷ and from a very early date physicians of all confessions were accused of being materialists and of not believing in God.⁹⁸ This was also a widespread idea in the seventh / thirteenth century according to al-Qalyūbī:

All in all, even if [the physicians] would pray, fast, and give alms, even if they would fly in the sky and walk on water, there would still be doubts in people's souls about their commitment to Islam, or as to whether they have any religion at all, especially if we consider that most of those in this profession are Jews.⁹⁹

However, *Naṣīḥat al-muḥibb* also parts ways with other sources when discussing religion. It addresses not scholarly debates, but popular beliefs. And it examines, rather candidly, the effects that the suffering witnessed by physicians and the realisation of their impotence in the face of death have on their intellectual capacities and their religious convictions.

One of the reasons that al-Qalyūbī adduces for abandoning the practice of medicine is that this art impairs the intellectual capacities. He offers different classifications of the intellect (*'aql*). The first is a quadripartite division likely inspired by Ibn Sīnā's treatment of the soul in *al-Shifā'* (The healing), which divides this faculty into material intellect (*al-'aql al-hayūlānī*), actualised intellect (*al-'aql bi-l-fi'l*), acquired intellect (*al-'aql al-mustafād*), and active intellect (*al-'aql al-fa'āl*). Al-Qalyūbī's discussion focuses on the acquired intellect, the best manifestation of which occurs when someone acquires knowledge from legal, rational, or metaphysical disciplines (*al-'ulūm al-sha'riyya wa-l-'aqliyya wa-l-ilāhiyya*). But knowledge can also derive from practical arts, in which case, the intellect is called sensorial and political (*al-ḥissī wa-l-madanī*).¹⁰⁰ Since medicine deals with sensorial and non-sensorial phenomena, physicians employ both sensorial (*ḥissī*) and rational (*'aqlī*) capacities.¹⁰¹

Later on, when discussing the actual practice of medicine to make a living, al-Qalyūbī applies a different categorisation, dividing the intellectual capacities acquired by physicians into those needed for a livelihood (*al-'aql al-ma'ishī*) and those related to philosophical and religious or metaphysical aspects (*al-'aql al-falsafī al-ilāhī*).¹⁰² Medicine destroys all of them, because physicians are unable to make a living while abiding by the religious principles of their faith, and their intellectual capacities are diminished by the difficulties of their work.

97 On Galen's agnosticism, see Schwarb, Early *kalām*, especially 111-112.

98 To give just two early paradigmatic examples, the third/ninth-century *Kitāb al-Ihlīlaja* (Book of the Myrobalan) attributed to al-Imām Ja'far al-Ṣādiq contains a debate with a materialist Indian physician; on the other hand, the Christian al-Ruhāwī argued that physicians should believe that the world was created by God and dismissed as ignorant those attracted by materialism and heresy (*al-tadahhur wa-l-zandaqa*; al-Ruhāwī, *Adab al-ṭabīb*, ed. Sezgin, 10). On these accusations, see Rosenthal, Defence of medicine.

99 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 193.

100 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 175-176.

101 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 176.

102 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 194.

The first task of physicians consists of identifying diseases and their causes. Most of these causes are hidden to the senses and only recognisable by their symptoms, which are commonly shared by several illnesses, manifest themselves during a limited time, and may be masked by environmental factors.¹⁰³ Physicians need to consider and evaluate an immense number of variables affecting the states of the matter that forms the body, as well as the non-natural causes that alter the humoral balance. That is why diseases are inapprehensible (*ghayr muḥaṣṣal*), just like their causes and symptoms; their treatment is uncertain (*ghayr muḥaqqaq*), and their conditions equivocal (*ghayr maḍbūṭ*).¹⁰⁴

Mistakes are often made, even by the most accomplished physicians.¹⁰⁵ If the physician does not acknowledge his inability to cure many of his patients, he shows an impaired intellect (*lā 'aql lahu*). If he believes that his knowledge of the art allows him to anticipate the development of the illness and therefore to ask for a fixed compensation (*ujra*), he is deprived of the intellectual capabilities associated with earning his livelihood (*ma'īshī*), with philosophy (*falsafī*), law (*sharī'ī*), and metaphysics (*ilāhī*).¹⁰⁶ This convoluted reasoning seems a way of humbling oneself before God and the inapprehensible wonders of His creation. It illustrates al-Qalyūbī's preoccupation with medical errors, which he raises obsessively throughout the treatise, especially in the sections dealing with religious duties.

Al-Qalyūbī's discussion of religion is in part connected with these considerations about the intellect and the limits of reason, but it also tackles more immediate and practical matters. The satisfaction of religious duties is the highest human goal and that which grants well-being in this life and the hereafter. Physicians are aware of this, of course, but they have to face problems concerning both their duties towards God (*ibādāt*) and the pious actions that define them as good Muslims in society (*mu'āmalāt*). As discussed above, the particularities of the medical professions raised doubts among pious Muslims about the religious commitment of their practitioners; above all, according to al-Qalyūbī's interpretation, because almost all physicians were Jews. They were also viewed with suspicion because their schedules conflicted with the prayer times, so they often missed prayers, and because their uncleanness could violate the required ritual purity.¹⁰⁷ What was even worse is that most people associated them with materialist philosophers and held that physicians do not believe in the resurrection of the body and the afterlife of the soul:

[The people] say that physicians go as far as to claim that »the soul« is an expression (*ibāra*) that refers to inhaled air or blood originating from a soft mixture of the vapour of humours that is nurtured by breathing, as in other animals; they claim that this spirit (*rūḥ*) necessarily expires and disappears together with its matter, just as the [flame] of a lamp dies when it runs out of oil.¹⁰⁸

103 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 187.

104 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 190.

105 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 189 (with Galen as example), 191-193 (with a discussion of several faulty diagnoses and treatments).

106 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 194.

107 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 93.

108 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 208. A similar definition of the soul is attributed to Galen in an anecdote narrated shortly afterwards. Galen, who used to frequent an assembly of Stoics (*al-riwāqīyyūn*), claimed that »soul« is an expression that only refers to a mixture of vapours and was expelled from their circle (*ibid.*, 211).

Many people also believed that the materialism underlying the science of medicine prevented physicians from enquiring into the ultimate causes, arguing:

[Physicians] hold that human constitution and discernment are determined only by the mixture of specific constituents (*‘anāšir*), just as happens with the constitution and discernment of all animals. They do not admit that the rational soul (*al-nafs al-nāṭiqā*) or the intellect (*‘aql*) may be separated from matter (*hayūlā*) [...] Thus, when the body decomposes and returns to its initial constituents, [the soul] abandons it completely and nothing of it remains.¹⁰⁹

For al-Qalyūbī, all these opinions are simply misconceptions. He argues that medicine is related to the science of the natural philosophers, not to the study of the ultimate Truth pursued by metaphysicians (*al-falāsifa al-ilāhiyyīn*) such as Pythagoras, Diogenes, Empedocles, Socrates, or Plato.¹¹⁰ These accusations are unfounded, because it is not incumbent upon physicians to discuss metaphysical matters, but their reputation is nonetheless soiled. Another anecdote that al-Qalyūbī narrates in first person provides further details about the bad name of medicine. A devout and pious expert on Islamic law (*faqīh*) who studied medicine with him had excelled in this discipline over his peers and received permission to practise medicine and make a living with this art, but he disliked it. When asked by al-Qalyūbī, he said that he would not accept being called a physician instead of a *faqīh*, even if he starved to death. »I learned from him,« says al-Qalyūbī, »that legal scholars consider that medicine damages religion.« Another case with which al-Qalyūbī illustrates the conflict between the practice of medicine and the performance of religious duties is that of a judge (*qāḍī*) who was also a physician. When he led the prayer, his congregation had doubts about his state of ritual purity, to the extent of considering it a reason to nullify the prayer: such was the status of medical practitioners among people.¹¹¹

These anecdotes contrast radically with the image that we receive from other narrative sources. A significant number of elite physicians in the seventh/thirteenth century were legal experts, especially in Damascus and within the Shāfi‘ī *madhhab*. Famous Egyptian contemporaries of al-Qalyūbī, such as Ibn al-Nafīs, excelled both in religious and medical disciplines.¹¹² But al-Qalyūbī is adamant about the bad reputation of physicians and the conflict between medicine and religious duties. For him this is one of the main reasons driving Muslims away from the study of medicine. This hypothesis is certainly helpful in understanding similar complaints reproaching Muslims for abandoning this discipline,¹¹³ and the admonitions of authors such as Ibn al-Ḥājj, who urged the replacement of *dhimmī* physicians with women and with those madrasa students who might have had caregiving experience.¹¹⁴

109 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 208.

110 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 211. The identification of theoretical physicians, often called naturalists (*ṭabī‘iyyūn*), with natural philosophers was rather common, as al-Jawbarī’s aforementioned work shows; see al-Jawbarī, *Kashf*, ed. Dengler, trans. Davis, 92-93.

111 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 213.

112 On Ibn al-Nafīs and the figure of the physician-legal scholar, see Fancy, *Science and Religion*, 16-35.

113 On this, see above, p. 89.

114 Ibn al-Ḥājj, *Madkhal*, 4:114 (*li-annaka tajidu fī l-madāris min ṭalaba al-‘ilm al-sharīf man lahu al-yad fī dhalika akthar minhu*).

These popular opinions might have been distorted, but they were not completely unfounded. Even more daunting than the ignorance and prejudices of the people were the perils threatening Muslim medical practitioners which, for al-Qalyūbī, stem from the physician's dread of the hereafter and their arrogance.

Physicians should, in theory, be able to do good in this world and secure a good life in the hereafter. The references to the personal piety of physicians are usually formulated around two concepts: the earning of one's livelihood (*iktisāb*) by charging the wealthy for their services, and the accrual of merits for the world to come (*iḥtisāb*) by helping the needy. Charitable works occupy a prominent place among the excellences of medicine listed by physicians and historians of medicine. Some authors such as Ibn Riḍwān even compared good physicians to angels for their diligence in doing good.¹¹⁵ Al-Qalyūbī, in contrast, casts doubt on both *iktisāb* and *iḥtisāb*. As discussed above, his understanding of the physician's remuneration (*ujra*) parts ways with other approaches to this matter. His treatment of the final reckoning (*ḥisāb*) is equally elaborated and patently fatalistic.

Medicine is an instrument to do good (*ālat al-'aṭā' wa-l-jawd*) but, as the Quran admonishes, those who have mixed good and evil deeds need to confess their sins (Quran 9.102).¹¹⁶ For al-Qalyūbī, medical errors always outweigh the good actions of physicians. The author does not speak about these errors as if they were his own doing; rather he refers to those he has witnessed or, in general, to errors committed by several practitioners,¹¹⁷ but the obsessive fixation on fatal mistakes in *Naṣīhat al-muḥibb* may well be the result of a personal trauma.

Medicine is for him the art in which the most errors are committed, and that in which these are the gravest, because they endanger not only the life of the patient, but also the soul of the healer.¹¹⁸ The weight of these errors in the final reckoning terrorised physicians to such an extent that it might cause them to lose their faith:

When a physician commits his first mistake, he is terrified and cowardly afraid of practising medicine. But he needs to make a living through this art, and, when he makes a second mistake, he is not as perturbed as he was by the first one. The third one has even less effect. Then he eventually develops a thick skin, his heart hardens, and he becomes used to it just like the dead-washer [grows accustomed to his work]. In the end, he dispels the anguish from his soul by denying the hereafter and the final reckoning (*al-ma'ād wa-l-ḥisāb*).¹¹⁹

115 Ibn Riḍwān, *Sharaf al-ṭibb*, Istanbul, Hekimoğlu Ali Paşa 691, fol. 114v.

116 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 228.

117 He mentions the uncountable mistakes of eye doctors, surgeons, bonesetters, and the kind of practitioners known in Arabic as *āsī* (pl. *āsiya* or *uṣāh*), who seem to take care of curing and suturing wounds. See al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 229. On the term *āsiya*, see al-Dhahabī, *Kitāb al-mā'*, ed. Ḥammūdi, 1:133. Women are not considered in this section, but al-Qalyūbī discusses medical errors committed by midwives in other instances; see al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 139-140.

118 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 229.

119 Al-Qalyūbī, *Naṣīhat al-muḥibb*, ed. Zakkūr, 210.

Not much better is the situation of those physicians who are unable or unwilling to acknowledge their limitations and, in their arrogance, do not accept that the secrets of nature and the graces of God cannot be comprehended by the human mind.¹²⁰ Interestingly, al-Qalyūbī does not make any mention of theories of causation, which were brought forward in many critiques of medicine. For instance, al-Subkī still denounced a century later the arrogance of medical practitioners who believed that they, and not God, were the cause of healing.¹²¹

Al-Qalyūbī ends his treatise by admonishing the readers with quotes from the Quran and the Gospel,¹²² and by using an alleged prophetic hadith condemning medicine:

A tradition from the Messenger of God – may He bless and cherish him – says: »Seventy thousand from my community will enter Paradise without passing the final reckoning.« »Who are they?«, they asked, and he replied: »Those who have not used cautery, or sought medical treatment, or used sorcery, or used a sorcerer, but rather relied on God's grace.«¹²³

Al-Qalyūbī argues that, according to this hadith, »medicine does not uphold the religious requirements«. This view is supported with a verse that he attributes to the Psalms: »The physicians will not see Your face.«¹²⁴ It is difficult to interpret the choice of this hadith and its wording. Although it supports the argument developed throughout his treatise, it is not a *ṣaḥīḥ* tradition, contradicts the author's previous dismissal of *tawakkul*, and would have been easily debunked by any Muslim proponent of medicine, since in the seventh / thirteenth century there were many hadith collections supporting this discipline.¹²⁵

Be that as it may, the end of the book, imbued with a clear religious tenor, insists on the futility of the physician's efforts before the mysteries of the human body and repeats the advice that the author advanced in the preamble: be concerned about preserving your intellectual capacities and religion (*'aqlika wa-dīnika*), and do not succumb to the ambitions and perils of medicine.¹²⁶

Conclusions

Al-Qalyūbī's account is personal and contentious. Rather than the readers addressed in the deictic passages, the author's main interlocutor seems to be a past version of himself, the young man who foolishly decided to study medicine. As in other works of autobiographical tenor, the boundary between fictitiousness and reality may sometimes be blurred, but its intimate tone imbues this work with sincerity. The literary value of the text and its relevance within the corpus of Arabic autobiographical literature should be enough to attract the attention of literary scholars in the future.

120 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 226.

121 Al-Subkī, *Mu'īd al-ni'am*, ed. Myhrman, 189-190.

122 Concretely, Quran 20.131 and Matthew 16.24; see al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 229.

123 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 230. The editor considers that this rendition of the hadith is wrong and amends the text following Ibn Ḥanbal's *Musnad*, where it reads »those who have not used cautery, or asked for omens from the flight of birds (*yataṭayyarūna*), or used a sorcerer«. My translation reproduces the reading of the manuscript on fol. 183r, not the editor's emendation.

124 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 230.

125 To give just a couple of examples of works written by contemporaries of al-Qalyūbī, two students of 'Abd al-Laṭīf al-Baghdādī published collections of medical hadiths: al-Bīrzālī's *Sharḥ al-arba'īn al-ṭibbiya*, extracted from the *Sunna* of Ibn Māja, and al-Tifāshī's *al-Ṭibb al-nabawī*, a summary of Abū Nu'aym's homonymous work.

126 Al-Qalyūbī, *Naṣīḥat al-muḥibb*, ed. Zakkūr, 233-234.

But *Naṣīhat al-muḥibb* is, above all, a window onto the hidden world of medieval street physicians. Al-Qalyūbī's deprecation of medical practice is a unique testimony, and a biased one at that. But he had to support his arguments with evidence; thus, even if he exaggerates when building his case, his treatise contains invaluable referential information that contradicts the idealised image of the physician transmitted by historians of medicine.

Particularly relevant are the passages stressing the medical authority of women, also hinted at in other sources, but never – as far as I know – with this clarity. The critique of Jews, and their very omnipresence in the text, which seems to mimic their presence in the public sphere, confirm the complaints of other authors; al-Qalyūbī goes a step further and makes of them one of the causes explaining the lack of Muslim physicians.

The way in which al-Qalyūbī addresses the conflictual relationship between medicine and religion is perhaps the most outstanding feature of the treatise. Various Muslim and Christian authors had written about this problem since the third/ninth century, but never from this perspective. Al-Qalyūbī focalises his discourse on both the common people and the physicians. He dismisses the opinions of the ignorant masses but, as he does when he argues with women, he listens to them and reports their claims. He also gives voice to physicians – perhaps masking his own voice – when describing the terror inspired by medical mistakes, the dread of the hereafter, and the loss of faith.

The singularity of this source does not allow us to present conclusive interpretations. Similar testimonies might be unearthed in the future, perhaps treatises similar to *Naṣīhat al-muḥibb*, or useful cases from the extensive corpus of fatwas that still await proper study. At present it is impossible to tell whether the situation denounced by al-Qalyūbī was as grave and widespread as he claims. But the argument he brings forward is compelling and useful. It helps to contextualise the complaints of legal scholars about the Muslims' abandonment of medicine. And it provides a challenging contrast to the biographical sources focused on court physicians in which the physician-*faqīh* appears as the most relevant figure in the seventh/thirteenth and eighth/fourteenth centuries. In this regard, I find al-Qalyūbī persuasive enough to at least reconsider these assumptions, contrasting the biographical sources with the vestiges of life beyond the walls of the court, where some people believed that medicine destroys civility, intellect, and religion.

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