

CENTRAL ASIAN CONTRIBUTIONS TO THE EARLIER PHASES OF HOSPITAL BUILDING

ACTIVITY IN ISLAM

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CENTRAL ASIAN CONTRIBUTIONS TO THE EARLIER PHASES OF HOSPITAL BUILDING ACTIVITY IN ISLAM*

By Aydin Sayili**

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In ancient Egypt and Mesopotamia scientific medicine lived side by side with religious and magical medicine. Although with the passage of time scientific medicine made remarkable strides and the Greeks, in developing their scientific medicine benefited greatly from the knowledge and experiences of Egyptian and Mesopotamian physicians.

The Greeks had the temple of cure which they called asklepiion. It was devoted to Apollon and Asklepios, the gods of healing. Cure was brought about by priests in these institutions and psychological treatment occupied a prominent place in their practice. They were places of miraculous cure and in them ordinary physicians did not play any major part. Thus, although Greek philosophers were eminently successful in excluding magic from medicine, they could not extend their hegemony to the field of religious medicine. They could not dominate the procedures of cure exercised in the asklepia where miraculous cure was supposed to be an almost daily occurrence.



Figure 1. The gate of Divrigi Dar al-shifa in Divrigi, Sivas, Turkiye¹

* This article is a slightly amplified version of a paper presented to the International Conference on the culture of Central Asia in the period extending from 750 A. D. at 1500 A. D. which was held in Alma Ata, 16-21 September 1985 in which the author participated as a guest of the Nauk Academy and the Unesco.

The asklepia were very popular, and people in search of health improvement flocked in large numbers to these places. The psychological effect and mystifying atmosphere of these temples together with the stories illustrated by extraordinary examples of previous cures, must certainly have played the greatest role as far as the experience of the patients was concerned.

With the advent of Christianity the temples of cure did not wholly disappear but belief in pagan gods gradually faded out of the picture. Asklepios was abandoned together with the other gods and Christ became the true healer. Likewise, the oracles and the Greek gods were replaced by other patrons of the healing art in conformity with Christian concepts. There are many interesting examples of such changes such as, Benedict of Nursia had the sun-god's temple in Monte Casino destroyed and he built a Benedictine monastery in the same location. Apollo's temple on the Palatine was demolished and out of the same stones, on the same site, was erected the first church consecrated to Sebastian, the Christian martyr and protector against the plague.

It thus seems that the Christian hospitals developed from the old asklepiion shrines. However, the very strong charitable features of the Christian hospitals are evident and they serve as a criterion to differentiate them from the Classical Greek temples.²

Humanitarian and philanthropic characteristics were very marked in the pre-Islamic hospitals of Byzantium. They had charitable institutions such as the hospices (*xenodochia*), *ptochia* (houses for the needy), orphanotopia (orphanages), gerontocomia (alms-houses) and the like. The more specialized Byzantine institution for cure was the nosocomium, i.e. the hospital. Such places were usually grouped around a church or a monastery such as was the Basiliad of Caesarea (modern Kayseri) established by St. Basil toward the end of the fourth century. The treatment and care of the lepers was one specific feature of these hospitals.³

The Byzantine hospitals have been looked upon by some scholars as the direct predecessors of the Islamic ones. Geographical considerations make this position seem reasonable especially since hospitals such as that of Jerusalem lay within the territories annexed by the Arabs during the reign of the first four caliphs.⁴ But the main point of resemblance between the Byzantine and the Muslim hospitals is found in their charitable nature. However in this respect influence from Byzantium may not be considered to be essential. Moreover, there are contrasting features between the two. For, contrary to the Islamic hospitals, the priest also seems to have had some role in the Byzantine hospitals in their curing of the sick.⁵

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¹ The gate of Divrigi Dar al-shifa, in Divrigi, Sivas, Turkiye. Ord. Prof. Dr. A. Süheyl Ünver Nakishanesi Yorumuyla Divrigi Ulucami ve Sifahanesi Tas Bezemeleri, VIII. Turk Tip Tarihi Kongresi 16-18 Haziran 2004 Sivas-Divrigi (ed. Nil Sari, G. Mesara, N. Colpan), Istanbul 2004, p. 1.

² Garrison, *History of Medicine*, p. 176-7; Henry E. Sigerist, *The Great Doctors*, 1933, pp. 21-8; A. Castiglione, *Histoire De La Médecine*, tr. J. Bertrand, Paris 1931.

³ C. A. Mercier, *Leprosy Houses and Medieval Hospitals*, 1915, pp. 3 ff.

⁴ See, e.g. Brunei and Miéli, *Histoire des Sciences, Antiquité*, pp. 1087-88.

⁵ Karl Sudhoff, *Archiv für die Geschichte der Medizin*, vol. 21, 1919, pp. 169, 173-174.



Figure 2. The illustration of gate of Divrigi Dar al-shifa⁶

Some of the differences between the pre-Islamic hospitals of Byzantium and the Islamic hospitals seem indeed to be very sharp. In Islam there were hospitals in the modern sense of the word - specialized establishments where the sick were treated and discharged at the termination of their treatment. The Byzantine hospitals had not reached this stage of specialization. Its pre-Islamic hospitals were not founded exclusively for the cure of the sick. Moreover, as mentioned before, although medical knowledge had shown great progress in the hands of the Greeks, it had not been able to take the place of religious medicine in its hospitals. It was first in Islam that the divorce of scientific medicine both from magic and religion took place. There were sayings of the Prophet concerning medicine and healing but the medicine that came to predominate both in the medical instruction and in the hospital became the scientific medicine inherited from the past and from the Greeks in particular.

The Romans had hospitals set up especially for military purposes⁷ in addition to the *valetudinaria* of the slaves and the gladiators⁸ and there were also pre-Islamic hospitals in India. But perhaps the most important pre-Islamic hospital available as a model for the early Islamic ones was that of Jundisapur.

The hospital of Jundisapur, in the southwest of Persia was run by Nestorian physicians and was quite certainly the most important hospital of pre-Islamic times. Not much clear and detailed knowledge is available on this institution although there are quite a few fragmentary and isolated items of information concerning the instruction in Jundisapur, its physicians and the hospital itself. It is not known, for example, if patients were treated on a charitable basis at the Jundisapur Hospital and neither do we know how many beds it contained and whether or not it had separate wards. The only thing we know with certainty is that great doctors were there in the eighth century. It is not known either, strictly speaking, the extent to which the hospital at Jundisapur served as a model for the hospitals of Islam.

⁶ The illustration of gate of Divrigi Dar al-shifa. Illustrated by Gaye Ozen. From Ord. Prof. Dr. A. Süheyl Ünver Nakışanesi Yorumuyla Divrigi Ulucami ve Sifahanesi Tas Bezemeleri, VIII. Turk Tip Tarihi Kongresi 16-18 Haziran 2004 Sivas-Divrigi (ed. Nil Sari, G. Mesara, N. Colpan), Istanbul 2004, p. 3.

⁷ A. Gastiglione, French tr., pp. 238-239.

⁸ Brunet and Miélli, *Histoire des Sciences, Antiquité*, Paris 1935, p. 1087.

The most critical study of the subject is that carried out by B. Ebermann in 1925 in *Zapiski Kollegiy Vostokovedov Pri Aziatskom Muzee Rossiiskoy Akademiy Nauk*. Ebermann forcefully draws attention to the very interesting possibility that certain stories implying early influence of Jundisapur on medical work in Islam may be later fabrications of the Suhu'ūbiyya movement and certain Christian centres. The story that Harith ibn Kalada, the Arab physician contemporary of the Prophet, studied medicine in Jundisapur and that he had conversations with Anushirawan may be the product of later fabrications. For it presents certain chronological difficulties in its details and it seems that even the story of the invitation of Jurjīs ibn Jibrīl ibn Bukht-Yishū' to cure the Abbasid Al-Mansūr was probably not genuine. Indeed, this story is contradicted by the statements of Ibn al Nadīm and other pre-thirteenth century sources according to whose information, Bukht-Yishū' (II), the son of the above mentioned Jurjīs, was the first Jundisapur physician to be called to Baghdad. Furthermore there is evidence that medicine in Jundisapur was in the monopoly of certain families and this suggests that, unlike the Islamic tradition, there was a tendency of professional jealousy among the physicians of Jundisapur. Ebermann has published a summary of this work in *Islamica*.⁹



Figure 3. Drawing of al-Fārābī.

There was a medical school at Jundisapur which was probably in close association with the the town's hospital and there is evidence also of its ties with the Jundisapur School for religious instruction. But systematic influence of Jundisapur on Islamic medicine seems to have started during the reign of Harun al-Rashid, when Jundisapur physicians began to take up their residence in Baghdad. This is strange in view of the fact that Jundisapur was much closer to Baghdad than some other places like Alexandria whose physicians began to contribute to Islamic medicine in much earlier times.

According to Ibn al-Qiftī, when Mūsā al-Hādī fell ill in 786 CE, doctors such as Abu Quraysh ʿĪsā "Abdullah al-Tayfūrī and Dāwūd ibn Sarāfiyūn gathered together in order to cure him. His condition became worse however. Thereupon a certain Rabi^c said to Hādī, "*We have been told that a very skilled physician by the name of 'Abd Yishū' (i.e., Bukht Yishū') exists...*"¹⁰ It is of interest that, for example, the phraseology of this statement indirectly suggests that Jundisapur physicians were not as yet well known in Baghdad during the reign of Hādī.

⁹ Bericht über die Arabischen Studien in Russland Während der Jahre 1921-1927, *Islamica*, vol. 4, 1930, pp. 147-149. A more recent publication may be found in A. Siassi. "L'Universite de Gond-i Shapur et l'Etendue de son Rayonneraent", *Melanges Henri Masse*, Tahrān 1963, pp. 366-374. See also Aydin Sayili, "Gondēshāpūr", *Encyclopedia of Islam*, vol 2, Leiden 1965, pp. 1119-1120.

¹⁰ Qifti, p. 431- See also, Ibn Abi Usaybi'a, vol. 1, p. 125.

Arabic sources contain stories which trace the medical interest at Jundisapur back to a physician who had come from India. These stories imply that this initial Indian influence found a fertile ground for development in Jundisapur and that this medical knowledge was further enriched through cumulative experience in treatment and through contact with local medical traditions. It is difficult to determine the factual value of such reports. The transformation of Jundisapur into an important medical centre was undoubtedly the work of the Nestorians. But this may not have effectively taken place before the reign of Khusraw I Anūshirawān. The Nestorian sect was founded in 428 CE and its adherents were condemned as heretical by the Council of Ephesus in 431 whereupon they migrated to Odessa. Expelled thence in 489 by the Byzantine emperor Zeno, they then migrated into Persia. The much quoted statement of Firdawsī saying that the skin of Manī, stuffed with straw, was suspended from one of the city gates and near the wall of the hospital in Jundisapur serves therefore as a misplaced chronological emphasis on the Jundisapur hospital. Indeed, it was in the year 276 that Manī, the founder of the Manichean sect, was put to death and it is doubtful, if not out of the question, that the hospital existed at that time.



Figure 4. The drawing of Ibn Sinā on a Pakistan stamp.
The stamp reads: Hakim Ibn-E-Sina (980-1037).

The hospital of Jundisapur is important for Islam because it was a foremost centre of Greek medicine and because it was highly instrumental in establishing the supremacy of Greek medicine in Islam. Some of its physicians were among the foremost translators of Greek medical works into Arabic. As its history and development show, the hospital at Jundisapur was a Byzantine appendage (though not a Byzantine-type hospital) rather than an organic member of Persian culture. In fact we know of no other Persian hospitals. However, the word *bimāristān* was widely adopted for hospital in Islam alongside the word *dār al-shifa* and this may point to Persian influence and may confirm a strong influence from Jundisapur.

Maqrīzī refers to a pre-Islamic hospital in Jerusalem¹¹ which was apparently founded in the first quarter of the fifth century.¹² Maqrīzī also mentions a pre-Islamic Egyptian hospital which was built by the Coptic king Manāqiyūsh, son of Ashmūsa, as the oldest hospital in Egypt. He adds that, according to Abu Saʿīd Zāhid al Ulamā (fl.ca. 1030), Buqrāt (Hippocrates), the son of Ayūqlīdus, was the inventor of the hospital.¹³ But the Muslim writers were apparently not under the impression that the Islamic hospitals owed their origins to

¹¹ *Khītat*, Bulaq, vol. 2, p. 490.

¹² See, Brunet et Miéli, pp. 1087-1088.

¹³ *Khītat*, vol. 2, p. 405.

Byzantine ones. Indeed, references to them must be very rare. Jundisapur, on the other hand, is mentioned very frequently. The theory of Byzantine origin is suggested by geographical considerations and it is especially supported by the fact that the first Islamic hospital, that of Walid in Damascus, included a leper house and had the general features of a hospice as well as a hospital. But these are not the characteristics of the hospitals of Islam in general.



Figure 5. Mansur Qalaun Hospital in Cairo.

The humanitarian features of the Islamic medieval hospital must not be allowed to eclipse its high medical standing *per se*. The hospital, by the middle of the tenth century at least, was one of the high water marks of the Muslim civilization. The hospitals of medieval Islam were hospitals in the modern sense of the word. The best available medical knowledge was put to practice within them. They were specialized institutions with expert physicians which had special wards and organized staff. Unlike the Byzantine hospitals, they did not have a mixed function of which the treatment of the sick was only one part. They were prototypes of the modern hospital.

According to the testimony of the Islamic writers, the first hospital built in Islam was in Damascus. The founder was Walūd ibn Abdulmalik (705-715 CE) who was the sixth *Umayyad* caliph. According to Maqrīzī the date of its construction was the year 88 after the Hijra (AH), i.e. 706-707 CE. This first Islamic hospital had been created for the purpose of curing the sick, providing care for those afflicted with chronic diseases and for looking after lepers, the blind and the poor. There was more than one physician employed in this hospital.¹⁴ Since lepers were isolated and looked after and care was given to the invalid and the poor, this hospital is seen to partly resemble at least the Byzantine *nosocomia*. These features, as said before, were not the characteristics of, or typical for, the medieval Islamic hospital as it later emerged. However, as these factors were present we may infer that, according to current knowledge, this first hospital in the Muslim regions may partially owe its existence to Byzantine influence.

¹⁴ Ahmad Issa Bey, *Histoire des Bimaristans à l'Epoque Islamique*, Cairo 1929, p. 127.

The lepers were isolated in the Walid Hospital in order to prevent the contamination of other patients. This segregation of lepers, of which all sources relating to this hospital speak, reminds one of the admonitions of Muhammad against mingling with sufferers from contagious skin disease. Moreover, the fact that the Prophet frowned upon treatment of the sick by unauthorized persons may account for the tendency which already seems to be discernible in the employment of several physicians with specialization in the cure of the sick.¹⁵ Therefore, as a second possibility we may decide that the Prophet's pronouncements concerning medicine and concerning contagion more specifically, may have influenced the creation of the Walid Hospital. Indeed, the Prophetic traditions were usually in the form of useful advice and far from being unscientific. They were generally empirical in nature and at times warned that people not experienced in medicine should not practice the art.¹⁶

We have no information concerning the physicians who worked in the Walid Hospital or who gave it shape and acted as the guiding spirit in its foundation. Barmak, the head of the Buddhist temple Nawbihar of Balkh, was skilled in medicine and was also learned in astronomy and philosophy. In 705 he was summoned to Damascus at the court of Abdulmalik, to cure Maslama, the son of that caliph. For he had been successful in curing at least one of the commanders or highly placed personalities who were involved in the activity of the Arabs of annexing the districts of Khorasan and Transoxania to the Islamic realm and spreading the Muslim faith beyond Persia. We do not know how long Barmak stayed in Damascus, but he had returned to Balkh by 725-726. For it was then that he presided over the rebuilding and construction works carried out in Balkh which had previously suffered from warfare involved in its conquest.¹⁷ All this shows that there was much confidence in Barmak's skill as a physician and apparently 'Abdulmalik and his son Maslama were not disappointed in their reliance on him. We know that Maslama was still alive in 720-721. We also know that Barmak's medical knowledge was that of India. So, as a third possibility, we may conclude that the foundation of the Walid Hospital may somewhat be due to an influence originating from Central Asia which introduced Indian medicine into newly emerging trends and traditions of Islam and into its nascent institution for the medical care of the sick. For, as we shall presently see, this Barmak's son, Khâlid, or his grandson Yahyâ was a patron of Indian medicine and active in the foundation of another hospital run by physicians representing that medicine. Moreover, Indian medicine was apparently of such nature that it could have been effective in the emergence of a hospital similar to that founded by Walid in Damascus.

¹⁵ See Aydin Sayili, "The Emergence of the Prototype of the Modern Hospital in Medieval Islam". *Belleter*, vol. 44, 1980, p. 281.

¹⁶ See, Aydin Sayili, *ibid*.

¹⁷ Barthold, "Barmak", *Encyclopedia of Islam*.

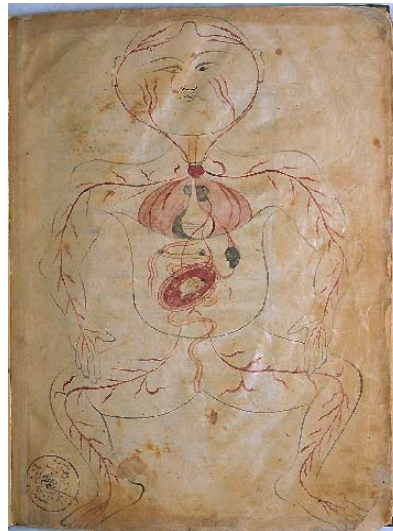


Figure 6. A pregnant woman miniature, from an Islamic medicine manuscript.

Asoka (263-226 BCE) is said to have been behind the construction of hospitals in India and Hindu hospitals have been dated further back. R.F.G. Muller has shown that the description of those institutions as "hospitals" is based upon rather insufficient evidence.¹⁸ Yet it is quite certain that there were hospitals or at least dispensaries in India in post-Christian pre-Islamic times. Muller is reluctant to accept this but his requirements are too rigid. His criticisms would also apply to the pre-Islamic Byzantine hospitals, the existence of which he seems to accept. On the basis of his requirements it would not be justifiable to say that a hospital existed in Jundisapur either. The Indian institutions were similar to the ones in Byzantium; they were more like hospices and medical help was only one of the diverse types of charity available in them. As we have seen, the Walid Hospital too shared such features.

What happened in Damascus in the way of medical trends is not known with certainty. Alexandria seems to have contributed much to the development of medical instruction in early Islam. Mention is made of 'Abdulhamid ibn Abjar who lived during the time of the Umayyad caliphs Abdulmalik (685-705) and Umar Ibn 'Abdul'aziz (717-720). Ibn Abjar is described as the "head of instruction" in Alexandria where pre-Islamic activity seems to have continued. Before he became caliph, Umar ibn 'Abdul'aziz was a friend of Ibn Abjar, whom he helped convert to Islam. After he became caliph he made Ibn Abjar his personal physician and this resulted in, the transfer of the medical teaching from Alexandria to Antioch and Harran¹⁹ and to the Umayyad capital at the time Barmak was apparently out of Damascus, as we have seen above.²⁰

Max Meyerhof draws our attention to a chronological difficulty in the account given by Ibn Abi Usaybi'a, who seems to say that Ibn Abjar taught in Alexandria before the Muslim conquest of that city (641 CE). Ibn Abjar would thus have to be over one hundred years old at the time when 'Umar ibn 'Abdul'aziz came to power. Other sources also speak of Umar's *patronage* of Alexandrian medicine and Ibn Abi Usaybi'a speaks very briefly and only skims the beginnings of Ibn Abjar's teaching career. He dwells mainly on that scholar's

¹⁸ R. F. G. Muller, "Uber Krankenhäuser aus Indiens Alteren Zeiten", *Archiv für die Geschichte der Medizin*. vol. 23. 1930, pp. 135-151.

¹⁹ Ibn Abi Usaybi'a, vol. 1, p. 116.

²⁰ See above, p. 8 and note 15.

relationship with 'Umar ibn 'Abdul'aziz, and we may therefore consider this part of his information as reliable.²¹ I have inserted these specific items of information here. For though they do not throw any specific light directly on our particular problem, it is of interest that in no way they contradict our three conjectures or run counter to them. In no way do they corroborate them, since Ibn Abjar and the Alexandrian medical teaching tradition have nothing to do with the tradition of building *nosocomia*.

The construction of one other hospital in Umayyad times at Cairo is reported. Our only source concerning its existence is from Ibn Duqmaq (d. 1406) and it contains no specific information concerning the nature and characteristic traits of this hospital. Its location, however, is given in some detail.²²



Figure 7. The treatment of a patient by the surgeon miniature by Sharaf al-Din Sabuncuoglu's book *Jarrahiyat al-Haniyya*.

According to information available, the next two hospitals were built in early Abbasid times. These were the Barmakid hospital which was undoubtedly in Baghdad, though its location is not specified and the hospital built by Caliph Harun ar-Rashid in Baghdad. This latter hospital must have been built sometime between 786 and 809, i.e. during his reign. On the other hand, as a result of translations Greek medicine became predominant and Indian medicine gradually went into the background. Of the two hospitals just mentioned the Barmakid Hospital is therefore the third and the Harun ar-Rashid Hospital the fourth Islamic hospital concerning which sources contain fragmentary report.

It is true that the Barmak family remained in power until they were ousted in 803 by Harun ar-Rashid. If, therefore, their hospital was built after 786, it could be later than Ar-Rashid's Hospital. However, the date of construction of the Barmakid Hospital was undoubtedly before Ar-Rashid sat on the throne. For its head physician was a contemporary of his partron Khâlid ibn Barmak (d. 781-782). This was therefore during the reign of the caliph Mahdî (775-785) or perhaps even earlier.

Our knowledge of the Barmakid Hospital is derived from Ibn al-Nadîm. He tells us that Ibn Dahn (or Dahani) al-Hindi, i.e. Ibn Dahn the Indian, was the director of this institution and that Khâlid ibn Barmak ordered him to translate the Indian medical work of a physician called Susruta (*Ssrd*). Mankah al-Hindi who also came to Baghdad during the Caliph Al-Mansur's reign (754-775) was apparently connected with this

²¹ Max Meyerhof, "La Fin de l'Ecole d'Alexandria d'Après Quelques Auteurs Arabes", *Archeion*, vol. 15, 1933, pp. 10-12.

²² See, A. Issa Bey, p. 111.

hospital. For Ibn al-Nadīm says that Yahyā ibn Khālid ibn Barmak ordered Mankah" (who was) m the Hospital", to write a commentary on Susruta.²³ This statement of Ibn al-Nadīm may be interpreted to possibly indicate that the Barmakid Hospital was still functioning during the later parts of the reign of Harun ar-Rashid. It is of interest that when Harun ar-Rashid fell ill in 793-794, he asked Yahyā ibn Khālid to recommend a doctor to him. Yahyā mentioned Bukth Yishū' (II) and in order to make his recommendation more convincing, added that he had previously been invited to cure Al-Hādī (785-86).²⁴ This means that the date of foundation of the Harun ar-Rashid Hospital was somewhat later than 794 CE.

Very little information is available concerning the Baghdad Hospital or Harun ar-Rashid. But it is of great interest to hear that in the decision to launch this hospital, which symbolised the supremacy and predominance of Greek medicine in Islam, a member of the Barmak family seems to have played a part. But of greater importance is that in the foundation of the third hospital not only was Central Asian initiative important but also Indian medicine which apparently constituted another Central Asian contribution.

The fifth hospital to be built in the Muslim lands was that of Fath ibn Khāqān and it was located in Cairo. Fath ibn Khāqān was a Turkish general and the minister and close associate of the caliph Mutawakkil. He was also a booklover and founded a library. Fath ibn Khāqān died in 861 CE. Unfortunately we have no specific information about this hospital.²⁵

The sixth Islamic hospital was founded by the Turkish statesman Ahmad ibn Tulun in 872 or 874 in Cairo. Ahmad ibn Tulun was the founder of the Tulunid dynasty (868-905) and the son-in-law of the above mentioned Fath ibn Khāqān. Ibn Tulun has to his credit other important construction works in Egypt such as the Great Tulunid Mosque, the Aqueduct and the Nilometer. The Tulunid Hospital is among the outstanding hospitals of Islam in spite of its early date. It was first surpassed by the Adudi Hospital of Baghdad which was founded in the year 981 or somewhere around that date. So, this is another example of Central Asian contribution to the hospital building activity of Islam.

The Tulunid Hospital contained two bathhouses - one for each sex. All of its treatment and medicine were free of charge. Patients entering this institution had to remove their street clothes and valuables and deposit them for safe-keeping to the hospital management. They were then given the clothes worn by patients and assigned to their beds. They received free food and medicine until completely cured. The Tulunid Hospital had a section for the insane, the first known of its kind. The hospital also had a library. Unfortunately our knowledge of the physicians who worked in the hospital is very limited.

²³ *Kitāb al-Fihrist al Ulūm*, cd. Flugel, 1871-72, vol. 1, pp. 245, 303.

²⁴ Ibn Abī Usaybi'a, vol. 1, p. 126.

²⁵ Maqrīzī, *Khīṭat*, Bulaq, 1854, vol. a, p. 406.



Figure 8. Chief physician office/tower (bash lala kulesi) of Ottoman State Sultans in Topkapı Palace Museum, Istanbul, Turkiye.

According to present-day information, the Tulunid Hospital is the first Islamic hospital which had *waqf* revenues. The endowment of the hospital with *waqf* constituted a sign of a more complete integration with the Muslim culture and civilization and it was also a guarantee of the hospital's longevity. Ahmad ibn Tulun also set up a dispensary next to his Tulunid Mosque in Cairo which was built before the Hospital.²⁶ This was a pharmacy where a physician was at hand every Friday. Apparently the purpose for establishing this dispensary was primarily to extend medical help in a manner similar to an emergency or first aid station. India seems to be the only place rich with precedents for such kinds of medical posts. Such medical aid stations are said to have existed in each of the four gates of a certain Indian city, for example, many of the simpler and more primitive hospitals claimed for India in pre-Islamic times were probably nothing more than such medical depots or store houses where physicians were also available.²⁷

I have not come across other examples of this nature in medieval Islam. Thus, though the medical aid station of Ibn Tulun does not seem to have served to establish a tradition in Islam, it serves to corroborate the existence of influences from Indian medicine upon the early hospitals of Islam. It also demonstrates that there were Central Asian and, more specifically, Turkish contributions to the early hospital building activities of the Islamic regions.

²⁶ *Khitat*, vol. 2, p. 405.

²⁷ R. E. G. Muller, "Über Krankenhäuser aus Indiens Alteren. Zeiten", *Archiv für Geschichte der Medizin*, vol. 23, 1930, pp. 135-151.