

Hospitals in the Golden Era of Muslim History

(Disclaimer: This is not an original research article from IJP, this very informative piece of information is almost entirely taken from Wikipedia;

https://en.wikipedia.org/wiki/Islamic_Golden_Age for which we thank Wikipedia and its contributors. We do not 100% agree what's written here but we considered it quite useful and informative. We have serious objection on distortion of names of Muslim Scientists and their books as well as on not acknowledging some of the facts; for example it was not Christian translators who automatically translated their work into Arabic but it was Ma'moon Rashid's "House of Wisdom" which collected all the scientific work then present and carried out painstaking translation of all the work, analyzing it and rejecting what was wrong or unscientific and retained what was considered to be correct on scientific merit. Turning Ibn-e-Sina into Avicenna and translating his book as Canon of Medicine rather than "Law (Qa'noon) of Medicine" reflect ignorance and \or prejudice... Editors)



Entrance to the Qawaloon complex which housed the notable Qawaloon hospital in Cairo

The earliest known Islamic hospital was built in 805 in Baghdad by order of Harun Al-Rashid, and the most important of Baghdad's hospitals was established in 982 by the Buyid ruler 'Adud al-Dawla.¹The best documented early Islamic hospitals are the great Syro-Egyptian establishments of the 12th and 13th centuries.¹By the tenth century, Baghdad had five more hospitals, while Damascus had six hospitals by

the 15th century and Córdoba alone had 50 major hospitals, many exclusively for the military.²

The typical hospital was divided into departments such as systemic diseases, surgery, and orthopedics, with larger hospitals having more diverse specialties. "Systemic diseases" was the rough equivalent of today's internal medicine and was further divided into sections such as fever, infections and digestive issues. Every department had an officer-in-charge, a presiding officer and a supervising specialist. The hospitals also had lecture theaters and libraries. Hospitals staff included sanitary inspectors, who regulated cleanliness, and accountants and other administrative staff.²The hospitals were typically run by a three-man board comprising a non-medical administrator, the chief pharmacist, called the shaykh saydalani, who was equal in rank to the chief physician, who served as mutwalli (dean).³ Medical facilities traditionally closed each night, but by the 10th century laws were passed to keep hospitals open 24 hours a day.⁴

For less serious cases, physicians staffed outpatient clinics. Cities also had first aid centers staffed by physicians for emergencies that were often located in busy public places, such as big gatherings for Friday prayers. The region also had mobile units staffed by doctors and pharmacists who were supposed to meet the need of remote communities. Baghdad was also known to have a separate hospital for convicts since the early 10th century after the vizier 'Ali ibn Isa ibn Jarah ibn Thabit wrote to Baghdad's chief medical officer that "prisons must have their own doctors who should examine them every day". The first hospital built in Egypt, in Cairo's Southwestern quarter, was the first documented facility to care for mental illnesses. In Aleppo's Arghun Hospital, care for mental illness included abundant light, fresh air, running water and music.²

Medical students would accompany physicians and participate in patient care. Hospitals in this era were the first to require medical diplomas to license doctors.⁵The licensing test was administered by the region's government appointed chief medical officer. The test had two steps; the first was to write a treatise, on the subject the candidate wished to obtain a certificate, of original research or commentary of existing texts, which they were encouraged to

scrutinize for errors. The second step was to answer questions in an interview with the chief medical officer. Physicians worked fixed hours and medical staff salaries were fixed by law. For regulating the quality of care and arbitrating cases, it is related that if a patient dies, their family presents the doctor's prescriptions to the chief physician who would judge if the death was natural or if it was by negligence, in which case the family would be entitled to compensation from the doctor. The hospitals had male and female quarters while some hospitals only saw men and other hospitals, staffed by women physicians, only saw women.⁴ While women physicians practiced medicine, many largely focused on obstetrics.⁶

Hospitals were forbidden by law to turn away patients who were unable to pay. Eventually, charitable foundations called waqfs were formed to support hospitals, as well as schools.⁶ Part of the state budget also went towards maintaining hospitals.⁵ While the services of the hospital were free for all citizens⁵ and patients were sometimes given a small stipend to support recovery upon discharge, individual physicians occasionally charged fees.⁴ In a notable endowment, a 13th-century governor of Egypt Al-Mansur Qalawun ordained a foundation for the Qalawun hospital that would contain a mosque and a chapel, separate wards for different diseases, a library for doctors and a pharmacy and the hospital is used today for ophthalmology.⁴ The Qalawun hospital was based in a former Fatimid palace which had accommodation for 8,000 people" it served 4,000 patients daily."The waqf stated.^{8,10}

"...The hospital shall keep all patients, men and women, until they are completely recovered. All costs are to be borne by the hospital whether the people come from afar or near, whether they are residents or foreigners, strong or weak, low or high, rich or poor, employed or unemployed, blind or sighted, physically or mentally ill, learned or illiterate. There are no conditions of consideration and payment, none is objected to or even indirectly hinted at for non-payment."¹² Pharmacies

By the ninth century, there was a rapid expansion of private pharmacies in many Muslim cities. Initially, these were unregulated and managed by personnel of inconsistent quality. Decrees by Caliphs Al-Ma'mun and Al-Mu'tasim required examinations to license pharmacists and pharmacy students were trained in a combination of classroom exercises coupled with day-to-day practical experiences with drugs. To avoid conflicts of interest, doctors were

banned from owning or sharing ownership in a pharmacy. Pharmacies were periodically inspected by government inspectors called muhtasib, who checked to see that the medicines were mixed properly, not diluted and kept in clean jars. Violators were fined or beaten.³

Medicine

The theory of Humorism was largely dominant during this time. Arab physician Ibn Zuhr provided proof that scabies is caused by the itch mite and that it can be cured by removing the parasite without the need for purging, bleeding or other treatments called for by humorism, making a break with the humorism of Galen and Ibn Sina.⁸ Rhazes differentiated through careful observation the two diseases smallpox and measles, which were previously lumped together as a single disease that caused rashes.¹³ This was based on location and the time of the appearance of the symptoms and he also scaled the degree of severity and prognosis of infections according to the color and location of rashes.¹² Al-Zahrawi was the first physician to describe an ectopic pregnancy, and the first physician to identify the hereditary nature of haemophilia.¹⁴

On hygienic practices, Rhazes, who was once asked to choose the site for a new hospital in Baghdad, suspended pieces of meat at various points around the city, and recommended building the hospital at the location where the meat putrefied most slowly.¹⁴ For Islamic scholars, Indian & Greek physicians and medical researchers Sushruta, Galen,

Mankah, Atreya, Hippocrates, Charaka, and Agnivesa were pre-eminent authorities.¹⁵ In order to make the Indian and Greek tradition more accessible, understandable, and teachable, Islamic scholars ordered and made more systematic the vast Indian and Greco-Roman medical knowledge by writing encyclopedias and summaries. Sometimes, past scholars were criticized, like Rhazes who criticized and refuted Galen's revered theories, most notably, the Theory of Humors and was thus accused of ignorance.¹⁶ It was through 12th-century Arabic translations that medieval Europe rediscovered Hellenic medicine, including the works of Galen and Hippocrates, and discovered ancient Indian medicine, including the works of Sushruta and Charaka.^{17,18} Works such as Avicenna's (Ibn-e-Sina) The Canon of Medicine (The Law of Medicine) were translated into Latin and disseminated throughout Europe. During

the 15th and 16th centuries alone, The Canon of Medicine (The Law of Medicine) was published more than thirty-five times. It was used as a standard medical textbook through the 18th century in Europe.¹⁹

Surgery

Al-Zahrawi was a tenth century Arab physician. He is sometimes referred to as the "Father of surgery".²⁰ He describes what is thought to be the first attempt at reduction mammoplasty for the management of gynaecomastia and the first mastectomy to treat breast cancer.^{19,21} He is credited with the performance of the first thyroidectomy.²²

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