Medical Anecdotes in Ibn Juljul’s Biographical Dictionary

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The genre of the biographical dictionary in Arabic literature has received much attention from many scholars, who have seen it as a genuine contribution of Islamic culture and an essential source for the study of Islamic civilization. Medieval Islamic biographical dictionaries constitute an important source for historians, as we often have to use them for the purpose of identifying and dating the lifetime of given individuals. They have also been the basis for the analysis of particular aspects of Islamic society, such as the medical profession, either extracting biographies from general dictionaries or focusing on specialised compilations.


limited in number when compared with the vast body of biographical dictionaries concerned with other disciplines, a few biographical works dealing exclusively with scientific matters are available, namely those by Ibn Juljul (d. ca. 994), Sā‘īd al-Andalusī (d. 1070), Al-Qīfī (d. 1248), and Ibn Abī Uṣaybi‘a (d. 1270). To the best of my knowledge, no global analysis of their typology, interaction or peculiarities has yet been made of these few specialised biographical dictionaries, and, more importantly, their documentary value regarding medical practice in medieval Islam has not yet been assessed. It is worth noting, however, that some of the works devoted essentially to medicine-like those by Ibn Juljul and Ibn Abī Uṣaybi‘a—belong to the tabaqāt category which, “whatever role they played as works of reference, (...) made claims about history (...) and came to have a social function”. Moreover, in contrast with the laconic—no to say tedious— and stereotyped nature of most biographical dictionaries, these works are embroidered with accounts and anecdotes which fall within the realm of the adab literature, or more particularly, the


5 Al-Qīfī, Ta‘rīj al-Ḥukamā‘, ed. J. Lippert (Leipzig, 1903; reprint. F. Sezgin, Frankfurt am Main: Institute for the History of Arabic Islamic Science at the Johann Wolfgang Goethe University, 1999).


7 Ch. F. Robinson, Islamic Historiography, p. 73.
story-telling genre. Therefore, treating these dictionaries as reliable data banks portraying the practice of medicine is not without its risks, particularly if we blindly assume that the biographers went to great pains to ensure that the information they recorded was accurate. Indeed, leaving aside the fact that these works are not free from bibliographical mistakes, data alterations and omissions, much of the anecdotal information they contain merits little credence, for it verges on literary fiction and falsification. Take for example the biography of Hunayn b. Ishāq (d. 260/873), a Christian physician and an instrumental figure in Islamic medicine well known for his role in the unprecedented translation movement from Greek into Arabic in the early 'Abbāsid period. According to his supposed autobiography transmitted by Ibn Abī Usaybi‘a, he was the victim of a plot headed by the physician and coreligionist Jibrīl b. Bakhtīshū‘, who was motivated by rivalry. Following an elaborate plan, Hunayn’s colleague acquired an expensive icon depicting the Madonna holding Christ in her lap and surrounded by angels; then, having persuaded the caliph that every good Christian would kiss the image, he tricked Hunayn into spitting on it so as to accuse him of heresy. It is interesting to compare this account with that of a version provided three centuries earlier by Ibn Juljul, which -briefly summarized-presents three main differences: Hunayn’s rival is the physician al-Tayfūrī, the icon is an image of Christ crucified surrounded by Jews which appeared in a book that Hunayn took from the sleeve of his gown, and the plot -consisting of al- Tayfūrī’s tricking him into spitting on the icon to show his contempt of Jews—is improvised after a dialectic contest in the caliph’s presence. Additionally, whereas in Ibn Juljul’s version Hunayn died of sadness the night after his trial, according to Ibn Abī Usaybi‘a’s


story, treachery was followed by imprisonment, and a final miraculous reprieve from execution. Whether the differences in the versions should be attributed to deficient information or to further literary elaboration deserves special attention; according to M. Cooperson,

"Hunayn's epistle on his trials and tribulations resembles, to some degree, the Greek genre of apologetic autobiography, but (...) is also highly reminiscent of the biblical/Qur'ānic story of Joseph. Both Hunayn and Joseph are betrayed by their "brothers" (...), falsely accused and imprisoned, and finally released, absolved, and rewarded as a result of a ruler's dream. The epistle thus presents a fascinating amalgam of Greek and biblical elements in an Arabic literary form. The conspicuously literary character of the text—as manifested, for example, in the narration of conversations Hunayn cannot possibly have overhead—has led some scholars to doubt its authenticity". 11

It is clear from this that a dose of healthy scepticism is particularly necessary when one examines the medical anecdotes included in these works. Certainly, the social and literary perspective of medicine, analysed in great detail in other areas and time-periods, still remains largely unexplored in Medieval Islam. Much work still needs to be done, for instance, regarding the role of book writing as a self-marketing strategy in the medical profession or the adoption of Graeco-Roman and Indian literary models. In the meantime, new historical currents are slowly replacing more traditional research in the field, so that recent studies challenging deeply rooted historical assumptions show that, as far as medieval Islamic medicine is concerned, authority has often prevailed over a critical analysis of the text or of its social and literary contexts. A significant example is the seminal work by Emilie Savage-Smith proving that medieval Islamic surgical treatises enthusiastically praised by scholarly literature were part of a literary tradition which had little impact— if any— on actual medical practice. 12 What I would like to emphasize here

11 M. Cooperson, "The Autobiography of Ḥunayn b. Ishāq ", p. 108. Incidentally, a similar pattern applies to the biography of Ishāq b. 'Imrān (d. ca. 290/903), whose trials ended with the ruler's order that he should be made to bleed to death. His body was then crucified and was left so long on the cross that a bird eventually made a nest in his belly. See Ibn Juljul, Ṭabaqāt , pp. 84-86, biography n° 32; Ibn Abī Usaybi'a, 'Uyūn, II, p. 36.

12 E. Savage-Smith, "The Practice of Surgery in Islamic Lands: Myth and Reality", in E. Savage-Smith and P. Horden (eds.) The Year 1000: Medical Practice at the End of the First Millennium, Special volume of Social History of Medicine, 13.2 (2000), pp. 307-32. See also, by the same author, "Tashrif", EF , X, pp. 354-356; "The Exchange of Medical and Surgical Ideas Between Europe and Islam" in J.A.C. GRENNIN. E. Savage-
is that, to judge by the number of quotations taken from Abū l-Qāsim al-Zahrāwī’s famous treatise stating that he had never seen such and such surgical operation performed, one wonders how it is that the clearest information provided by the author himself regarding surgical practice has passed unnoticed for so long. Put in a different way, if learned medical treatises have been shown to modify (and to enhance) the physician’s status rather than his actual medical practice in medieval Islam,13 can we treat these biographical dictionaries as reliable guides to the history of medieval Islamic medicine?

In this paper I would like to address this issue by focusing on the work Ṭabaqāt al-aʿībbā’ wa-l-ḥukamā’ by the tenth-century scholar from Cordova Ibn Juljul (332-ca. 384 / 943-ca. 994). The analysis of this source may not be representative of the few biographical dictionaries mentioned above, but it nevertheless constitutes a sound exercise for further reflexion on medieval Islamic medicine in general. On the one hand, we -historians of medicine and/or medieval Islam- have tended to assume that Ibn Juljul’s medical anecdotes systematically support a favourable portrayal of a given physician, whatever the nature of the facts described; on the other, we tend to forget that, as a literary act, that work may have been written with a particular intention which -however evident at the time of its composition- may not now be evident to us. Therefore, I would like to propose a new reading of Ibn Juljul’s medical anecdotes and to explore new interpretations regarding the actual aim of his biographical dictionary. For this purpose, however, it is important to let the sources speak, or more to the point, to be prepared to hear not only what they say on a superficial level, but also what they obviously omit and what we may read in between the lines. From this perspective, the biography of the physician and vizier Yahyā ibn Ishāq provides a good starting-point for an examination of Ibn Juljul’s “scientific biographies”:

“He was a remarkable, knowledgeable and skilful physician. He lived at the beginning of al-Nāṣir’s reign, who appointed him vizier, vaṭī and


governor. He was commander of Badajoz for some time. The Amūr al-
Muʾminin held him in high regard and granted him a trustworthy position,
in charge of his wives and the harem. A reliable person told me that he had
a young slave (…) who said: I was sent with a letter from my lord to
[Yahyā ibn Ishāq]. I was sitting by the door of his house when a man,
mounted on a donkey, came up to him crying out. The physician asked:
"You there, what’s the matter with you?". He replied: "Oh vizier, there is a
swelling on my penis and it has prevented me from passing water for many
days, and I am [close] to death". The physician said: "Pull it out". The man
did it, and the physician sent someone to look for a flat stone. The
physician said to the man: "Hold [the stone] with your hand and put your
penis on top of it". When the man did so, the physician clenched his hand
and hit the penis, causing the man to faint. Then, the pus began to flow.
The man, having recovered his senses, was able to pass water, and the
physician said to him: "Go, I cured you from your disease, and don’t come
back, for you are a dissolute man! You mounted a beast by its back and, by
chance, found a grain of barley from its forage which stuck to the tip of the
penis, and because of that it swelled until it was expelled with the pus".
The embarrassed man admitted his execrable act. This [account] indicates
a correct deduction and a [medical] gift [which is] pure, good, noble and
enlightened".14

When assessed critically, this anecdote has little to teach us regarding
learned medical practice in medieval Islam, and certainly says little that is
good about the physician’s surgical techniques. Yet it is to be found in
scholarly literature as an example of professional virtues, outstanding
cures, and daily physician-patient relationships.15 It is interesting to note
that no reference is made to an interrogation of the patient, a physical
examination, or a previous experience of a similar case. Out of context,
one can argue that the aim of the story is to illustrate the physician’s
personality and to emphasize his strict attitude towards abominable
practices, as well as the ruthless treatment these deserve. However, the
physician’s intuition and skills of observation are accompanied by praise
("a correct deduction and a [medical] gift [which is] pure, good, noble and
enlightened") which fails to match the medical performance itself, and
which—far in excess of what his medical treatment deserves—might


15 See for instance, J. Castilla Brazales, "Noticias médicas en fuentes árabes sobre al-
Andalus"; in La medicina en al-Andalus (Granada: El Legado Andalusi, 1999), pp. 41-
42.
actually be interpreted as mockery. The biography continues with a second anecdote which leaves no room for doubt:

[Yahyā ibn Ishāq] wrote a medical compendium in five books, following the Christian tradition [and] entitled al-Ibrīshim [Aphorisms]. An anecdote has come down to us (...). Al-Nāṣir developed an ear condition at the time [Yahyā ibn Ishāq] was commander of Badajoz. The physicians treated him unsuccessfully, and so al-Nāṣir ordered that Yahyā ibn Ishāq be summoned. A messenger set off [and on meeting him] told him to start off immediately. [Yahyā ibn Ishāq] treated the messenger kindly and inquired why he had been summoned. [The messenger] replied that the Amīr al-Mu'minīn suffered from an earache which the other physicians had not been able to cure. On his way back, [Yahyā ibn Ishāq] went to a Christian monastery and asked [to see] a knowledgeable person [who lived] there. He met an old man and asked him: “Do you have any experience with earache?” The old monk replied: “Hot blood of a pigeon”. [Yahyā ibn Ishāq] went to the Amīr al-Mu'minīn and treated him with the hot blood of a pigeon as it poured out, and he was cured. If you pay attention to this, you will realize that he [Yahyā ibn Ishāq] was a good observer, that he went to the heart of matters, and that he knew how to deploy reason.”

It is striking to note the subtle manner in which Ibn Juljul describes Yahyā ibn Ishāq’s interest in finding out the caliph’s condition in advance from the messenger (“he treated him kindly and inquired why he had been summoned”) and how –gifted though Yahyā ibn Ishāq is described as being—he had to ask a Christian monk for a remedy to cure the prince’s earache. Finally, concluding the story, Ibn Juljul again ironically draws attention to the physician’s incompetence with a disproportionate praise towards his professional sagacity (“if you pay attention to this, you will realize that [Yahyā ibn Ishāq] was a good observer, that he went to the heart of matters, and that he knew how to deploy reason”). In the light of Ibn Juljul’s irony, we might simply assume that he disliked this particular physician. However, a look at the work as a whole shows that Yahyā ibn Ishāq is not the sole object of Ibn Juljul’s attacks.

Ibn Juljul states that the biographical dictionary was written in response to a request, a claim often advocated in Islamic medical literature which usually constitutes a literary convention, as possibly in this case. The author does not name the person to whom the book is dedicated, and in fact maintains that he produced it on hearing the comment that no satisfactory, sufficient and pleasing book on -briefly said- history of

16 Ibn Juljul, loc.cit.; J. Vernet, loc.cit.
medicine existed. Since in addition Ibn Juljul makes no claim to be exhaustive, his urge to satisfy such a request may be interpreted as a literary topos. In fact, following his search for information in a number of sources which he quotes, he deals with nine generations of physicians in just fifty-seven biographies. Of these, thirty-four are devoted to non-Andalusí physicians, from the mythical Hermes to the tenth-century North African scholar Ibn al-Jazzar (d. ca. 980). The last “generation” or chapter is devoted to medical practitioners from al-Andalus down to the author’s time, a total of twenty-three biographies. Likewise, at the end of the book, Ibn Juljul apologises for his brevity saying that it is a self-imposed restriction to avoid boring the reader and thus to encourage learning. However, this statement—aoverused claim in medieval Islamic medical literature—is likely to contain a good deal of cynicism, since by contrast with the usual laconic style of biographical dictionaries, Ibn Juljul’s work is a most entertaining book. Indeed, as M. Forcada points out, though anecdotal information is in short supply in biographical dictionaries, in Ibn Juljul’s work it is the norm. Consequently, the unusual richness of anecdotes has been interpreted as the author’s intention to go beyond scientific matters by supplying information concerning the individuals’ private lives, such as their preoccupation with the financial side of their profession, their social and political status, and their health and cause of death.

With regard to the last generation of physicians, Ibn Juljul’s work provides a lively picture of tenth-century medical practice in al-Andalus, but I would argue that this picture is far from being an idyllic one. An analysis of the biographies shows that a number of physicians are shown to be concerned with wealth and self-indulgence (biography nº 35), involved in politics rather than in medical practice (nº 43, 47 and 49), unorthodox and expeditious like Yahyā ibn Ishāq (nº 43), greedy (nº 37 and 44), arrogant and fickle (nº 45), gluttonous with disgusting table manners (nº 53), and homosexual (nº 45 and 47). We also find skilful

19 It should be pointed out that—although it is not explicitly mentioned—biography nº 47 actually seems to describe a case of pederasty. The religious environment in which Ibn Juljul wrote his dictionary was a strict one; though homosexuality was tolerated and even viewed with indulgence in medieval Islam, it is nevertheless condemned in the Qur’ān, and it was regarded—as it is today—as a punishable offence by orthodox Islam. The same applies to a lustful glance in the direction of a beardless youth. See “Liwāt”, Encyclopaedia of Islam, CDRom Edition (Leiden: Brill Academic Publishers, 2003). As
physicians who did not practise medicine (n° 42), or who attained wealth and status thanks to medical practice (n° 38), as well as a physician who had difficulties in expressing himself and whose writings were virtually illegible (n° 56). Another was dismissed from his job when his immediate superior and mentor died, and subsequently fell into oblivion (n° 51). Furthermore, Ibn Juljul’s information concerning health and cause of death also focuses on prosaic details. Perhaps dropsy (n° 50), a tumour in the stomach (n° 55), or a quartan fever (n° 56) had no particular meaning in the case of supposedly skilful practitioners, but Ibn Juljul’s intention to ridicule some of his colleagues also seems apparent in the case of a physician who had to cut off his penis because it had an ulcer (n° 44). Furthermore, another three colleagues died from diarrhoea, a somewhat ignoble condition (n° 51, 53 and 56)—one of whom was also a cripple who had become blinded by cataracts (n° 53). Seen from any perspective, such intimate revelations go far beyond scientific matters, particularly if we bear in mind that the portrayal of exceptional individuals reflected on the profession to which they belonged, and constructed a specific social and ethical image of the group in society. Moreover, the picture as a whole is not one that presents an admirable—or even a respectable—medical scene, and would certainly not please any educated fellow-citizen requesting a biographical dictionary on medicine. On the one hand, it is interesting to note that out of five biographies devoted to Christian physicians (n° 36, 38, 39, 40 and 43), only two individuals (38 and 43) are targets of Ibn Juljul’s subtle criticism. On the other, it is true that many Muslim physicians survive Ibn Juljul’s descriptions with their reputation intact (n° 41, 46, 48, 50, 52, 54, 55, and 57), but given his particular writing style, the number may actually be smaller. More importantly, as has already been mentioned in the scholarly literature, Ibn Juljul’s depiction of medical practice in al-Andalus is deliberately partial, both because of the large number of entries (40% of the whole work) and because of the individuals selected, since no reference is made to a number


20 For instance, if we assume that the different degree of dignity (or authority) accorded to medical professionals of theoreticians and practical clinicians was already operating in Ibn Juljul’s time, perhaps the attribution of surgical skills to some individuals may also entail an intention to discredit, even if the physician is said to have many patients (39), to perform astonishing cures (40), or to be in charge of the caliph’s harem (54).
of contemporary physicians, or more particularly to well-known Andalusī medical authors active shortly before-and even alive at the time-he wrote his biographical dictionary, such as Abū l-Qāsim al-Zahrāwī (ca. 936-ca. 1013), 21 'Arib b. Saʾīd (d. ca. 980), 22 and Ibn Samajūn, 23 a matter to which we will return later.

Now lost, Ibn Juljul’s autobiography was supposed to have closed the volume. According to Ibn al-Abbār (1199-1260), 24 Ibn Juljul was born at Cordova in 332/943. He undertook religious and Arabic language studies with renowned scholars of his time, and his medical training lasted around ten years, between the ages of fourteen and twenty-four. Although no source openly states it, it seems that he became attached to the Umayyad court early in his life, working in its service till he died around the year 384/994. For the purpose of this paper, it is interesting to look at Ibn Juljul’s life in the context of the political and cultural events he witnessed. He took up his medical training during the rule of the caliph 'Abd al-Rahmān III al-Nāṣir (r. 300-350/912-961), and started to practise medicine during the rule of the caliph al-Ḥakam II al-Mustanṣir (r. 350-366/961-976); from his thirties onwards, he served as personal physician


22 ‘Arib ibn Saʿīd is the author of one of the earliest known independent Islamic treatises on obstetrics and paediatrics, which he dedicated to al-Ḥakam II. His name is also attached to the Calendar of Cordova. He was appointed governor of the Osuna district, and according to some historical sources, he occupied a leading position at the time of al-Manṣūr Ibn Abī 'Amir. See Ch. Pellat, “‘Arib ibn Saʿīd”, EFl, I, p. 649; A. C. López, “Vida y obra del famoso polígrafo cordobés del S. X ‘Arib ibn Saʿīd”, in E. García Sánchez (ed.) Ciencias de la Naturaleza en al-Andalus I (Granada: CSIC, Escuela de Estudios Árabes, 1990), pp. 317-347; ‘Arib ibn Saʿīd, Livre de la génération du foetus et le traitement des femmes enceintes et des nouveau-nés, ed. and trans. by H. Jahier and A. Noureddine (Alger, 1956); Ch. Pellat, Le calendrier de Cordoue (Leyden: E.J. Brill, 1964).


to Hishām II (r. 366-367/976-978), who succeeded his father when he was eleven years old. By then, the political scene was dominated by al-Mansūr Ibn Abī ʿĀmir (g. 367-392/978-1002), who, assisted by Hishām’s mother, became a dictatorial vizier, eventually causing the political dismemberment of Islamic power in Muslim Spain. In 370/980, this ruler moved the administrative and financial centre from Cordova to his palace at al-Madinah al-Zāhira, and a year later took the title of al-Mansūr bi-Ilāh. Later, probably between 987 and 989, he ordered the burning of books on philosophy and sciences (with the exception of mathematical and medical works) in al-Hakam’s vast library, the most important in Europe at that time. During his life, therefore, Ibn Juljul witnessed both the glory and decline of the Spanish Umayyad dynasty. His literary production was also influenced by this political and cultural context. His specialization in pharmacology undoubtedly came after his personal encounter with the monk Nicholas, who had been sent from Constantinople to assist in the revision of the Arabic translation of Dioscorides’ work during the reign of ʿAbd al-Rahmān III al-Nāṣir. As he himself stated, Ibn Juljul also met the Cordovan scholars who participated in that enterprise, and it is likely that he studied with some of them. It would be many years later—in 372/982—that Ibn Juljul wrote his renowned pharmacological treatise dealing with the botanical identification of plants cited in Dioscorides’ Materia Medica. It is probable that Ibn Juljul’s book on drugs not found


in that major Greco-Roman source, as well as his treatise on the theriac,\textsuperscript{29} belong to the same period, in which he also wrote his biographical dictionary under discussion here, dated 377/987.

Ibn Juljul’s lifetime, then, coincided with a major cultural development in al-Andalus which peaked with ‘Abd al-Rahmān III and al-Ḥakam II, and which produced its best scientific results at the time of Hishām II and al-Manṣūr Ibn Abī ʿĀmir. According to M.G. Balty-Guesdon’s detailed study, on account of the physicians he described or omitted and the positive balance of medical development in al-Andalus provided in the work, the Ṭabaqāt al-ṭibbāʾ wa-l-hukmāʾ constitutes a defense of Umayyad cultural policy and a condemnation of the illegitimate ʿĀmiride regime.\textsuperscript{30} According to this argument, while the Umayyad dynasty had made al-Andalus an independent scientific centre capable of competing with Baghdad, the decline of science and philosophy was a consequence of the usurpation of power by al-Manṣūr; this idea is supported by Ibn Juljul’s description at the end of the book of a parallel situation in the East. Therefore, Balty-Guesdon’s interpretation is that Ibn Juljul’s biographical dictionary conveys a political intention.

However, the distribution of Ibn Juljul’s empathy towards the Andalusi physicians he describes throws a different light on the situation, as the following diagram illustrates:\textsuperscript{31}


\textsuperscript{31} I have considered as negative biographies those in which Ibn Juljul included any type of human shortcomings which -whether or not mixed in with seemingly positive comments on the individual- appear in clear opposition to the moral and professional model of the perfect physician usually presented in scholarly literature. Also, although several physicians worked for two caliphs (n° 49, 50, 53 and 54 were in the service of ‘Abd al-Rahmān and al-Ḥakam, and n° 52, 55 and 56 worked for al-Ḥakam and his son Hishām), the number of physicians working in each period has been simplified. Whatever combination is applied, the number of negative biographies keeps being higher than the positive ones in the same periods.
<table>
<thead>
<tr>
<th>Period in which the physician worked</th>
<th>Number of Biographies</th>
<th>Positive Biographies</th>
<th>Negative Biographies</th>
</tr>
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<tbody>
<tr>
<td>Before ʿAbd al-Raḥmān al-Nāṣir</td>
<td>6</td>
<td>3</td>
<td>3</td>
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<tr>
<td>ʿAbd al-Raḥmān al-Nāṣir</td>
<td>8</td>
<td>3</td>
<td>5</td>
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<tr>
<td>Al-Ḥakam al-Mustanṣir</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Hishām al-Muʿayyad bi-Ilāh</td>
<td>3</td>
<td>3</td>
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Seen from this perspective, it seems that Ibn Juljul was not trying to praise the Umayyad medical establishment since, proportionally, the number of negative biographies is higher under the reigns he is allegedly defending. Moreover, it is obvious that in the chapter devoted to Andalusī scholars, for the most part he intentionally focused on second-rate physicians—and their shortcomings—while omitting many others of higher intellectual calibre. A comparison with the biographies and the type of information provided by ʿṢāʿīd al-Andalusī in his Ṭabaqāt al-Umam confirms this since, having drawn information from Ibn Juljul’s work, he discarded not only anecdotal data, but biographies of second-rate practitioners as well. The silence regarding physicians attached to al-Manṣūr’s administration is as noticeable as the omission of physicians involved in the revision of Dioscorides’ work at the time of ʿAbd al-Raḥmān III, a fact which Baltly-Guesdon attributes to their not belonging to the diwān al-mutaṭabbibīn or to their religion. However, if Ibn Juljul had planned his biographical dictionary as a tool to criticise al-Manṣūr’s scientific policy and illegitimate power, one would not expect such an overall negative image of medical practitioners at the time of his political predecessors. It becomes apparent, then, that Ibn Juljul is not denouncing the decline of medical activity during al-Manṣūr’s rule. Moreover, had the book been written to fulfil someone’s wish for a satisfactory and pleasing book on scientific biographies—or more particularly, at the request of a member of the Umayyad family—would Ibn Juljul have dared to present such a deplorable panorama? The same applies if, as Baltly-Guesdon

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32 For an analysis of this work and its comparison with Ibn Juljul’s biographical dictionary, see M. Forcada, “Biografías de científicos...”, pp. 217-238. The biographies omitted by ʿṢāʿīd al-Andalusī regarding the same period in al-Andalus are: 36, 38, 39, 40, 41, 42, 44, 45, 52 and 54.


suggests, Ibn Juljul’s secondary purpose was to claim that Andalusī scholars were able to compete with those in the Eastern lands of the Islamic civilization in terms of quality and quantity. According to the hypothesis discussed so far, the features of Ibn Juljul’s biographical dictionary would fit better if the recipient of his work had been al-Manṣūr himself, and thus would constitute an attempt to gain his favour by undermining the physicians in the service of earlier rulers. This interpretation would explain his not mentioning the medical scholars involved in the translation of Dioscorides’ work as a way of overshadowing ‘Abd al-Rahmān III’s enterprise (one with important political, cultural and medical implications). To some extent—although not completely—it would also justify his omission of colleagues such as Abū l-Qāsim al-Zahrāwī, ‘Arīb ibn Sa‘īd, and Ibn Samajūn, since their medical and literary skills were well known at the time he wrote this book.

Perhaps there were other underlying motives at work, which would emerge in an examination of the literary context of the book or of the chapter under discussion in the context of the whole work, for historians have always restricted their analysis of Ibn Juljul’s biographical dictionary to the section devoted to Andalusī physicians. In the first instance, since Ibn Juljul wrote this work at a time when biographical dictionaries were becoming a flourishing genre in al-Andalus, another possibility is that his intention was to fill a gap with an original and entertaining book on physicians and philosophers, which—innovative and amusing as it was—would become a “best-seller” in the literary market-place of his time and would grant him enormous popularity. As regards the last chapter in the context of Ibn Juljul’s work as a whole, the amount of deliberate criticism disguised as entertainment might simply be a strategy for self-promotion. Throughout history medical authors developed a number of skills to promote their intellectual and professional credentials. Among them, in the case of medieval Islamic medical literature, were the mastery of Galenic knowledge, the emulation, expansion or refutation of earlier treatises (especially those by well-known Islamic medical theoreticians), or the presentation of medical knowledge in innovative formats. Nevertheless, along with rhetoric, criticism was probably the most


effective method, and so we find it displayed in varying forms, from comments on the decline of the medical profession—accompanied by the author’s humble intention to remedy the situation—to vivid clinical accounts in which the patient always dies at the hands of incompetent colleagues. A survey of Ibn Juljul’s work as a whole shows that biographies concerned with Graeco-Roman and early Islamic philosophers and physicians are in the main positive, since out of thirty-four entries, only one—devoted to a certain Ibn Waṣīf in the seventh generation—is a negative portrayal. Ibn Waṣīf specialized in the removal of cataracts and, having agreed on a given fee to perform the operation, he then discovered by chance that the patient carried more money than he had sworn to under oath. Accusing the patient of perjury, Ibn Waṣīf kept the eighty dirhams he had received as payment and refused to treat the man.\(^{37}\) The remaining biographies, however, constitute a reasonable chronological picture of major figures in the history of medicine and philosophy, and it is worth noting that Ibn Juljul seems particularly interested in citing their works, whereas he attributes the composition of learned medical treatises to very few physicians included in the Andalusī generation. Consequently, since Ibn Juljul criticised only his fellow-citizens, not the medical profession in general, it might well be that the ultimate purpose of his work was to define his own authority in al-Andalus by focusing on second-rate practitioners who, for the most part, did not correspond to the model of the ideal physician. The fact that he supposedly included his autobiography at the end of the work points in this direction, but since it has not come down to us, it is impossible to assess the extent to which Ibn Juljul’s portrayal of himself shone in the panorama he described, either by contrast with his local colleagues or by comparison with earlier figures who shaped the development of medicine.

A final possibility needs to be considered. Intimately linked to the *adab* literature (concerned with examples and advice regarding manners and ethics in society), anecdotes constitute an old literary device to convey moral teaching, for they allow the reader or listener to judge good and bad actions while at the same time being entertained. Hence, by recounting such stories about these physicians, Ibn Juljul’s aim may also have been to present a catalogue of moral attitudes within the medical profession embodied in the individuals he described. For instance, throughout the work attention is often drawn to the physician’s varying attitudes regarding professional fees: either there are those who never demanded

\(^{37}\) Ibn Juljul, *Ṭabāqāt*, pp. 81-82, biography n° 30.
payment, or those who fixed it according to the patient’s wealth; but there are also those who demanded ridiculously large amounts of money—even for a drug which eventually turned out to be a common plant—and, as in the case mentioned above, there are even physicians who felt no compunction about keeping a substantial fee for themselves after having refused to operate. These types of behaviour may have a historical basis, but the moral qualities they represent could also be interpreted as encouraging a deontological standard addressed both to the author’s colleagues and to a wider lay audience. It is likewise possible that Ibn Juljul simply pursued a general moralizing purpose so as to make clear that physicians—usually admired as belonging to a god-like elite—are also human beings, and thus subject to earthly passions (greed, homosexuality, or rivalry) and physical inconveniences (illnesses such as diarrhoea). From this point of view, patterns of bad practice, moral laxity or human misery had necessarily to be attributed to low-profile physicians, for otherwise it would prejudice the authority of his predecessors or, more probably, the author’s own credibility. Alternatively, negative features such as wealth attained through the practice of medicine might be represented in passing so as not to undermine a given physician’s reputation, while not passing unnoticed by the audience either. Take for example the biography of Ibn al-Jazzār since he is described as an excellent Muslim physician of irreproachable conduct who led an austere life and who did not seek the favour of the political elite, it is surprising—indeed perhaps alarming—to learn that on his death he had accumulated twenty-four thousand dinars and twenty-five hundredweight of books on medicine and other topics—that is, a fortune. In this manner, Ibn Juljul’s historical survey of well-known Graeco-Roman and Islamic physicians would serve, not only as a tool for the social construction of the medical profession, but also as instructive advice for society in general by hinting at the human condition of the medical profession. It is interesting to note that, amongst other medical books, Ibn Juljul is said to have written an explanatory epistle concerning the mistakes of some physicians (Risālat

al-tabyīn fīmā ghalaṭa fī-hi ba’d al-mutaṭabbibīn).³⁹

Perhaps none of the hypotheses presented here provides a fully convincing explanation, although they are all compatible with each other and with the author’s intention of historical instruction, and also with the social function of the ṭabaqāt genre. However, it is clear that when studying medical anecdotes of medieval Islamic physicians in sources such as biographies, we must interpret them in the context of the whole work and are obliged to question the author’s agenda. Whatever this may have been in the case of Ibn Juljul, the information he provides cannot be considered an “objective” description of medical practice in his time, even though at the same time we may believe that it is closer to the truth than learned medical treatises. Nevertheless, what matters is our attitude towards sources, or, more particularly, towards medieval Islamic medicine. For example, when faced with a comment such as “I saw around Abū Ḥafṣ b. Burayq—in the morning, while he sat by the door of his house—sixteen children, slaves all of them; his life was not long”,⁴⁰ we —historians of medicine—must be able to follow our first perception, question the potential meaning, and accept that perhaps the author is saying exactly what we understood initially. In short, it is time to deconstruct the traditional biased conception of medieval Islamic medicine and to accept that—however relevant by itself to the history of medicine and however instrumental in the understanding of later periods of the Western tradition— it was not invariably as “pure, good, noble, and enlightened” as we have been led to believe.

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⁴⁰ Ibn Juljul, Ṭabaqāt, p. 108, biography no. 47. It is not impossible, after all, that Ibn Juljul was presenting here a pederast physician, particularly when he had no compunction about describing an homosexual physician having intercourse with a youth when the wind blew open his tent (biography no. 45, pp. 103-104).
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