Explores the lives of Jewish physicians and pharmacists in medieval Muslim lands.

This book collects and analyses the available biographical data on Jewish medical practitioners in the Muslim world from the 9th to the 16th century. The biographies are based mainly on information gathered from the wealth of primary sources found in the Cairo Geniza (letters, commercial documents, court orders, lists of donors) and Muslim Arabic sources (biographical dictionaries, historical and geographical literature). The practitioners come from various socio-economic strata and lived in urban as well as rural locations in Muslim countries.

Over 600 biographies are presented, enabling readers to explore issues such as professional, daily and personal lives; successes and failures; families; Jewish communities; and inter-religious affairs. Both the biographies and the accompanying discussion shed light on various views and aspects of the medicine practised in this period by Muslim, Jews and Christians.

Key Features
• Offers a unique insight into the life of Jewish physicians and pharmacists, their families and communities in medieval Egypt, Syria, Iraq, Iran, North Africa, Sicily and Andalusia
• Shows how Jewish practitioners participated in community leadership, in hospitals and in the courts of the Muslim rulers
• Analyses the biographical data to provide information on the relationships among Jews, Muslims and Christians, and between the common people and the elite

Efraim Lev is a Professor in the Department of Israel Studies and current Dean of the Faculty of Humanities in the University of Haifa, Israel. His most recent books include Arabian Drugs in Early Medieval Mediterranean Medicine (Edinburgh University Press, 2016) (with Zohar Amar) and Medical Prescriptions in the Cambridge Genizah Collections (2012) (with Leigh Chipman)
Jewish Medical Practitioners in the Medieval Muslim World
Non-Muslim Contributions to Islamic Civilisation
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Patronymics are marked with ‘b.’ (for Arabic *ibn* or Hebrew *ben*); however, where *ibn* has become part of a family name through usage over a few generations, it is spelled *Ibn*.

The hierarchy of presenting Arabic names is: *kunya, ism, nasab, nisba, laqab*. A full explanation is to be found in Section 2.4 and there are examples at the beginning of Chapter 3.

In transliteration of Arabic names, I have followed the rules of the *International Journal of Middle Eastern Studies*; and in transliterating Hebrew I have followed the guidelines of the *Jewish Quarterly Review*.

Similar to previous works by Goitein, Gil and Rustow in dealing with Hebrew names from Geniza and Arabic sources, I present familiar Hebrew names in Anglicised forms (see the main ones below).

**Family Name**

ha- Kohen/Kohen  
ha-Levi/Levi

**First Name**

Aaron  
Abraham  
Abūn  
Azariah  
Baruch  
Benjamin
Berakhōt
Bezalel
Daniel
David
Elazar
Ephraim
Hananiah
Ḥalfon
Ḥasday
Hayyīm
Isaac
Israel
Jacob
Japheth
Jekuthiel
Jonah
Joseph
Joshua
Josiah (Isaiah)
Judah
Meʾir
Melekh
Menahem
Mishaʾel
Moses
Nadīv
Nehorai
Nethanel
Obadia
Petahya
Pinḥas
Rabib
Saʾadya
Ṣadāqā
Samuel
Shabbetay
Shemarya
Solomon
Tiqva
Tobias
Yahyā
Yedūthūn
Yeshūʿā
Zadok
Zechariah

Class marks of Geniza fragments are mentioned only in cases where they have not been published or mentioned in earlier publications dealing with the person (practitioner) in question. For further reading and for the class mark the reader will have to consult the cited publication(s), usually the last one dealing with the information.

When published works in Arabic or Hebrew have a title page in a European language, it has been used, and the original language indicated; in the few cases that have no title page, the book is listed in the bibliography with the original name transliterated into English.

In order to make reading the book easier with minimum interruptions, especially for readers who are not familiar with the history of the medieval Middle East, Tables 1 and 2 below present basic information regarding the most important (and most-often cited) periods, dynasties and rulers.

Table 1 Main periods and dynasties of Muslim rulers mentioned in the book

<table>
<thead>
<tr>
<th>Name</th>
<th>Years</th>
<th>Capital/Main areas of activity</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Umayyad</td>
<td>661–750</td>
<td>Damascus</td>
<td>Andalusia 756–1031</td>
</tr>
<tr>
<td>Abbasid</td>
<td>750–969</td>
<td>Baghdad</td>
<td></td>
</tr>
<tr>
<td>Fatimid</td>
<td>969–1171</td>
<td>Cairo</td>
<td></td>
</tr>
<tr>
<td>Almoravid</td>
<td>1062–1147</td>
<td>Morocco, Andalusia</td>
<td></td>
</tr>
<tr>
<td>Almohad</td>
<td>1147–1212</td>
<td>Morocco, Andalusia</td>
<td></td>
</tr>
<tr>
<td>Ayyubid</td>
<td>1171–1250</td>
<td>Cairo, Damascus</td>
<td></td>
</tr>
<tr>
<td>Mamluk</td>
<td>1250–1517</td>
<td>Cairo</td>
<td></td>
</tr>
<tr>
<td>Il-Khānate</td>
<td>1256–1335</td>
<td>Tabriz</td>
<td>Muslim Mongol</td>
</tr>
<tr>
<td>Ottoman</td>
<td>1517–1917</td>
<td>Constantinople</td>
<td></td>
</tr>
</tbody>
</table>
**Table 2 Main Muslim rulers mentioned in the book (chronological order)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Years of reign</th>
<th>Dynasty</th>
<th>Capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caliph ʿUmar b. ʿAbd al-ʿAzīz</td>
<td>717–20</td>
<td>Umayyad</td>
<td>Basra</td>
</tr>
<tr>
<td>Caliph al-Manṣūr</td>
<td>754–75</td>
<td>Abbasid</td>
<td>Baghdad</td>
</tr>
<tr>
<td>Caliph al-Mahdī</td>
<td>775–85</td>
<td>Abbasid</td>
<td>Baghdad</td>
</tr>
<tr>
<td>Caliph al-Mutawakkil</td>
<td>847–61</td>
<td>Abbasid</td>
<td>Samarra</td>
</tr>
<tr>
<td>Caliph Jaʿfar al-Muqtadir</td>
<td>908–32</td>
<td>Abbasid</td>
<td>Baghdad</td>
</tr>
<tr>
<td>Caliph ʿAbd al-Raḥmān III</td>
<td>929–61</td>
<td>Umayyad</td>
<td>Cordova</td>
</tr>
<tr>
<td>Caliph al-Manṣūr bī-Ilāh</td>
<td>946–53</td>
<td>Fatimid</td>
<td>Qayrawān</td>
</tr>
<tr>
<td>Caliph al-Muʿizz li-Dīn Allāh</td>
<td>953–75</td>
<td>Fatimid</td>
<td>Qayrawān</td>
</tr>
<tr>
<td>Caliph al-Ḥakam II</td>
<td>961–76</td>
<td>Umayyad</td>
<td>Cordova</td>
</tr>
<tr>
<td>Caliph al-ʿAzīz bi-Allāh</td>
<td>975–96</td>
<td>Fatimid</td>
<td>Qayrawān</td>
</tr>
<tr>
<td>Caliph al-Ḥākīm bi-ʿAmr Allāh</td>
<td>996–1021</td>
<td>Fatimid</td>
<td>Cairo</td>
</tr>
<tr>
<td>Caliph al-Mustanṣīr bī-Ilāh</td>
<td>1036–94</td>
<td>Fatimid</td>
<td>Cairo</td>
</tr>
<tr>
<td>Caliph al-Mustaʿīl</td>
<td>1094–1101</td>
<td>Fatimid</td>
<td>Cairo</td>
</tr>
<tr>
<td>Caliph al-ʿAmīr</td>
<td>1101–30</td>
<td>Fatimid</td>
<td>Cairo</td>
</tr>
<tr>
<td>Caliph al-Ḥāfīz li-Dīn Allāh</td>
<td>1130–49</td>
<td>Fatimid</td>
<td>Cairo</td>
</tr>
<tr>
<td>Caliph ʿAbd al-Muʿīn</td>
<td>1130–63</td>
<td>Fatimid</td>
<td>Cairo</td>
</tr>
<tr>
<td>Sultan Nūr al-Dīn Zengī</td>
<td>1154–74</td>
<td>Seljuk</td>
<td></td>
</tr>
<tr>
<td>Caliph al-ʿAdīd li-Dīn Allāh</td>
<td>1160–71</td>
<td>Fatimid</td>
<td>Cairo</td>
</tr>
<tr>
<td>Caliph al-Mustanṣīd bī-Ilāh</td>
<td>1160–70</td>
<td>Abbasid</td>
<td>Baghdad</td>
</tr>
<tr>
<td>Sultan Salah al-Dīn (Saladin)</td>
<td>1171–93</td>
<td>Ayyubid</td>
<td>Damascus and Cairo</td>
</tr>
<tr>
<td>Sultan al-Malik al-ʿAzīz</td>
<td>1193–8</td>
<td>Ayyubid</td>
<td>Cairo</td>
</tr>
<tr>
<td>Sultan al-Malik al-Afḍāl</td>
<td>1193–6</td>
<td>Ayyubid</td>
<td>Damascus</td>
</tr>
<tr>
<td>Sultan al-Malik al-Kāmil</td>
<td>1218–38</td>
<td>Ayyubid</td>
<td>Cairo</td>
</tr>
<tr>
<td>Sultan al-Zāhir Baybars</td>
<td>1260–77</td>
<td>Mamluk</td>
<td>Cairo</td>
</tr>
<tr>
<td>Sultan al-Manṣūr Qalāwūn</td>
<td>1279–90</td>
<td>Mamluk</td>
<td>Cairo</td>
</tr>
<tr>
<td>Sultan al-Nāṣīr Muḥammad ibn Qalāwūn</td>
<td>1293–4, 1298–1308, 1310–41</td>
<td>Mamluk</td>
<td>Cairo</td>
</tr>
<tr>
<td>Sultan al-Nāṣīr Ḥasan</td>
<td>1347–51, 1354–61</td>
<td>Mamluk</td>
<td>Cairo</td>
</tr>
<tr>
<td>Sultan al-Zāhir Barqiq</td>
<td>1382–9, 1390–9</td>
<td>Mamluk</td>
<td>Cairo</td>
</tr>
<tr>
<td>Sultan al-Nāṣīr Faṭār</td>
<td>1399–1411</td>
<td>Mamluk</td>
<td>Cairo</td>
</tr>
<tr>
<td>Sultan al-Muʿayyad Sheik</td>
<td>1412–21</td>
<td>Mamluk</td>
<td>Cairo</td>
</tr>
</tbody>
</table>
Preface and Acknowledgements

1.1 Rationale and History of Research

The idea of researching the social history of medieval Jewish practitioners in the eastern Mediterranean through their life stories dawned on me in 2003, while working on the medical documents in the Cairo Geniza collections. During the time in which I was studying the practical materia medica of the Geniza people, their prescriptions, lists of drugs and medical notebooks, as well as their medical literature, I was also collecting every bit of available information on the medical practitioners (both physicians and pharmacists). I was curious about the people behind the practice of medicine: the ones who wrote the prescriptions I examined; the ones that bought and sold the various medicinal substances I studied, which were found in the list of materia medica; the people who had actually prepared the compound drugs that were mentioned in the prescriptions, letters and notebooks.

Other scholars, working on cataloguing the various Geniza collections at the Taylor-Schechter Genizah Research Unit at Cambridge University Library, shared with me materials they found while studying new fragments, and the data accumulated slowly. By 2012, with information on more than 200 physicians and 30 pharmacists, it transpired that I could no longer regard this project as one of secondary importance, and consequently, I began a systematic study of this subject.

Medical historical literature contains many publications dealing with individual or groups of practitioners from all geographical areas and periods. This literature is important, since through the life stories of the practitioners
and their medical activity, we learn much about the medical status and history of a period, culture, ethnic group or geographical zone. However, as stated by Peter Pormann and Emilie Savage-Smith, ‘history often only remembers the conquerors, not the conquered. One is therefore scarcely astonished that our sources record the names of distinguished doctors and recount stories of success while usually avoiding mentioning their failure.’ They added that the status of the physicians differed greatly. The best and the brightest could certainly rise to considerable esteem and wealth. Others may have belonged to the ‘upper middle class’. Yet, not all doctors belonged to this middle class, and there must have been many who struggled to make a living. They are the ones who history often forgets, who disappeared as if they have never existed, and about whom we know very little. Unlike their illustrious colleagues, they may well have practised in the market rather (than in) the palace or (in) the hospital.

Various scholars have written about Jews and medicine in general and Jewish physicians in particular. However, this book aims to shed light on medieval Jewish practitioners across all the socio-economic strata, living in urban as well as in rural locations in the Muslim world. It deals mainly with physicians and pharmacists (druggists) and is an attempt to learn about their daily and personal life and their families, as well as their successes and failures, while, moreover, clarifying their communal and even financial affairs as well as their inter-religious relationships. This is mainly based on the wealth of primary sources found in the Cairo Geniza, and in Muslim Arabic sources too.

In the current chapter, I deal with necessary introductory issues, namely chronology and geography. In the Introduction, I elaborate on some methodological aspects such as prosopography, the main sources of this work and research difficulties, and I offer a brief introduction to medieval Arabic medicine and its practitioners.

In the beginning of the third chapter, I will discuss and fully present 496 biographies of Jewish physicians, followed by the biographies of 111 Jewish pharmacists (apothecaries, perfumers and druggists). Related issues, such as potion makers and commercial aspects of drugs, will also be dealt with. Making up a third group are the dynasties of Jewish practitioners, a phenomenon that will be explained and discussed. Forty-nine dynasties
consisting of 139 practitioners will be presented, including the biographies of the members<sup>6</sup> and in most cases a chart of the family tree, along with detailed discussion of the dynasties, their role in the Jewish communities and their relationship with the Muslim administrations and rulers throughout the relevant periods.

The fourth chapter is a discussion based on the total number of biographies, and the medieval as well as the contemporary literature available. There, I will discuss professional, social, geographical, religious and economic aspects of the Jewish medical practitioners (mainly physicians). In this chapter, I deal with places of medical practice, the practitioners’ professional education, intellectual workshops (i.e. libraries), and their professional roles, mainly that of ‘Head of the Physicians’. Another subject that will be dealt is the everyday life and activity of Jewish practitioners (their possessions, means of transportation and commercial activity). Moral aspects, fees and the ‘Geniza’ patients will be discussed, as well as religious and inter-religious aspects of Jewish practitioners, inter-religious intellectual and professional relations, the high-ranking positions Jewish practitioners held, the issue of conversion to Islam, and famous Jewish scholars, authors, poets and diplomats who were simultaneously practitioners. A few more insights will be related to community affairs, such as the socio-economic position of Jewish practitioners, their role in the leadership (<i>nagids</i> and Heads of the Jews), their place and share in charity activities, and the inter-community posts they held (judges and <i>ḥazzānim</i> or cantors). The last section of this chapter will endorse sectoral aspects (Karaite and Samaritan practitioners) of related geographical aspects (Jewish practitioners in Andalusia, north Africa, Sicily, provincial Egyptian towns, Syria, Iraq, Iran and Azerbaijan); these are set in geographical order, as near as possible, from west to east.

The attention given by medical historians to the importance of medical biographies as an approach to the history of the medical profession is mainly due to the publication of the <i>Dictionnaire biographique des médecins en France au moyen âge</i> by Ernest Wickersheimer as early as 1936 and, almost thirty years later in 1965, <i>The Medical Practitioners in Medieval England: A Biographical Register</i> by Charles Talbot and Eugene Hammond. These books cover hundreds of practitioners in large European countries that have a long-standing tradition of keeping records of medical care and treatment.
As an historian of medicine, dealing with the eastern Mediterranean, I was exposed to these important works only when I began my study of Jewish practitioners in the Muslim world. However, both books encouraged me to continue with my research and with the plans for publishing the current book. I learnt the research methods used by these authors and others that dealt with prosopography in general; the methods were much improved in my book, especially concerning the focus on analysis and detailed discussions, as well as the final layout.

Later, three works of strong prosopographical character; mainly dealing with physicians in France between the twelfth and fifteenth centuries, were published by Danielle Jacquart. All are of great scientific value and influenced my research. The first deals with the medical milieu of France at this time. The second is an annexe to Wickersheimer’s work from 1936, and the third focuses on the medical cadre of medieval Paris. These books were based on contemporary sources and include detailed analyses and discussions.

The primary aim of my research is therefore to bring together all available biographical data on Jewish medical practitioners in the medieval Muslim world: the Middle East (including Iraq and Iran), Egypt, north Africa, Sicily and Andalusia. By doing so, I intend to provide the basis for a clearer understanding, and for a more complete picture, of the social, economic and intellectual aspects of medicine during that period in the Jewish communities and their relations with their host societies. Hopefully, this project will lead to a better understanding of both the profession and the public health issues of the Jewish community in the medieval Muslim world. Moreover, since according to S. D. Goitein, those communities were ‘to a certain extent representative of their class in the Mediterranean world in general, and its Arabic section in particular’, the discussion and the conclusions could contribute to the study of Jewish communities in locations such as north Africa, Andalusia and Sicily, as well as of Muslim and Christian communities at Egypt, Syria and Iraq in this period.

1.2 Chronology

The current book covers a time span of hundreds of years, between the eighth and the sixteenth centuries, although the vast majority of the practitioners whose biographies are presented here are from the eleventh to the thirteenth
centuries (the classical Geniza period, under the rule of the Fatimid and Ayyubid dynasties).

The Jews, who were always the smallest of the minority communities in the Middle East before Islam, were mostly liable to persecution; according to Stephen Humphreys, they became ‘most durable and culturally vital’ under Islamic rule. In the earliest years of the Islamic regimes, Jewish professionals immigrated to the caliphal centres of power, and offered their various skills. According to Steven Wasserstrom, the caliphs took advantage of these readily available skilled persons; and indeed, Jewish astrologers, poets, physicians and wazīrs (ministers) attended to their affairs in court, and sometimes even directly to the caliph. By the tenth century, Jewish middle classes of Egypt and Iraq enjoyed the advantage of being powerful community members in the courts.

The Fatimid caliphate in Egypt and Syria (969–1171) is considered a golden age for dhimmīs (the protected non-Muslim communities living under Islamic rule). Interestingly enough, the dhimmīs in this period were not subjugated to discriminatory laws and managed to occupy even the highest bureaucratic positions in the state. Thanks to dozens of Cairo Geniza documents, we may deduce that the discriminatory laws against dhimmīs, known as the ‘Pact of ʿUmar’, were not fully enforced during most of this period, and that Jews did not fulfil most of these humiliating requirements. The heretical Shiʿī-Ismāʿīlī sect, to which the Fatimid belonged, was more tolerant towards their non-Muslim subjects. At the same time, the Fatimid rulers were suspicious of their Sunni counterparts, who formed the majority among their Muslim subjects during their entire period of rule.

The tenth century, in Goitein’s words, was ‘the golden age of the high bourgeoisie’ for the Muslim and the Jews. The period was even called at the time the ‘bourgeois revolution’, that is, an economic boom in the wake of the Arab conquests. This led the Jewish community towards a ‘religious democracy’, where the rich cared for the poor through efficient social services. Jews were heavily involved in almost all economic, commercial, administrative and other professional spheres; Goitein counted about 250 manual occupations and 170 types of commercial, professional, educational and administrative activities. This period was indeed a golden age for Jewish practitioners in general, and Jewish court physicians in particular.
The Ayyubid period marked a general deterioration in the status of Jews and Christians in Egypt and Syria, due to the removal of Shi’i rule in favour of Sunni Islamic rule, established by Saladin (r. 1171–93). The jihad (holy war) propaganda which this sultan conducted against the Crusaders definitely contributed to a general animosity towards Christians and Jews, both by the government and by the people. However, Jews continued to serve in the government bureaucracy, perhaps in lesser numbers and in lower positions than they had under Fatimid rule.24

It is important to note that throughout this period, there were ups and downs in a sense due to the behaviour of local rulers, geographical events and even personal relationships between the Muslim local regime and the leaders of the Jewish community. Openings and closings of synagogues in this period are one type of evidence among others that can be found in the Geniza.

It is generally accepted among scholars that the Mamluk period (1250–1517) marked the deterioration in the position of dhimmīs in Egypt and Syria, and that of Jewish physicians in particular. External threats, in addition to internal crises and political developments, brought about the rise of zealous Islamic orthodoxy and the adoption of more aggressive policies and attitudes towards dhimmīs, both by the rulers and by the people. The offensive policy against the remains of the Crusaders Kingdom, conducted by the first Mamluk sultans, increased the hate Muslims felt not only towards Christians, but also against the infidel Jews. The Jewish communities of the Middle East and north Africa lost some of their members to Islam due to conversion.25

The Mongol invasions from the north, in addition to the Black Death and other natural disasters such as droughts,26 brought about economic crises, which, as usual in history, only increased religious persecution. The Mamluk rulers, who were originally non-Muslim military slaves, were anxious to prove their loyalty to their new religion, and to gain the support of the Muslim religious scholars (‘ulamā’), in order to legitimise and strengthen their rule. Hence, they tended to accept the demands of the ‘ulamā’ and the people, and to increase the burden on the dhimmīs. As a result, during the Mamluk period, the sultans and emirs27 enforced more strictly the humiliating restrictions on non-Muslims.28

It seems that during the first half of the fourteenth century, the persecution of Jews and Christians by the Muslim people and the regime reached its
peak. In 1301, for example, the Mamluk sultan Baybars al-Jāshnakīr intensively enforced the restrictions of the Pact of ʿUmar all over the sultanate. Synagogues and churches were closed for long periods, and many dhimmīs had to convert (masālima) to Islam.29

1.3 Acknowledgements

This book would not have been possible without the existence of the Taylor-Schechter Research Unit, under the management of Prof. Stefan Reif. I worked there first as an overseas visiting scholar at St John’s College from 2003 to 2004, and then for several weeks each year, until my next overseas visiting scholarship in 2011–12.

In my research for this book, I made use of the studies of many Geniza researchers and scholars that predated me, I would like to thank them all deeply. Hopefully, younger scholars in the future will make similar use of the data in this book for their scholarly research projects.

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_Efraim Lev_

_Zichron Yaakov, Haifa, and Cambridge 2020_

**Notes**

2. Ibid., p. 95; for hospitals in the Christian and pre-Christian periods see for example Risse, *Mending Bodies, Saving Souls*.
5. The names and basic details of the pharmacists that were members of dynasties are mentioned in this section; however, their detailed biographies are presented in Section 3.3.2.
6. The names and basic details of the physicians that were part of dynasties are mentioned in this section; however, their detailed biographies are presented in Section 3.3.2.
10. The Jewish physicians and pharmacists that practised in Ottoman Turkey deserve separate attention due to their special conditions and characteristics; I hope that another scholar, equipped with the right research tools, will deal with this project soon.
17. Restrictions that were imposed on non-Muslims referred to dress, social behaviour, transport, religious practices, and secular as well as sacred architecture.
27. Emirs or amirs are military office holders; see Shefer, ‘Physicians in the Mamluk and Ottoman Courts’, p. 114.
29. For more on this wave of persecutions see Ashtor, *Toledot ha-Yehudim*, vol.
2

Introduction

2.1 Prosopography

There are several definitions of prosopography in the literature; and in the last decade, there have been many publications dealing with this field and its various methods. There are a number of interpretations of the concept of prosopography, thus presenting copious examples of the possible uses of this genre.

So, what is prosopography? According to the Merriam-Webster online dictionary, it is ‘a study that identifies and relates a group of persons or characters within a particular historical context’; from a philological point of view, it comes from new Latin prosopographia, based on Greek prósopon (person) + New Latin graphia (-graphy).¹

Forty years ago, Lawrence Stone wrote that prosopography, which is a collective biography or multiple career-line, ‘has developed into one of the most valuable and most familiar techniques of the research historian’.² Another interpretation of prosopography which has become important in recent years was initially introduced by the French sociologist Pierre Bourdieu. This was explained by Donald Broady as a kind of collective biography, with the following main characteristics: it is ‘a study of individuals belonging to the same field’, and it is based on comprehensive collections of data about these individuals (social origin, educational background, position in their field or society, their resources from different aspects and so on). The same set of data should as far as possible be collected for each individual, and – last but not least – the main object of the study is not the individuals per se, but rather, the
Robin Fleming described prosopography as a ‘multiple biography’ and claimed that this method has since proven fruitful: ‘analyzing gross and generalized patterns across dozens of contemporary lives is almost always more feasible than reconstituting a single life in detail’. Lately, Avraham Elmakias in another definition portrayed prosopography as a ‘detailed research of a defined historical group whose members share a common denominator’.

The set of prosopographical study is chosen according to the research one wishes to carry out. Therefore, the individuals are selected either because they have one or more characteristics in common, or because they belong to a particular profession, or geographical or ethnic origin.

Although modern scholars and researchers such as Lois Banner and Fleming do not discuss prosopography per se, they nonetheless analyse the theoretical pros and cons of biographies for the historian. Their extensive experience of delving into and writing about diverse biographies from different eras can help us to present and deal with the theoretical complexity of prosopography. Certain aspects which these authors considered while recording the biography of an individual are also reflected in the task of writing collective ones.

Many scholars have written about the advantages of prosopography as a tool for historical research, but it is not free from difficulties. Elmakias stated that in some cases there is abundant data regarding certain individuals, while for others it will be missing. He also claimed that ‘the danger, therefore, lies in drawing conclusions and generalisations based on fragmented information’. Therefore, he rightly suggested that researchers who use prosopographic methodology should be aware of its challenges when it comes to writing the conclusions and insights from all the gathered details.

The prosopographic method, which was developed as a scientific tool for historical studies in the first half of the twentieth century, was shortly after used in historical research on the Roman and Byzantine empires and on medieval and early modern countries. Reviews on the genre of biographies, and their contribution to the research of Arab-Islamic medieval culture, were written by Manuela Marín and Claude Gilliot. Patricia Crone also demonstrated the use of prosopographical approach and method in her early research on Islamic history. On prosopographic methodology within the
field of Islamic studies we can learn from the early thoughts of Jacqueline Sublet on the prosopography of the Arabs and Asad Ahmed’s research on the religious elite of the early Islamic Hijaz.\textsuperscript{13}

Recent studies have used biographical dictionaries as a unique source for the reconstruction of the world of Islamic knowledge, tracing scholarly networks, the place of scholars in urban life, their connection with political power, and their professional careers.\textsuperscript{14} Michael Lecker showed what the benefits of a computerised database of biographies can be. His project on ‘The Prosopography of Early Islamic Administration’, which contains biographical data about more than 1,600 persons, has proved to be a strong and efficient research tool.\textsuperscript{15} Elmakias used a prosopographical approach in writing about the naval commanders in early Islam.\textsuperscript{16}

Two more works that used and were inspired by this database and method should be mentioned here. The first, written by Michael Ebstein and dealing with the Shuṭra chiefs in Baṣra during the Umayyad period, gives a description of prosopography as ‘biographical analysis of a given group of individuals from various aspects: genealogy, marital relationship, and progeny, political, military or administrative offices, estates and economic activity, political and religious loyalties etc.’\textsuperscript{17} The second, written by Yaara Perlman, dealt with the bodyguard of the Umayyad and Abbasid caliphs.\textsuperscript{18}

A recent piece of prosopographical research done by Luigi Andrea Berto dealing with ‘the first Venetians’ is another example of how beneficial and instrumental such an historical study can be.\textsuperscript{19} Paolo Brezzi and Egmont Lee demonstrated in their study the importance of the contribution of private records to social history. A case in point is that of Italy in the late Middle Ages where private performances were used to write about social and economic history.\textsuperscript{20} In this respect, one definition of social history is ‘history that concentrates upon the social, economic, and cultural institutions of a people’.\textsuperscript{21}

2.2 Methodology and Main Sources

Constructing the biography of a person that lived and was active 1,000 years ago is never an easy task. The well-known and famous are usually better recorded in books dealing with their period, and in the national or ethnic ethos as legends, mainly due to the works they wrote, if and when they become known and applied. Equally important is their fame, which has
survived to modern times. But in medieval times, and especially concerning those living in the East, where public records were almost non-existent, there was little chance for ‘simple’ ordinary people to leave traces of their existence or achievements behind them.

As mentioned above, the main sources for the current research are the documents found in various collections of the Cairo Geniza around the world. It is important to note that the information is of neither archival nor medical records. It is a repository of daily and private documents as well as inter-communal formal and bureaucratic ones, of both religious and secular characteristics. The vast number of Geniza documents include private letters, commercial documents, court orders, marriage agreements, memorial lists and lists of charity donors. They enable us to collect authentic bits and pieces of information regarding the lives and activities of various ordinary people, including medical practitioners. Indeed, precious pieces of information were accumulated for this research during a decade and half of my study of the Cairo Geniza, mainly on medical issues. Catalogues of the various Geniza collections, as well as online databases, were screened and studied for names of, or data about, Jewish practitioners. Accordingly, specific fragments were studied to extract the information. During that time, friends and scholars studying Geniza documents and knowing about my project (mainly Dr Amir Ashur) provided me with more information, names and data. Moreover, for the purpose of the current research, dozens of books and hundreds of articles that were written by other Geniza scholars were studied and surveyed for hints and information regarding Jewish practitioners in the medieval Muslim world.

Whereas the Geniza documents supply intimate, unmediated social information regarding Jewish practitioners, usually in the context of the Jewish community, Muslim historians often provide ‘objective’ social information concerning the medical and political career of Jewish doctors within the elite of Muslim society. This integration of Jewish and Muslim Arabic sources brings our prosopographical study to its maximal fruition: to quote Marín, ‘through the careful study of many individual biographies, a collective portrait of these groups can be drawn’. Banner suggested regarding the individual (as portrayed in historical biography) as ‘text’ and the surrounding culture as ‘context’; therefore, she claimed that the ‘text’ reflects the ‘con-
text’ and influences it in a ‘dialogic’ interaction.\textsuperscript{27} In her opinion, ‘collective’ biographies involving a comparison or analysis of several lives are linked to a central theme.\textsuperscript{28} In our book the theme is ‘Learned medical practice in the medieval Muslim world’.

With the help of my colleagues, Avraham Latty and Dr Amir Mazor, I therefore studied Muslim Arabic sources of all sorts: descriptions of medieval Egypt and Syria, historiography of the Middle East, geographers, travellers, Muslim scholars, biographies of physicians and more. Thousands of biographies, mainly of Muslim scholars, poets, scientists, and high officials and administrators, were inscribed in dictionaries of biographies. These were the basis of works on medieval Muslim cities such as Damascus and Baghdad, countries such as Andalusia, and the study of prominent men in the urban Muslim community.\textsuperscript{29}

One important piece of work that should be mentioned here was published by Richard Bulliet as early as 1970.\textsuperscript{30} This article, based on his PhD thesis, was the beginning of a line of highly informative research works, from which prosopographical methods could and should be learnt, including the use of the quantitative approach. Interestingly, some of Bulliet’s ideas were not easily accepted by the research community, for example his theory that ‘a bell-shaped curve of overtly religious Islamic naming’ is related to the conversion to Islam of the studied population.\textsuperscript{31}

And indeed, biographies and autobiographies of Muslim physicians had been studied in the past. Biographical dictionaries in the Muslim Arabic tradition and culture were very popular around the thirteenth century, and some of them are being used in this book, for example those by Ibn Abī Uṣaybiʿa (d. 1270) and Ibn al-Qīṭī (d. 1248).\textsuperscript{32} For the Jews, unfortunately, we have no biographical dictionaries at all. Interestingly enough, some of the Muslim scholars wrote stories about their private and professional life, out of which biographical data was extracted.\textsuperscript{33}

All the small details found in the Cairo Geniza documents and Muslim Arabic sources were carefully double checked, collected, analysed, separated and distributed to the various entries (i.e. biographies) of Jewish practitioners presented in this book.\textsuperscript{34} This realisation of several years is similar to an artist’s work of many scenes constructing one big picture or dozens of small puzzles collectively composing a single, harmonious whole.
In order to identify Jewish practitioners in the Muslim Arabic sources and literature, we searched mainly for the epithets *al-Yahūdī* and *al-ʿIsrāʾīlī*. These are almost synonyms. However, according to David Wasserstein, *al-Yahūdī* regularly means a Jew, but *al-ʿIsrāʾīlī* can also be used to refer to a non-Jew when they happen to be a former Jew as well.

While searching both Geniza and Muslim Arabic sources, we were looking for the following Arabic titles and descriptions for physicians: *al-Ṭabīb* and *al-Mutaṭabbīb* (physician); *al-Ḥakīm* (physician as well as philosopher); *Kabḥāl* (ophthalmologist, oculist), *Jarāʾiḥi* (surgeon) or *Mujabbīr* (orthopaedist). These were the common titles for medical practitioners in the Arabic culture; however, there is also a name in Hebrew that was sometimes attached to a Jewish physician: *ha-Rōfē*. The names considered for the professions of pharmacy were *ʿAṭṭār* (which originally designated a perfumer) and *Ṣaydalānī* or *Ṣaydānī* (usually translated as pharmacist, apothecary, or seller of medicine, drugs and perfumes). Names denoting other paramedical professions, such as *Sufūfī* (specialist preparer of medical powders), *Kallām* (wound specialist) and *Sharābī* (potion maker), were collected and studied, but were not included in the current book.

As with other occupations, being a physician was a source of pride, and sons of physicians continued to carry not just their fathers’ names but also their professions; therefore, a man would be called ‘the son of the doctor’, like ‘the son of the clan of sieve makers’, ‘the son of the clan of indigo dyers’, ‘the son of the clan of scarf makers’ or ‘the son of the judge’.

Gathering the information, and constructing the biographies of the medieval Jewish practitioners, was both the ‘concept’ and the ‘target’ of this research; besides presenting the biographies, this allowed me to discuss professional as well as social issues in the history of medicine of communities – in the cities and rural regions (mainly but not only Jewish) in Egypt, the Mediterranean and other Muslim territories.

Banner stated that biographies are often categorised as inferior or even second-rate history by some historians. In her opinion, both modern genres (history and biography) are based on ‘archival research, [interweave] historical categories and methodologies, [reflect] current political and theoretical concerns, and [raise] complex issues of truth and proof’. Moreover, she added that ‘studying the life story of an individual might be seen as akin to
studying the history of a city, a region, or a state as a way of understanding broad social and cultural phenomena.46

The biographical information that has been gathered and presented in this book rarely consists of medical affairs, but it supplies much information regarding the life, achievements, actions, relations, social status and many other aspects of each practitioner. Collectively, it provides us with a better and detailed picture of their status, their socio-economic position within the Jewish communities and among their Muslim/Christian neighbours and colleagues.

In his book *Jews, Medicine, and Medieval Society*, Joseph Shatzmiller raised several questions, some of which are relevant to my research: How many Jewish physicians were practising during the period under investigation, and what proportion of the profession did they represent? From where did the Jewish doctors obtain their education? What were the social and economic conditions that gave birth to this professional opportunity (a lucrative profession that awarded its practitioners power and prestige)? How was it then that Christians and Muslims accepted the Jewish doctor and allowed him to inspect their bodies, to prescribe medication for them, to prepare drugs, and consequently, to determine their survival? And last but not least, did the law come to their defence when misunderstandings occurred?47 Our sources and the analysis of the hard-won facts we have collected can answer only a few of these important questions regarding the Jewish practitioners of the medieval Islamic world.

The research questions, listed below, that I faced when I started my work were many and varied; and they were not always answered by the biographies alone. In some cases, the query was never solved.

- Who were the Jewish practitioners in the medieval Muslim world?
- Where did they actually practise? Did they operate privately or were they somehow organised?
- What fees did they charge for their medical work?
- How many Jewish practitioners were active in each generation? What was their geographic distribution?
- Did Jewish practitioners treat Muslim and Christian patients in their private practices? What was the essence of such a relationship?
• Were there any professional interactions with Muslim and Christian practitioners? If so, of what nature were these relations?
• What was their socio-economic status in the communities within which they operated?
• Were there any dynasties among the medical practitioners?
• What other kinds of duties did Jewish practitioners carry out in their communities?
• How often did Jewish physicians serve in the courts of the rulers and what was their relationship with the authorities?
• Did each practitioner have his own library? What works did it contain?
• How many Jewish practitioners actually worked in the city hospitals, and in what capacity?
• How did medieval Jewish practitioners acquire their medical skills and expertise? What was their professional standard?
• What was the theoretical background associated with the training of the Jewish practitioners?
• Where did they specialise in various fields of medicine?
• What were the common medical problems with which our practitioners had to deal?
• What was the intellectual contribution of the Jewish practitioners – medical, religious, literary etc. – to the Jewish and other communities?
• How widespread was conversion to Islam among the practitioners? Did it change throughout the periods the book deals with?

2.3 The Cairo Geniza

For hundreds of years, especially during Fatimid, Ayyubid and Mamluk rule, Egypt in general, and Cairo in particular, was the centre of the Muslim world. The strategic location that joined the Indian Ocean and the Mediterranean trade made it a commercial hub. Moreover, Cairo looked eastward to Iraq and Iran, and westward to southern Spain and north Africa. Therefore, the Jewish community of Old Cairo (Fustat) became one of the most important centres of Jewry, particularly in the East, but also throughout the world. This community had close relations with other Jewish communities (in the east: Babylon, Palestine, India and Yemen; and in the west: Spain, Sicily, Morocco, Algeria, and Tunisia), with whom it maintained extensive internal
and international ties and engaged in widespread social, economic and religious activities.

The Jews of Fustat worshipped in several synagogues, one of which was named Ben-Ezra. It served as a hub for the ‘Syro-Palestinian’ Jewish community, which used the same building as their religious centre for almost a millennium. During that time, one of the upper store-rooms in the synagogue was utilised as a geniza, or repository for discarded handwritten material, from about the tenth to the nineteenth century.

In accordance with Jewish religious practice, sacred books no longer in use were not idly discarded, but were either committed to such a geniza or buried. The community in Fustat made use mainly of the first option and deposited not only sacred works such as the Bible, Rabbinical literature and liturgies, but also sectarian and secular literature, palimpsests, responsa, poetry and a range of other documents. Consequently, almost every piece of writing, whether secular or religious, printed or in manuscript form, from early or later periods, containing scholarly research or reading exercises for children, which passed through the hands of its members was consigned to the Geniza.

The extraordinary circumstance of its preservation for this long period against the ravages of time and decay was due to the exceptionally dry climate of Egypt, and the unique dust blowing in from the hills around the city; indeed, vast quantities of these manuscripts were preserved.48

While dated documents found in the Geniza range from about 870 to 1887, most of the material comes from two periods. The major part of this material is from the ‘classical’ Geniza period, which extends from the refounding of the Ben-Ezra synagogue in 1040 until the fire that broke out there in 1260. These documents, from the Fatimid and Ayyubid periods in Egypt, were written in various languages, but primarily in Arabic and Judaeo-Arabic, as well as in Hebrew. The other group of documents, which was far less studied, dates to the 15th–17th centuries, immediately after the expulsion of the Jews from Spain. Many Jews immigrated to the Ottoman Empire, including to Egypt, and transformed Jewish society there. The documents are largely in Hebrew and Ladino and are readily distinguishable from documents of the ‘classical’ period, due to the difference in handwriting.

The existence of the Cairo Geniza was known to European scholars long before it was formally ‘collected’. Some even visited it, but superstitious tales
prevented them from touching or removing any fragments. During the nineteenth century, the ‘spell was broken’, and manuscripts were bought from the synagogue officials and guards.

The largest collection of documentary Geniza material is held by Cambridge University Library. This collection owes its existence to Dr Solomon Schechter (1847–1915) and Dr Charles Taylor (1840–1908), who were responsible for recovering the majority of Geniza manuscripts from Cairo in 1896, and it is known as the Taylor-Schechter Geniza Collection. It was offered to the Cambridge University Library Syndicate with certain conditions in 1898. Other significant collections can be found at the John Rylands University Library, Manchester; the Saltykov-Shchedrin Public Library, St Petersburg; the Bodleian Library, Oxford; the British Library, London; the Alliance israélite universelle, Paris; Westminster College, Cambridge; the Bibliothèque nationale et universitaire, Strasbourg; the Academy of Science, Budapest; the Annenberg Research Institute, Philadelphia; the Jewish National and University Library, Jerusalem; and the Hebrew Union College, Cincinnati; in the Mosseri family collection, Cambridge; in Vienna, Washington, DC, Birmingham, Frankfurt and Berlin; and in a few private collections.

In 1973, the Geniza Research Unit at Cambridge University Library was established, and since then it has conducted numerous research projects. Individual fragments have been published, catalogues compiled, and much research focusing on a wide variety of matters has yielded a wealth of articles and books.

Among the main fields that have been studied are various religious and Biblical subjects, such as Jewish law, education, poetry, economic aspects, social life, trade and communal organisation, including medicine, in medieval Mediterranean communities. Islamic historians praised the potential of the Geniza and its research; for example, Stephen Humphreys described the Geniza as ‘a body of sources unequalled in medieval Islamic studies for its range, coherence, and intimacy’. Moreover, Marina Rustow claimed that ‘the Geniza has changed and is still changing the way the history of the Near-East is written’. This book is another link in the chain of publications that validates these observations.

The importance of the Geniza for research on medieval Mediterranean
communities, supplying information on almost every aspect of life, has been amply demonstrated by the research of many Geniza scholars such as S. D. Goitein, Moshe Gil, Menahem Ben-Sasson and many others. It is important to note here that the significance of the Geniza is also due to the fact that hardly any archives have survived from the Near East before Ottoman rule (sixteenth century). The importance of the discoveries is further highlighted by the fact that Jews constituted one of Egypt’s significant minorities. The community not only mirrored Mediterranean society as a whole, but was also famed for its medical heritage and its learned physicians.

Today, we have a high-quality digitised database and a collective catalogue of most of the hundred thousand Geniza documents from seventy-two collections, enabling researchers to study better and share their finds with other scholars. This database was built and is operated by the Friedberg Genizah Project.

### 2.4 Research Difficulties

Various scholars claim that Arab anthroponomy is one of the more developed systems of identifying individuals. According to Manuela Marín and Annemarie Schimmel, the Arab-Islamic name system offers information about ethnic and geographical origins, family ties and religion; its complexity and richness have few parallels, if any, in other cultures.

In general, Arabic names are formed according to a strict pattern: each name consists of (a) the *kunya* (agnomen, designation of a person as father), (b) the *ism* (personal proper name, which could be an adjective, noun or verb), (c) the *nasab* (one’s relations to one’s forefathers), (d) the *nisba* (cognomen, one’s native place, or national or religious allegiance) and (e) the *laqab* (nickname, given to a person to distinguish them from another; it can be an honorific title), which sometimes develops into a proper name, or a family or clan name which could also, according to Schimmel, be an honorific designation; this sequence was usually applied.

The names of the Jewish practitioners presented in this book were extracted from historical sources and original documents (Cairo Geniza documents and Muslim Arabic literature) written in three different languages: Hebrew, Judaeo-Arabic and Arabic. As was customary in the Arab tradition, each person, including Jewish physicians and pharmacists, had, as mentioned
above, a long name: his own name, the names of his father and his son, a professional name/names, occasionally a nickname, and sometimes the name of his geographical origin, for example Abū al-Barakāt Hibat Allāh b. ʿAli b. Malkā (or Malkān) al-Baladi al-Tabib al-Faḍīl and Abū al-Makārim Abū al-Hibat-Allāh b. Zayn b. Ḥasan b. Ephraim b. Yaʿqūb b. Ismāʿīl Ibn Jumayʿ al-ʿIsrāʾīlī (Nethanel b. Samuel).

In most cases, the names are given in a brief and unstandardised form, that is, only a few of the components of the name of the person appear in each source or document, and to make things even more complicated, since these practitioners were active in both societies and cultures (Jewish and Muslim), in many cases they had two sets of names – a Hebrew name and an Arabic name, such as Abū al-Ḥajjāj Yūsuf b. Yahyā b. Ishāq al-Sabatī al-Maghribī = Joseph b. Judah b. Simon ha-Maghribī or Yahyā b. Sulaymān al-ʿIsrāʾīlī al-Ṭabīb al-Ḥakīm = Zechariah b. Solomon. Not only were the names of the practitioners written in different languages; the sources from which we collected the information about them were written in different periods (from the eighth to the sixteenth century), by people of various socio-economic strata, in many locations around the Muslim empire. I had to face a similar problem regarding the secondary sources. The publications I used were written by dozens of scholars, coming from various disciplines and schools that have been studying the Geniza and the Muslim Arabic sources of the last 150 years. They used different systems of transliteration in their academic works, published in several languages in numerous journals and books (by many publishers).

Therefore, great care was taken to identify the number of variants of each practitioner’s name, and in some cases, when too little of the name was given to confirm an identification, I left practitioners with the same name in separate biographies (entries) since I could not find clear-cut evidence that they were actually the same person.

A few more observations regarding decision making while writing the book:

a. In most cases I have used translations of the medieval sources; these were made by the scholars that published the information, hence, I critically checked each one of them with the help of members of my research group.
and specialists (linguists, Geniza scholars and scholars of medical Muslim Arabic sources). The same specialists worked with me on the sources that had not been published before. Due to the vast amount of materials processed, studied and presented in this book, inaccuracy or mistakes might be found. In that case, I am responsible for each one of them!

b. I have included in the book some practitioners that practised out of the Muslim world (in Crete or Byzantium); however, in those cases, their origin and medical training took place in the Muslim world. The time span this book covers is considerable, and the histories of the regions it encompasses are diverse, and people, especially Jews, moved from place to place (in some cases from Muslim to Christian lands) in order to find refuge or make a living. This phenomenon was especially evident in Andalusia, and I might have missed some practitioners that worked on both sides.65

c. In this book, I present biographies and information about practitioners that were identified as such and where the information about their professional medical activity was proven; dozens of biographies have not been included since the evidence was not clear enough.

d. In some cases, due to the wealth of information, not all the sources and publications regarding the practitioners are cited. In such cases, mainly concerning well-known physicians such as Maimonides, Ḥasday b. Shaprūṭ, Ishāq b. Sulaymān al-ʿIsrāʿīlī and Ibn Jumayʿ, I decided to present only the relevant pieces of information from selected sources. Therefore, the size of a biography has nothing to do with the importance of the practitioner! Information about the important figures is usually available in the academic literature (published in known languages); however, in case of the less-known ones, for the benefit of readers, I have tried to include as much information as possible (in most cases from Muslim Arabic sources and Geniza documents).

e. When information that was extracted from publications of previous scholars, using Geniza fragments, is cited, I have omitted the class-mark of the documents, in an attempt to make the book more readable.

Readers are invited to send more information about Jewish practitioners in the Muslim world between the eighth and the sixteenth century, in case we
have missed any names or pieces of information. Any comments, references or pieces of additional information will be greatly appreciated!

2.5 Medieval Arabic Medicine and Practitioners

Most scholars studying the history of medicine agree that Arabic medicine is in fact the Hippocratic–Galenic system or legacies in its ‘Arabised’ form, meaning the inclusion of medical knowledge from mainly Indian and also Iranian medicine. Moreover, the new drugs from the East that were introduced and inserted into the system fitted into the overall pattern.66

In general, Arabic medicine was to a large extent rational; as Leigh Chipman wrote: ‘All things ultimately may have come from the Master of the Universe, but proximate causes and cures for illness were sought in this world.’67 The basic theory was that the body consisted of four humours (blood, black bile, yellow bile, phlegm), composed like all other things of the four basic elements (water, air, fire, earth), and the state of which depended on two qualities out of the four characters (hot, cold, humid, dry) and their varying degrees (1–4). Diseases resulted from the disturbance of the equilibrium between the humours and were treated accordingly by restoring it. Each person had their own equilibrium, which was dependent on their individual nature, such as their diet, and the specific qualities of the environment in which they lived. The humoral theory was also the basis for the classification and application of remedies. Other themes and fields of Arabic medicine were anatomy, ophthalmology, fertilisation, embryos, treating of wounds, physiology, pathology, diagnosis, prognosis, dietetics, surgery, therapy, psychology and pharmacology.68

For many decades, historians of medicine and historians of the Arab world studied Arab medicine of the classical Muslim period (from the early eighth century to the late twelfth century).69 Several scholars studied the biographies of medieval physicians while they were learning, editing or translating their medical books, for example Colin Baker (Sa’id ibn Hibat Allâh),70 Charles Burnett (Ibn Biklarish),71 Leigh Chipman (al-Kohen al-‘Aṭṭâr al-‘Isrâ‘îlî),72 Michael Dols (Ibn Riḍwân),73 Sami Hamarneh (Ibn al-Quff),74 Oliver Kahl (Ibn al-Tilmîdh, Sâbûr b. Sahl),75 Efraim Lev (Ibn Jazla),76 and Martin Levey (al-Kindî, Ibn Mâsawayh and al-Samarkandi).77

The main sources of our knowledge of Arab practitioners are biographies
and autobiographies of Muslim scholars, including physicians, and especially biographical dictionaries or encyclopedias, which were very popular in the thirteenth century in the Muslim Arabic tradition and culture. Doris Behrens-Abouseif, who studied the image of physicians in Arab biographies of the post-classical age (13th–18th century), claimed that there are two categories of encyclopedias in which biographical information about physicians can be found. The first and early genre consists of biographical encyclopedias that were dedicated exclusively to medical practitioners and scientists, some of which, as in the case of the example by Ibn Abī Uṣaybiʿa,78 were written by a physician belonging to a family (dynasty) of doctors. Another one is by Ibn al-Qīṭī.79 Mohamed Meouak asserted that ‘because of the difficulties surrounding the study of classical Islamic society, due to the nature of the extant sources and the almost complete absence of documentary archives, biographical texts are documents of the greatest importance for the study of the ‘ulmaa’.80 These two works supply us with details mainly of the physicians of Egypt and Syria, from the early and classical periods, until the end of the Ayyubid period (thirteenth century). They give a positive picture of the status of the medical profession at these locations, mainly under the Ayyubid rulers.81 Based on his deep knowledge and long-term study of the Mediterranean society Goitein described the medieval doctors of the Mediterranean area as ‘the torchbearers of secular erudition, the professional expounders of philosophy and the sciences’, and added that they wore a ‘halo of social prestige’.82

The second category, general biographies, consists of encyclopedias that deal with physicians along with other professions. In both categories, there are biographical details of only prominent physicians; in Behrens-Abouseif’s words, ‘those attached to the service of the ruling class, and those who became famous either through their outstanding scholarly achievements, their medical skills, or both’.83

Both Ibn Abī Uṣaybiʿa and Ibn al-Qīṭī mention Arab physicians who were philosophers, astronomers, mathematicians and astrologers, a combination that was inherited from the Greek tradition. These physician-scholars received their education sometimes within the family, or in some cases in hospitals, with private teachers, in specialising schools, and even in religious institutions.84 Moreover, in most cases their education also included
literature, poetry and music, and often these were part of their activities. Interestingly enough, despite the wide range of interest of these physicians, they were familiar with theoretical and also practical medicine. Most of them worked in hospitals and taught medicine as well. Early physicians as recorded by the medical biographies were sometimes also druggists.85

Some of the Muslim physicians were Sufis,86 and some of them even held office in religious institutions. Others were involved in trade, which contributed to their income. Neither Ibn Abī Uṣaybi‘a nor Ibn al-Qiftī saw religious affiliations ‘as [a] handicap to the medical practice and research under Islam’. Therefore, they also reported on non-Muslim physicians who took an important part in the field of medicine, praised some of them in the same way they praised Muslim physicians, and considered others as friends.87

According to the description in the medical biographies, physicians were highly respected and appreciated by the rulers, and sometimes even managed to get influential positions at the sultan’s court; some received huge salaries, others were married to women of the court. The Ayyubid rulers promoted medicine and sponsored hospitals, did not hesitate to take physicians who had previously worked for the Fatimid court, and surrounded themselves by physicians whom they esteemed as scholars, including non-Muslim ones, since they did not consider themselves religious fanatics. Behrens-Abouseif suggested that since the twelfth and thirteenth centuries were characterised by the warfare with the Crusaders, ‘physicians were badly needed to treat wounded soldiers which may also have enhanced their prestige at that time’.88 However, in the fourteenth and fifteenth centuries, when the Arab world faced a violent plague, religious awareness of its cause spread at the expense of medical understanding, as in the case of other catastrophes, unfortunately lessening the competence of the physicians.89

A different picture of the medical profession is portrayed by the second category, that is, the general biographies. This is mainly due to the fact that the physicians were only one of many other scholarly professions. The main focus of this genre is men from the religious and ruling establishment. Therefore, its references to practitioners are brief and scarce, unless they belonged to the religious elite. Interestingly, the physicians are rarely referred to as Ḥakīm, but instead as Ṭabīb, Kadhāl and ĥādi (surgeon). Many of these physicians were attached to religious institutions (a physician who
would be involved with philosophy was suspect); and sometimes the name of the teacher of a physician was mentioned and/or a few words described their reputation as practitioners. From the general biographies, we learn that some scholars, mainly during the Mamluk period, studied medicine without practising it; and, on the other hand, we learn about non-physician scholars who wrote medical books. Behrens-Abouseif claimed that this might be the reason why Mamluk authors made a distinction between a good medical scholar and a proficient practitioner.90

And indeed, in the Mamluk period, there were two distinct orientations of medicine: a theoretical one (with a higher status due to its aspect of erudition) and a practical one. According to Behrens-Abouseif, this distinction might indicate that ‘general medicine was a subject which a sufi could be familiar with, mainly through reading, whereas surgery and ophthalmology needed more specialised and practically oriented craftsmen who could not acquire their skills within a religious institution’. Non-Muslims were not mentioned in this genre, unless they were converts to Islam.91 This reflects the Mamluk attitude towards dhimmis, which was less tolerant in comparison with the Ayyubid dynasty. However, other sources, including the Cairo Geniza, inform us that non-Muslims continued to be part of the medical profession throughout the Mamluk and Ottoman periods; their education was probably in the ‘non-religious private sector’. Likewise, engineering and architecture were also studied besides medicine by both Muslims and non-Muslims. The Mamluk court physicians, especially those of the fifteenth century, did not belong to the immediate circle of the sultan’s entourage; they enjoyed neither the privileges, nor the prestige, of the Ayyubid court physicians.92 Miri Shefer raised and discussed various questions and aspects of the phenomena of court physicians, for example: how did physicians gain a foothold in their patron’s house? How could an anonymous physician make himself noticed by an influential ruler? One of the ways, for example, was to write a book and present it to the patron.93

An important issue regarding promotion of Arab physicians of all periods, and especially from the Mamluk period, was patronage: physicians could be promoted and receive a regular income through positions either at religious institutions or at courts. Otherwise, they could not become wealthy, and had to take on other jobs (as we see in the case of many Jewish practitioners
According to Behrens-Abouseif, positions in the judiciary or administration in the Mamluk establishments were more prestigious and lucrative than that of an average medical doctor; a physician who had other qualifications might have abandoned medicine for such a post. These phenomena deprived medicine of its scholarly grounding; moreover, they depreciated the image of the physician on the one hand, and on the other, left the field of medicine open to non-Muslims. According to Prosper Alpin, a Venetian physician who lived in Cairo during the late sixteenth century, even then the ruling class already employed European physicians; he added that the medical craft was poorly supervised, the status of the local physicians was low, and since the society was totally controlled by religion, the sciences were neglected.

Based on medieval Muslim Arabic literature, it appears that the ideal Arab physician was therefore ‘competent, well-spoken, properly dressed, kind, righteous, and discreet – at least in the view of the doctors who laid down the guidelines in writings on medical ethics’. Moreover, he ought to inspire confidence. Shefer added that court physicians had been described at the biographical dictionaries as ‘good-looking people and skilled debaters who provided intellectual entertainment and stimulation for their patron’. Many Muslim doctors were only following in the footsteps of their fathers. This phenomenon of the ancestry of physicians (dynasties) created generations of practitioners belonging to the same family. One example, and maybe the best one, is the renowned Bukhtīshū family of Christian doctors from Baghdad, which can be traced over two and a half centuries. A similar situation was recorded in medieval Europe, with for example the Plateanus family of Salerno on the northern shore of the Mediterranean. The phenomenon of medical dynasties among Jewish families in the Muslim world was recorded and studied, and will be discussed in the next chapter.

Physicians in the Islamic world acquired their medical knowledge in a number of ways, namely by self-teaching, familial tuition, private tutoring, apprenticeships, attendance at majlises and hospital training. They were tested later and received official graduation diplomas from management and governing bodies. The graduation was recorded, thus affording the physician recognition as qualified to work in his field; this was intended to establish the profession, and mainly to prevent imposters from causing
irreparable damage to both hospitals and patients. Moreover, this process led to a more advanced level of achievement. Renowned physicians would have often served in such a hospital, not only for the financial benefits, but for the sake of the approbation which the position generated and in order to train new young doctors.  

There were different views regarding physicians’ training and practice. Ibn Sinā claimed that you ‘can be a good physician without having had a patient sitting in front of you whom you tried to help through bloodletting or feeling his pulse’. However, Ibn Jumayʿ al-ʾIsrāʾīlī (d. 1198) criticises him, saying that medicine is not theory alone, or just pure scholarship or knowledge, it is also practice. Actually, Ibn Jumayʿ adopted the classical trend that medicine is a practical art, and therefore the physicians need to practise it ‘as carpenters or goldsmiths practice their craft’.  

In general, hospital physicians treated patients that were hospitalised, or they came to work in the outpatient clinic in the morning. Teaching took place later in the afternoon, by the senior physicians, including the head physician in the hospital, in a remote corner of the central space. The junior physicians and students of medicine gathered around the seniors and read medical texts together. The good teachers explained the content, especially the unclear issues, and could correct mistakes. The medical texts were taken from the hospital’s library, or from the senior physicians’ private libraries. An apprenticeship at the hospital was another important foundation for the professional education of the young medical students and practitioners.  

Peter Pormann and Emilie Savage-Smith dealt with several issues regarding Arabic physicians in their Medieval Islamic Medicine: medical education, medical regulations, medical ethics, the status of physicians, places of medical practice, Islamic hospitals, inter-religious relations (Muslim, Christians and Jews), female practitioners, women patients, medicine in rural settings, public health care and more. And indeed, the information from the Muslim Arabic sources clearly portrayed the historical figures of the medieval Arabic medical milieu, mainly famous physicians and pharmacists that were serving the elite and their court members, treating the rulers and generals, working in the best hospitals in the most important capitals, writing famous and lengthy medical treatises and teaching students, some of whom became renowned.  

Another interesting issue is how effective was the medical treatment given
by the medieval physicians. W. V. Harris claimed that the average patient in the classical world was at least partially aware that physicians’ treatments did more harm than good.\textsuperscript{107} It is reasonable to extend this hypothesis to medieval Arabic medicine as was described by Franz Rosenthal.\textsuperscript{108} Luke Yarbrough described a few cases of Arabic poets publicly (by using ridicule) criticising doctors for killing patients and making off with their money.\textsuperscript{109} A medieval specialist insight on this issue was written by Maimonides: ‘And [since] most physicians are incompetent, the result is as Aristotle has said – namely, that most people die as a result of medical treatment.’\textsuperscript{110}

Most modern scholars agree that physicians played an important role in Muslim societies and could enjoy very high status; Shefer wrote about what made Mamluk and Ottoman physicians part of the elite, to which elite they belonged, and in what way they could became success stories.\textsuperscript{111}

Another issue can be learnt from Maimonides’ criticising of the people in Egypt for their habit of skipping from one physician to another; however, he recommended treatment on the basis of consensus by multiple physicians.\textsuperscript{112} Sometimes, circles of physicians were formed around an institution, as in the case of al-Bīmāristān al-Nūrī, in Damascus, under the guidance of Muhadhdhab al-Dīn al-Naqqāsh (d. 1178). This circle was described by Ahmed Ragab in his book on Islamic hospitals; he claimed that the true success and prominence of this group, namely shaping the medical elite in the Levant and in Egypt for more than a century, happened under the guidance of al-Dakhwār (d. 1231) thanks to his distinguished court position, bīmāristān (hospital) service and medical madrasa. Members of this group were committed to Ibn Sīnā’s philosophical and theoretical writings and ‘rediscovered’ al-Ḥāwī of al-Rāzī in the Levantine and Egyptian contexts. Moreover, they placed more emphasis on practical writings derived from their own experience.\textsuperscript{113} The bīmāristān relied on the collective practice of practitioners of the art of medicine and ‘neighbouring’ medical arts and crafts. In general, collective practice was not a new idea; it was applied in Islamic courts, having many physicians consulting together and giving more than one opinion. In the case of healthy patients or in the court, the patient was the final judge regarding the right treatment. In hospital, where the patient lost their right and ability to judge between the physicians’ suggestions of treatment, the bīmāristān bureaucracy and hierarchy gave one physician precedence over the others for
the sake of faster and better process of diagnosis and treatment. Based on Muslim Arabic medieval medical sources such as al-Rāzī, Ragab portrayed the medical encounter between physician and patient, and the examination process. He claimed that the majority of patients sought medical help mainly when symptoms persisted for a long time, if new symptoms appeared, or in cases of severe pain. During his examination, the physician detected the signs of illness by questioning the patient, and observing their colour, movement, facial features and the three cardinal signs (urine, pulse and stool). These would yield information about the patient’s regular and normal complexion, and about the changes occurring during the illness. Thereafter, the physician determined the nature of the illness and prescribed a diet, treatment or evacuation.

Similar to other scholars, Paulina Lewicka suggested that the bulk of physicians in the medieval Near East were non-Muslim. Based on Muslim Arabic sources and medieval Christian chroniclers (mainly from the Crusaders period), she claimed that between the tenth and the thirteenth centuries, Christian physicians prevailed among the medical practitioners in Syria and Egypt. Cautiously she suggested that

the relatively high demand for their services might have been the reason, why Christian and Jewish practitioners were not only allowed to stay in business, but also to maintain numerical advantage over Muslims almost throughout the Middle Ages, in the otherwise less-than-friendly circumstances notwithstanding.

The main importance of the current book is that it presents the biographies of various kinds of Jewish practitioners, based on both the Jewish sources (mainly the Cairo Geniza) and the Muslim Arabic sources. These include not only the well-known Jewish practitioners that were treating their community members, but also the ordinary Muslim people in the hospitals and the Muslim elite in the courts. But it is mainly dedicated to the non-illustrious and unknown Jewish practitioners, and highlights their names, deeds and life stories. These practitioners carried on their shoulders the responsibility of supplying medical care, firstly to the members of their Jewish communities all over the Muslim world, and equally to their fellow citizens, Muslim and Christians alike.
The next section presents the findings; that is, biographies of Jewish physicians and pharmacists and Jewish practitioners who were part of medical dynasties.

Notes

2. Stone, ‘Prosopography’; for another view see Beech, ‘Prosopography’; for an example of a dozen studies in medieval prosopography and various methodologies see Bulst and Genet, *Medieval Lives and the Historian*.
6. For a few examples see Berto, *In Search of the First Venetians*, p. 1, nn. 2, 3. For more examples see the annotated bibliography in Keats-Rohan, *Prosopography Approaches and Applications*; for works regarding the later Roman Empire, Byzantium and beyond see Cameron, *Fifty Years of Prosopography*.
8. Elmakias, *The Naval Commanders of Early Islam*, p. 21; for further views on the advantages, challenges and disadvantages of this method see for example Stone, ‘Prosopography’.
10. See in depth Elmakias, *The Naval Commanders of Early Islam*, p. 22; for some thoughts about the use of prosopography in research on the Middle Ages see Bachrach, ‘Introduction’.
15. Lecker, ‘The Prosopography of Early Islamic Administration’.
17. Ebstein, ‘Shurṭa Chiefs in Başra’.
18. Perlman, ‘The Bodyguard of the Caliphs during the Umayyad and Abbasid Periods’.
22. Regarding the Geniza and its story see Reif, A Jewish Archive from Old Cairo.
23. According to Marina Rustow’s estimation, there are about 15,000 documents in total preserved in the Cairo Geniza; see Rustow, Heresy and the Politics of Community, p. xx.
27. Banner, ‘Biography as History’, p. 582.
28. Ibid., p. 583.
29. See in depth Marín, ‘Biography and Prosopography’.
33. Reynolds, Interpreting the Self.
34. See Section 3.1.1 for physicians, Section 3.1.2 for pharmacists and Section 3.3.2 for members of dynasties.
35. Wasserstein, ‘Ibn Biklarish’.
36. Wasserstein, ‘What’s in a Name?’
40. Ibid., p. 48.
41. Ibid., p. 58.
42. Similarly, barbers were excluded from the book on physicians in Britain; see Talbot and Hammond, The Medical Practitioners in Medieval England.
44. In her words ‘historians in general’.
46. Ibid., p. 582.
47. Shatzmiller, Jews, Medicine, and Medieval Society, pp. x–xi.
48. Reif, A Jewish Archive from Old Cairo, pp. 1–22.
50. Gottheil and Worrell, Fragments from the Cairo Genizah; Reif, Published Material from the Cambridge Genizah Collections; Khan, Arabic Legal and Administrative Documents; Baker and Polliack, Arabic and Judaeo-Arabic Manuscripts; Jefferson and Hunter, Published Material from the Cambridge; Shivtiel and Niessen, Arabic and Judaeo-Arabic Manuscripts in the Cambridge Genizah Collections.
51. Humphreys, Islamic History, p. 262.
52. Rustow, Heresy and the Politics of Community, p. xxi.
53. Goitein, A Mediterranean Society; Goitein, Palestinian Jewry; Gil, In the Kingdom of Ishmael; Gil, Jews in Islamic Countries; Ben-Sasson, The Jews of Sicily.
55. For more about the various Geniza collections and how to find, learn and understand Geniza fragments, see Zinger, ‘Finding a Fragment in a Pile of Geniza’.

56. https://fjms.genizah.org


59. For more about Arabic naming see Beeston, Arabic Nomenclature; Bareket, ‘Jewish First Names’.


62. Miller, ‘Doctors without Borders’, p. 112; Ashtor-Strauss, Saladin and the Jews, p. 310; see biographies in Chapter 3 of this volume.


64. Tobi, ‘Ben Solomon’.

65. See for example, Shatzmiller, Jews, Medicine, and Medieval Society.

66. See in depth Amar and Lev, Arabian Drugs, pp. 1–12.


68. See in detail Brentjes, Teaching and Learning, p. 71; Pormann and Savage-Smith, Medieval Islamic Medicine, pp. 41–79; Lev and Chipman, Medical Prescriptions, pp. 7–9; Chipman, ‘The Jewish Presence in Arabic Writings’, pp. 394–5.

69. See for example Campbell, Arabian Medicine and Its Influence on the Middle Ages; Ullmann, Islamic Medicine; Dols (trans.) and Gamal (ed.), Medieval Islamic Medicine; Conrad, ‘Arab-Islamic Medicine’; Pormann and Savage-Smith, Medieval Islamic Medicine.


76. Lev, ‘An Early Fragment’.

77. Levey, The Medical Formulary; Levey, ‘Ibn Māsawaih and His Treatise on


80. Meouak, ‘Prosopography of the Political Elites’.
83. For details see Behrens-Abouseif, ‘The Image of the Physician’.
84. For a detailed presentation of the classification of Muslim biographical dictionaries, and the part of the biographies of physicians, see Gilliot, ‘Prosopography in Islam’, especially p. 31.
86. Sufism is Islamic mysticism.
91. From the point of view of the current research this means that much important data regarding Jewish practitioners has not come down to us.
102. Karmi, ‘State Control of the Physicians in the Middle Ages’.
106. Pormann and Savage-Smith, *Medieval Islamic Medicine*, especially ch. 3.
111. Shefer, ‘Physicians in the Mamluk and Ottoman Courts’.
114. Ibid., pp. 220–2.
115. al-Rāzī, *Kitāb al-Tajārib*.