

Ottoman Medicine

Healing and Medical Institutions
1500-1700



MIRI SHEFER-MOSSENSOHN

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MIRI SHEFER-MOSSENSOHN

SUNY
P R E S S

Cover art entitled "The Story of the Toothache Tree." In Turkestan there is a certain tree which cures toothaches. The wood of the tree is burnt and the ashes rubbed on the painful tooth. The smoke from the wood is also effective. In the picture, one youth with a swollen face holds his head over the smoke of fire made of the Toothache Tree, while another youth stands nearby. "Wonders of Art and Nature," manuscript held at the British Library, Harl. 5500, f.75v, reproduced by permission of the British Library.

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To I. with endless love and gratitude

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Preface

This is a book on sickness and health and how one dealt with it as a patient, a healer, and health administrator in the Ottoman Middle East in the early modern period. In some cases the story had a happy ending; in so many other instances, suffering, misery, and finally death were involved. This is of course not one the most cheerful topics one could choose as a focus to a scientific enquiry. I have chosen it nevertheless, as health and sickness and finally death are an inherent part of life. This may be not terribly optimistic, but it has the merit of being realistic. Moreover, they are intimately connected to so many other aspects of life—intellectual debates, social interactions, religious beliefs, economic processes, and political order—and as a result they are very promising as a venue for delving into past societies.

The multifaceted of medicine turned this project into a double journey. It started as a foray into history, and I hope to bring to life in these pages a rich picture of the lives of people in the early modern Middle East. It was also a personal one. As I proceeded with this study I had to redefine my assumptions of what health and medicine were, not only for people of a distant time and place, but also for me and the society in which I live.

This book is about contemporary social consciousness and awareness, as the history of medicine is not of historical value only. In this case the past is very much relevant to our own modern society. It is also connected with the current public debate worldwide about the role that the medical establishment and the scientific community should play in a modern society, and how they should respond to the social and natural environment, especially when the cost of medical treatment is higher than ever. This debate is related also the current crisis within orthodox medicine. More people choose alternative medicines rather than orthodox medicine and technology and question their moral basis. Academic studies add to the critical discourse of what

is “good” or “modern” about contemporary health care institutions by going back to historical examples, Western and non-Western alike. This in turn should help society educate better medical personnel (whatever “better” is). By making the medical system better not only the lives of the sick and feeble are better, but the world becomes better, more just.

This work has two layers. The first layer is the story of Middle Eastern medicine(s) and medical institutions: what types of medicine(s) existed in the Middle East, who were its founders were, who worked in it, who the patients were, and where it was located. The second and more important layer deals with Middle Eastern society and culture from a medical point of view. The chapters in this book are devoted to subjects like prevention and curative therapeutics; holism, nature and ecology; charity, entitlement, and group identity; health and social hierarchy; dialogues between medicine and religious belief; and medicine, power and social order.

I accumulated quite a debt to so many people, and am glad I am able to at least partially repay it by presenting them with this book; I would like to acknowledge their support here.

The project originated as a doctoral dissertation. Later on it went through a series of transformations, and (I hope)—improvements. However, I still owe a debt to my teachers at Tel Aviv University: my doctoral advisor, Professor Amy Singer; Professor Ehud Toledano, who did not carry any official roles but was and still is a constant source of support and inspiration; and Professor David J. Wasserstein, now of Vanderbilt University, who tutored a young research assistant. In London, I owe Professor Lawrence I. Conrad (now of Hamburg) much gratitude for hosting me for three months while carrying out my project at the wonderful facilities of the Wellcome Institute for the History of Medicine. In Istanbul Professor Nil Sarı of the Department of History of Medicine at the Cerrahpaşa Faculty of Medicine in Istanbul was gracious enough to take real interest in the research of someone who at the time was still a novice in Ottoman medicine and Ottoman sources. In Cambridge it was Dr. Kate Fleet, the head of the Skilliter Centre for Ottoman Studies at Newnham College, who was a wonderful hostess. I was affiliated with the Centre for a term and benefited greatly from the vast Ottoman literature (primary and secondary) there. With Dr. Leigh N. B. Chipman of Ben Gurion University, a friend and colleague, I share interest in Muslim medicine. I thank her for all her help with editing the text.

The names of museums, libraries, and archives bring to mind faces and names of people I enjoyed working with and to whose help

I am immensely grateful. In Istanbul I worked in the Başbakanlık Osmanlı Arşivi (the Archives of the Ottoman Prime Ministry), the Topkapı Sarayı Müzesi Arşivi and Kütüphanesi (the Archives and Library of Topkapı Palace), and the Süleymaniye Library; in Ankara at the Vakıflar Genel Müdürlüğü Arşivi (the Archives of the General Directorate for Charitable Institutions); in London at the British Library and the Wellcome Institute for the History of Medicine Library; in Cambridge at the Cambridge University Library; and in Princeton at the Firestone Library. The hospitality of librarians who supplied me with good advice with regard to the collections at their charge (and not to mention other types of help in the form of endless cups of hot tea and good conversation) helped me to move forward.

At the State University of New York Press, I would like to thank Dr. Michael Rinella, Diane Ganeles, and Wyatt Benner for their expert guidance in producing this book.

My thanks are also to the anonymous readers for the Press. Their endorsement and constructive criticism are very much appreciated. Finally, Tomer Miron, Liran Yadgar, Barak Rubinstein, and Ido Ben-Ami, my former and current research assistants, helped me in various ways in preparing this manuscript.

I am happy to acknowledge the generous financial support from various institutions and grants that made the research and writing it up possible: the Israel Science Foundation (grant number 535/04), the Dan David Prize Scholarship in History, the Skilliter Centre for Ottoman Studies Research Grant, the Friends of the Library Fellowship at Princeton University Library, the Rothschild Fellowship, and a Research Scholarship from the Turkish Ministry of National Education (Milli Eğitim Bakanlığı), and the Department of Middle Eastern and African History at Tel-Aviv University.

Finally, I would like to mention my family: my parents, brother, and in-laws, and especially my husband (to whom I dedicate this book) and two daughters, who were born into this project and grew with it. We all know how much I owe you. At this point I also remember my late grandfather, who would have been happy and proud to see his granddaughter writing a book.

As the book was copyedited, my father, Dr. Michael Shefer, passed away. I wish he could have seen the book.

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Note on Transliteration

The problem of transliteration in Ottoman studies is complicated because of the very broad geographical, cultural, and lingual scope of the subject matter. Spreading over three continents for six hundred years, the Ottoman Empire was inhabited by members of many linguistic groups living alongside each other, including—in addition to users of Turkic dialects—users of Serbo-Croat, Berber, Hebrew, Arabic, Persian, Kurdish, and many more. Moreover, Ottoman society and culture enabled—indeed, encouraged—routine crossing of lingual and cultural boundaries. The result was an extraordinary cultural mixture and diversity. To deal with it, any single system of transliteration is found lacking either grammatically, phonetically, or aesthetically. Hence I adopted a compromise that allowed me to achieve consistency as much as possible while emphasizing the theme of cultural diversity with regard to Ottoman medical realities of the early modern period and accurately reflecting the languages of the sources used here, which are mainly Ottoman Turkish and Arabic. In addition, I tried to simplify forms as much as possible to make the text accessible to medical historians who are nonspecialists in Middle Eastern studies.

Throughout the book I make the case of the high level of Ottoman-ness of medicine in the Middle East of the sixteenth and seventeenth centuries. With the Ottoman context in mind I find it appropriate to write most terms and names of places and individuals in Ottoman-Turkish forms. For the sake of simplicity, I rendered such terms and names in a modern Turkish form rather than following formal transliteration tables of Ottoman-Turkish. In modern Turkish, *c* is pronounced as *j* is in English, *ç* as *ch*, *ğ* is unvocalized and lengthens the preceding vowel; *ı* (undotted *i*) sounds like *u* in the word *turn*; and *ş* is pronounced like *sh*.

At the same time I give ample room to provincial-cultural variations, recognizing the Arab character of the Ottoman-Arab provinces.

Therefore, in cases where the context is Arabic-speaking I have used Arabic forms.

This dual system of transliterations allows me to make a distinction, for example, between a *cerrah*, a surgeon in a Turkish speaking site, and his colleague in an Arabic environment, who is a *jarrāh*. I write about *dariūṣṣifas* and *medreses*, and refer to such physicians as Emir Çelebi. Although he worked many years in a Cairo hospital, Emir Çelebi owed his fame in the seventeenth-century Ottoman court to a medical treatise written in Ottoman-Turkish. However, I discuss also Ottoman physicians like the sixteenth-century physician, Dā'ūd al-Anṭākī, who operated from Antakya in an Arabic-speaking environment, and Şālih b. Naṣrallah Ibn Sallūm, the seventeenth century physician from Aleppo who rose to be the imperial head physician but still wrote only in Arabic.

INTRODUCTION

The Marriage of Medicine and Society

Susan Sontag once wrote that we all hold dual citizenship, in the kingdom of the well and in the kingdom of the ill. Sooner or later we are obliged, at least for a spell, to be citizens of that other place.¹ Although illness is so common, it is far from being taken in stride. Rather it was—and still is—regarded as a dramatic and surprising event. Yet there is hardly anything surprising about it. Human life was, and still is, riddled with illness and death. Illness is one of the more regular events in our lives, one that happens to all of us over and over again. Still, each time illness happens, it catches us by surprise. Moreover, illness arouses passionate feelings. Some illnesses are regarded as horrid for the individual in question and his or her surrounding family. Some diseases are romanticized (like the case of TB). Other illnesses are used by some as metaphors for ill deeds and ill nature in the suffering individual or the community at large. The origins of disease are mysterious (like leprosy in the Middle Ages or HIV in our own society). Illness needed explanation. At the basis of everyday realities stand health and illness. These, among other factors (financial, etc.), determine the ability of a person to lead the life of his or her choice. Health and illness affect not just the length of life but its quality. Hence the importance of medicine that should—at least ideally—transfer people from the realm of disease to the realm of health.

This book is about health as much as it is about illness. Not only does each mirror the other, they exist only in relation to each other. Medicine in the early modern Middle East was not only for the ill; it concerned itself primarily with the healthy. Medicine defined what health and illness were, and suggested means to safeguard the former. Moreover, medicine and illness are not simply the backdrop to other historical processes. Illness is more than a minor nuisance

that happens to people while they live their lives. Rather, it is a major factor in their lives and how they think of it. Illness is not a marginal and deviant occurrence.

The central theme of this book is that medicine is a human experience and as such is embedded in society and culture. Attitudes prevailing in the early modern Ottoman society concerning health and illness did not exist in isolation from the general social and cultural consensus. Hence, medicine discussed here comprises the realm of knowledge and social applications embedded in a specific historical setting, rather than discussed as a universal reality. The historical setting here is the Ottoman Empire of the fifteenth to seventeenth centuries. The center of attention is the core area of the Ottoman world—that is, the Balkans and Anatolia as far as the Sivas-Kayseri area,² with occasional reference to the Arab provinces. Although it is possible to see medicine as an ahistorical clinical reality and to focus on nosologies and treatments, here medicine is presented as the socially and culturally constructed and organized responses of individuals, social networks, and professional communities to health and illness. It is society and culture that endow human medical experience with meaning and that shape various aspects of “reality.”³ Here we shall see how Ottomans in the early modern period made sense of their medical realities; we shall see how medical realities and knowledge of medicine were reflected in the minds of Ottomans, who then articulated their perceptions and in so doing shaped the nature of that “reality.”

The study follows the many interactions between medicine (namely, theories and practices), and society (that is, the people who carry those theories and practices—the ill, the practitioners, the healthy). Illness and health do not “belong” to the patients or their doctors but are much wider phenomena embedded in very many layers of social and medical concepts, activities, arrangements, and relationships. There is a constant dialogue in these matters between society and individuals, and this dialogue eventually molds such concepts. Health and illness are social and public events, not only an individual experience and reality.

The basic argument of this book is that the ways in which we conceive health and illness, and organize medical care, reflect the society in which we live. Our understanding of medical concepts and institutions as cultural and social constructs enables us to understand the social organization and cultural values that mold them. Hence constructing the medical-health system of the early modern Middle East tells us who these individuals and their communities were, and

what their goals and social values were. To understand a human society one needs to decode the ways in which the society perceived health and illness. I suggest, therefore, that etiologies, therapeutic techniques, and institutions related to medicine, like hospitals and endowments, are a suitable framework for disentangling the complex and elusive life of men and women in the premodern Middle East. Medicine here is a prism through which we can reconstruct social and cultural realities, and we do not stay within the supposedly strict realm of medicine.

These contexts of medicine result in the presentation of an alternative picture of medicine in the Middle East, one that is less heroic or dramatic but perhaps more real. The binary image so far existing in the literature, either heroic (scientific discoveries, progress) or abysmal (redundant, declining medicine) is replaced by a more nuanced one. Here medicine is linked to other fields of knowledge and social activity shared by medical men, men of letters, men of religious scholarship, and laymen and laywomen. The links between medicine and the rest of early modern Ottoman intellectual and social life were many and close. Medicine was a subject of high intellectual status and at the same time also a popular, oral, and empiric activity. Such medicine is largely *terra incognita*, both for historians of the Middle East and for historians of medicine.

The (In)Visible Middle Eastern Ill in the Scholarship

The history of medicine was centered for a long period on physicians, their interests, and their worldview of what medicine and health constituted. This was a medicine “from the inside” as many historians of medicine used to come from various medical fields, like physicians, nurses, public health officers, or medical administrators. It was an “internalist” intellectual history of medicine that focused on recorded achievements. It was the story of exceptional individuals and their triumphs. The first signs of change were seen in the middle of the twentieth century with George Rosen and some others and gained acceptance later in the 1970s and 1980s.⁴ The changes originated in the expropriation of history of medicine by a new generation of historians with new research interests (like social, financial, political, and cultural factors affecting medicine). These new historians wrote the history of medicine “from the outside,” introducing new research methodologies borrowed from the social sciences. The result is an interdisciplinary field inviting scholars to consider medicine as a social category. This

“social history of medicine” includes such topics as the sociology of the medical profession, medicine and popular culture, and public health. Two primary goals of most work in the social history of medicine appear to be first the delineation of the profiles of complete local or regional medical communities—that is, of all those who practiced healing of any kind, however varied their level of academic preparation, wealth, status, or full-time commitment to the healing arts—and second, the exploration of the experience of ill health and its treatment across the broadest possible social spectrum.⁵

One of the outcomes of this new discipline is the positioning of the patient as the focus of study. In a seminal article on the methodology of medical history, the late Roy Porter called the physician-centered account a major distortion of history. He urged the scholarly community to replace it with one that considers how ordinary people have actually regarded health and illness, and managed their encounter with medical personnel.⁶ Porter’s plea to map the experiences of the ill has been heard, and in the last twenty years our body of knowledge of lay perceptions of medicine has grown considerably.

While Roy Porter advocated history of medicine from below, another research path highlighted societal power over the ill individuals via the power of medical knowledge. This theory is associated, of course, with Michel Foucault. He outlined “the great confinement” from the Middle Ages onward. This process of segregation of anyone who was perceived as not able to or as not wanting to conform to everyday routines reached its height in the eighteenth century. It was rationalized by contemporaries as a means to protect the interests of two social groups that conspired together: the aristocratic elite and the rising bourgeoisie.⁷ This is *mentalités* history, on the borders between history (here: of medicine), psychology, and social science, at the juncture of the individual and the collective. This elusive French term refers to mind-sets, social attitudes, and the forms through which they are conveyed. These may include language (oral and body) and rituals, among other things. This type of history focuses on decoding the manner in which historical circumstances were portrayed and presented in contemporary sources. Its interest is in image and representation rather than in compiling data.⁸

There is a fly, however, in this intellectual ointment. The Middle Eastern ill and illness are (still) missing from the pages of history, as work on social history of medicine is clearly Western-oriented. Many historians of medicine did not include Muslim aspects in their discussion and thus produced Eurocentric narratives. An example is Guenter Risse’s masterful exposition of the history of hospitals. Risse

traces the evolution from antiquity to contemporary hospitals by favoring the Christian and Anglo-Saxon worlds. It starts with Asclepius, moves on to Byzantium, and focuses on European history, mainly Western (with one subsection dedicated to Vienna), and culminates in the United States.⁹

We can find a similar situation in the wider field of history for science, where studies influenced by Thomas Kuhn are charting how sciences (in the plural) and their cultures coevolve. Yet even the post-Kuhnian stream of studies that brought in skepticism about the separability of science from society seems parochial if one asks questions outside the European-American medical systems.¹⁰ Indeed, for this very reason some historians have criticized the “tyranny” of Anglo-Saxon models forced upon the history of medical systems in non-Western societies. It was mainly Western medicines that were revisited and reconsidered as multifaceted phenomena.

Likewise, scholars of Muslim medicines too have not concerned themselves with the social practice of Middle Eastern physicians, and their interactions with patients did not interest the scholars. The experience of illness and how medicine was viewed from the angle of the ill were also not commented on. Those few studies which did mention illness and ill people described neglect, stoic attitudes, and even fatalism as characterizing the Muslim Middle East. Medicine in the Muslim Middle East has indeed received considerable attention, yet few have considered it in its social and cultural contexts. Although social history of medicine is a well-established field, for historians of the Middle East it still remains at the periphery of the discipline. While a great deal has been written, very creatively from a methodological point of view, about medicine as a social phenomenon in European and U.S. history, this is a new area of interest for historians of Muslim societies in general and Ottoman society in particular.

History of medicine is a field with a history of its own within Middle Eastern history. The discourse has focused on famous physicians and their great medical discoveries, or, alternatively, the intellectual decline thereof. As Emilie Savage-Smith has observed in a state-of-the-art article, the questions that have customarily been asked of early Islamic science have concerned the reception, transformation, and transmission of earlier scientific ideas. This was the rather traditional text-bound approach to the history of Islamic medicine.¹¹

Manfred Ullmann’s *Islamic Medicine*, published more than thirty years ago, is symptomatic of the scholarship that reigned supreme for a long time.¹² Under this title Ullmann focused exclusively on only one type of Muslim medicine, presenting it as the only medicine there

was, or the only type that counted as “medicine,” the others being mere folklore or superstitions. For him, medicine was an intellectual activity, rather than a social phenomenon embedded in a specific culture. And Muslim medicine was presented as an Arabic medicine in the sense it existed (that is, was written) in Arabic. Ullmann studied Arabic manuscripts minutely, since he, like other scholars of his period, among them Max Meyerhof and Joseph Schacht, came from an academic background in Arabic philology.¹³ Moreover, Ullmann was very much influenced by the “decline theory.” This paradigm maintained that after a golden period under the Abbasid caliphate, continuous decline started in the Muslim world as a whole. It encompassed all aspects of Muslim life, including intellectual and scientific thought. These two factors explain Ullmann’s almost total silence on Turkish and Persian medicines. According to Ullmann, after the end of the Islamic (Arabic) golden age in the thirteenth century nothing good or innovative happened in Muslim medicine till the westernization of the nineteenth century. Hence, Ullmann devoted only a small portion of his book to the Ottoman period, and the few Ottoman physicians who are mentioned are only those who wrote in Arabic and were accessible to him.

Only in the beginning of 2007, almost thirty years later, were we presented with an updated replacement to Ullmann’s monograph in the form of *Medieval Islamic Medicine*, which was included in the New Edinburgh Islamic Surveys.¹⁴ The different title is telling. Peter E. Pormann and Emilie Savage-Smith declare the mandate they took upon themselves: they surveyed medicine in a specific historical reality, that of medieval Muslim societies. Intentionally they left out later Muslim medical systems, like the Ottoman. However, they end their excellent survey with a chapter entitled “Afterlife” where they discuss in brief various trends in Muslim medicine in the Middle East, Persia, and India from the early modern period till today.

A rare example of scholarly work focused on Persian medicine is the that of Cyril Elgood, who published several monographs on premodern Persian medicine using Persian sources.¹⁵ However, other than the choice of a different geographical scope, Elgood’s work represents the same scholarly fashion as Ullman’s. In terms of methodology, both were text-bound and interested only in learned (that is, written) medical traditions. They belonged to the same historiographical generation.

Meanwhile, from the 1930s onward, many studies on Turkish medicine have been published, but in Turkish (the authors were Turks), which made them inaccessible to most Western and Middle

Eastern readers. These scholars, such as Osman Şevki Uludağ, Mehmet Cevdet, Adnan Abdülhak Adivar, Ahmet Süheyl Ünver, and Bedi N. Şehsuvaroğlu did focus on medicine in later periods in the premodern Muslim world, including the Ottoman period.¹⁶

Despite these noted differences, the two groups of scholars were partners in a similar discourse on the history of medicine in a Muslim society. First, both groups wrote a “Whiggish” history, looking for heroes, success stories, and scientific progress. They were fascinated by what Charles E. Rosenberg described as “a past that could be constructed as progressing toward an enlightened and ethical present. The intellectual significance of individuals and events was seen in terms of their relationship to the development of a contemporary understanding of the human body and not to the particular historical context in which those individuals worked and thought.”¹⁷ Second, if one group focused on medicine in Arabic to the exclusion of other types of medical activity, the other’s focus was mainly Turkish. Furthermore, both groups concentrated on “learned medicine.” They downplayed the importance of other types of medicine, so-called popular medicine, and thus not “scientific” and important. Their studies too were text-based and tried to discern “what happened” rather than why history unfolded in certain ways or medicine’s relation to other processes in society (economic, social, cultural, or intellectual). They did not pay attention to medical clinical reality and those who shared in its practice, healers and patients alike.

All was not static, however. There were intellectual changes in the 1970s, when historians of the Middle East started to write about medical education and professionalism, hospitals, plagues, and westernization and modernization. Some of these studies were prepared by scholars like Franz Rosenthal, an Arabist. Rosenthal previously had worked on the concept of knowledge in medieval Arabic Muslim society and the classical heritage in Islam. Now his work included studies on gambling, hashish, and other narcotics, and on the medical profession, although still within the context of “high” and learned medicine.¹⁸

It is especially in the past quarter of a century that there has been a new wave of studies on medicine in the field of Islamic studies. In part these studies were inspired by the new trends in history of medicine in general, within which social aspects have gained momentum in the last thirty years. These studies showed that a body of evidence pertaining to the experience of illness in the historical Middle East still exists. If the ill and disabled were left in history’s shadow, it was because they were hidden from scholars’ sight, rather than due to contemporaries’ lack of interest. Let me select three names to illustrate

the considerable distance the field has gone, and that there is still a long way to go. The attention of most historians of Islamic science was and still is directed toward Arabic sources. The vast quantity of Turkish and Persian manuscript and archival sources still interest only a few scholars.¹⁹

One of the first “encouraging trends,” as Savage-Smith termed them in the late 1980s, is the research of Michael W. Dols, who wrote several pioneering works on various aspects of plagues, leprosy, hospitals, and madness in the medieval Muslim Middle East. He lays the groundwork for understanding the physical realities as well as the social and cultural aspects of illness and disability.²⁰ Lawrence I. Conrad has been carrying the torch since Dols’s untimely death with regard to studying plagues in the early Muslim Middle East (as well as other topics related to the history of medicine).²¹

A second name is Khaled Fahmy. Fahmy considered modernization and state building in late nineteenth-century Egypt, mainly under British rule, through the prism of medicine and medical institutions. His main interest lay with medicine and power, whether between the state and its organs and the population, or between genders.²² It is interesting to note that the geographical area of North Africa and Egypt has been privileged more than other regions of the Middle East to be the focus of studies on the history of medical professionalism and public health in the late eighteenth and early nineteenth centuries.²³

While illness in either the medieval or modern periods has started to be addressed, the examples above demonstrate there is still a lacuna in the scholarship with regard to the early modern period. In most of the publications the ill do not occupy a central spot. Instead, the studies focus on demography and internal and international politics rather than on the realities of individual ill people.²⁴ Certain remnants from previous trends in scholarship still linger.

The majority of the work on this period is still conducted in Turkey, by Turkish scholars, in the Turkish language. A minority (although a growing one) publishes also in English or German,²⁵ but with few exceptions they too do not seek audiences outside Turkish academic journals. More importantly, to a large extent work on Ottoman medicine is still a “history of heroes.” Ekmeleddin İhsanoğlu, without whose publications any survey of studies of Ottoman science cannot be complete, and the third name to be mentioned here, referred to this point. In the preface of his collection of articles published by Ashgate in the Variorum Collected Studies Series İhsanoğlu presented his research program. He explained that while studying the history

of Ottoman science it is imperative to consider nonscientific activities, like political, economic, and social factors, as well.²⁶ Despite this declaration in İhsanoğlu's own work, descriptive narratives of physicians and the contents of their manuscripts are the usual context. The few ill people who do appear are discussed under the heading of "famous illnesses of famous people," which is yet another version of the history of "big names."

The present book tries to contribute to filling up some of the gaps in our knowledge and understanding of Muslim medicines in past Muslim societies by focusing on two major areas so far neglected in Middle Eastern history: Ottoman medicines and the experiences of illness. It is done by offering a work of fusion. In addition to social history of medicine brought into a Middle Eastern context, there are other fields of research from history and social sciences pertaining to medicine and illness that are absorbed into this book. They help to ask and attempt to answer basic questions about what illness was as a human experience. The result, it is hoped, is a thick description of this phenomenon in the early modern Middle East. In focusing on the early modern Middle East, this study adds to the growing literature on medicine and society in non-Western societies. Moreover, in this way cross-fertilization is achieved: This work considers research issues raised by historians and anthropologists of Western societies, adjusts these topics to the Ottoman case, and tries to discuss them in a context that can enrich works on Western medicine as well.

Recent evolutions within history, for example, have had an influence on this study. The first is "disability history," which in its present form was launched in the middle of the 1980s. Disability was added to historical inquiries as an analytical category of society on a par with key terms like "gender," "race," and "class." It thus adds another theoretical tool to exploring the "Other." As in the case of social history of medicine, physical impairment is considered here as (only) a part of a multifaceted reality of abnormality that also includes social and cultural power relations that may yield oppression and inequality.²⁷ Disability studies focus on the interaction between individuals and their society.

The second evolution within recent history unfolds a story of interaction with the organic world. This is "environmental history"—that is, the story of humanity as a participant in local, regional, and worldwide ecosystems. In the words of Emmanuel Le Roy Ladurie, the field embraces climate, epidemics, natural calamities, population explosion, urbanization, industrial overconsumption, and pollution.²⁸

The present work does not make nature and the environment its focus, but reflects on the fact that early modern Middle Easterners were aware of the environmental consequences of their behavior. Moreover, the category of "nature" adds an important dimension to medicine and health; the context of ecology with its physical and moral dimensions. It highlights the fact these are also, to a degree, ecologically circumscribed.

The dynamics in the realm of history did not occur in isolation from changes within anthropology, including its exciting and promising subdisciplines of medical anthropology.²⁹ The goal of medical anthropology is the comprehensive description and interpretation of the interrelationships between human behavior, past and present, and health and disease. Another aim is the improvement of human health levels through greater understanding of health behavior in directions believed to promote better health. The field has a wide range of interests, some of which are close to biology (human development, genetics, etc.). Other of its interests are closer to sociology and culture. These involve "ethnomedicine," medical personnel and their professional preparation, illness behavior, the doctor-patient relationship, and the dynamics of the introduction of Western medical services into traditional societies. The field bears a Geertzian influence in considering medicine as a public cultural phenomenon rich with symbols and values.

It is, however, the understanding of medicine as a composite system, made of subsystems and multiple institutions, beliefs, and practices, that most influenced the present book. At the same time, beneath the surface of luxuriant variety, several unifying principles and mechanisms operated to bring systematic organization to the seemingly random action (here Claude Lévi-Strauss and structuralism contributed to medical anthropology). We shall see that the Ottoman Empire produced a variety of medical systems rather than one, universal and uniform. Yet they interacted in a way that proved that there was one "medical space" in which they all participated.

Medical anthropology formulates several universals, some of which echo findings from social history of medicine. These are that medical systems are integral parts of cultures; that illness is culturally defined; that all medical systems have both preventive and curative sides; and that medical systems have multiple functions, in addition to caring for a patient, among them enacting social roles and norms or offering devices to control behavior. Although the infrastructures that make up a medical system are accepted as very powerful and can shape human action, medical anthropology leaves room also for

the doer, presenting the actor's point of view. Illness is also what people make within the constraints of the system they operate in; they are active persons who shape their reality and are not mere passive recipients.³⁰

The Aims and Scope of the Book

The ill and their illness in the Muslim Middle East were missing from historical narratives but certainly not from historical realities. A society never stops being interested in medicine and health, and never neglects trying to improve them. This is after all a very basic human need, both mentally and physically. It was certainly so in the early modern Middle East, where life was riddled with health hazards and death lurked at every corner, with life expectancy at around the age of forty. Such is the hunger for preserving health and curing illness as commodities that there has nearly always been a buyers' market for them. However, buyers, suppliers, and, indeed, markets have varied enormously, not only over time but also within a country in any one period, with different groups and classes of patients patronizing different types of medical practitioners.³¹ The present book shows that the Ottoman understanding of health and usage of medicine were much more complex than previously envisioned.

This volume does not claim to deal with every aspect of health, disease, and medicine in the early modern Ottoman Middle East. Although readers will find here a wide-ranging study of some aspects of medicine in the Ottoman Middle East, the book in no way pretends to present the definitive history of Ottoman health care. This has yet to be written. Such an attempt at comprehensive coverage would have led to too much diffuseness in a volume of the present length or to an unacceptably long monograph. Consequently, I have preferred to include detailed studies of certain important issues pertaining to health and disease and agencies of health care and leave other important but so far neglected questions to future investigations.

Thus, one task this book takes on is to chart the gaps in our knowledge and understanding with regard to Ottoman medicine and health. Many aspects have not been written about because this cannot yet be done. Sources are still to be located, studied, and deciphered. Methodological problems are to be solved, mainly the tangled and not always obvious relationship between the sources pertaining to health care (medical, legal, financial and literary) and historical medical reality.

Intentionally I chose to follow a topical framework rather than a geographical or chronological one. The benefit of this approach is that it scans a wide spectrum of discussion on medical topics. The four chapters and conclusion portray Ottoman health care in a way that weaves together social, cultural, and political dimensions into a coherent picture of a complex, multifaceted system. As an aid to facilitate orientation with the main Ottoman medical institutions, I include a list of the main hospitals discussed here as an appendix.

Each of the four numbered chapters of this book deals with different aspects of health beliefs and health maintenance and preventive practices that existed in the early modern Middle East. The chapters discuss various sectors in society that were involved in medicine, among them are professional healers, patients, health administrators, and philanthropists. They explore issues of power, knowledge, personal and social norms, and social structures and networks related to medicine and health. The chapters explain how both the personal and the communal affect the perception, experience, and expression of health and illness and how care is delivered. They illustrate how elite and nonelite Ottomans talked about medicine and health and how they lived it. Two realities unfold here: a discursive one that exists in the realm of language and thought, alongside a social reality of how people experienced medicine and health in concrete life experiences.

The first two chapters discuss treatment as intervention, whether symbolic or instrumental, and show etiquette, treatment style, and therapeutic objectives. The chapters show that practitioner and patient shared in the responsibility for the treatment: decisions about its nature and course and its ultimate success are determined by both. The medical reality of the early modern Ottoman world was that of medical ideas and skills widely disseminated in the community and not segregated in the profession. Laymen could understand as well as manipulate many medical ideas, and the result was a shared medical language for both healers and patients.

The first chapter, "Medical Pluralism, Prevention, and Cure," presents the medical settings: what types of medicine existed in the early modern Ottoman Empire and the Middle East. The Ottoman medical system was based on several traditions—Galenic humoralism, folkloristic medicine, and religious medicine. Like in our modern medical system (which features the existence of "alternative" medicine), various traditions complemented one another and competed with one another for hegemony (and finances) within the medical system. The discussion revolves around medical theories and actual therapeutics, and tries to get as close as possible to the patient's bed: how were