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TEXTS AND DOCUMENTS

A MEDIEVAL ARAB MEDICAL CERTIFICATE

by

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Among the Geniza writings preserved in Cambridge University Library's Taylor-Schechter Collection is a medieval Arabic medical certificate which has not hitherto been published or studied. Class-marked as T-S NS 327.51, this document is the earliest medical certificate known to me and is of sufficient interest to merit publication. Since the condition to which the certificate relates is leprosy, I propose not only to publish the Arabic along with an English translation, but also to consider some of the relevant aspects of the medical history of leprosy.

First, a word or two about the document under consideration. The certificate is written on paper measuring 11·8cm × 10·4cm, and, as can be seen from the photograph, it has suffered the ravages of time (see the plate). In two places, in fact, parts of the document have, at some time, become detached from the main body of the certificate and for the moment appear to be lost. Be that as it may, enough of the text survives to enable us to identify the nature and the date of the document and to translate its essence. Doctors nowadays have a reputation for bad handwriting, but it would seem that it was ever thus, for the writing of our document at times verges on the illegible, and indeed, in the case of one or two words, illegibility precludes certain translation.

It may be translated into English in the following manner:

> In the name of God the Compassionate, the merciful.
> Those who set their hand hereto and have fully declared their names, among those men in positions of trust whose word in their attestations is accepted, hereby attest that they attended Ibrāhīm al-Yahūdī [i.e., Abraham the Jew], who has been affected by such black bile as has caused him to develop leprosy, and that fact is such that it debars him from mixing freely with the Muslims and from earning his living. Having ascertained the truth of the matter by their having attended and established an accurate diagnosis of his

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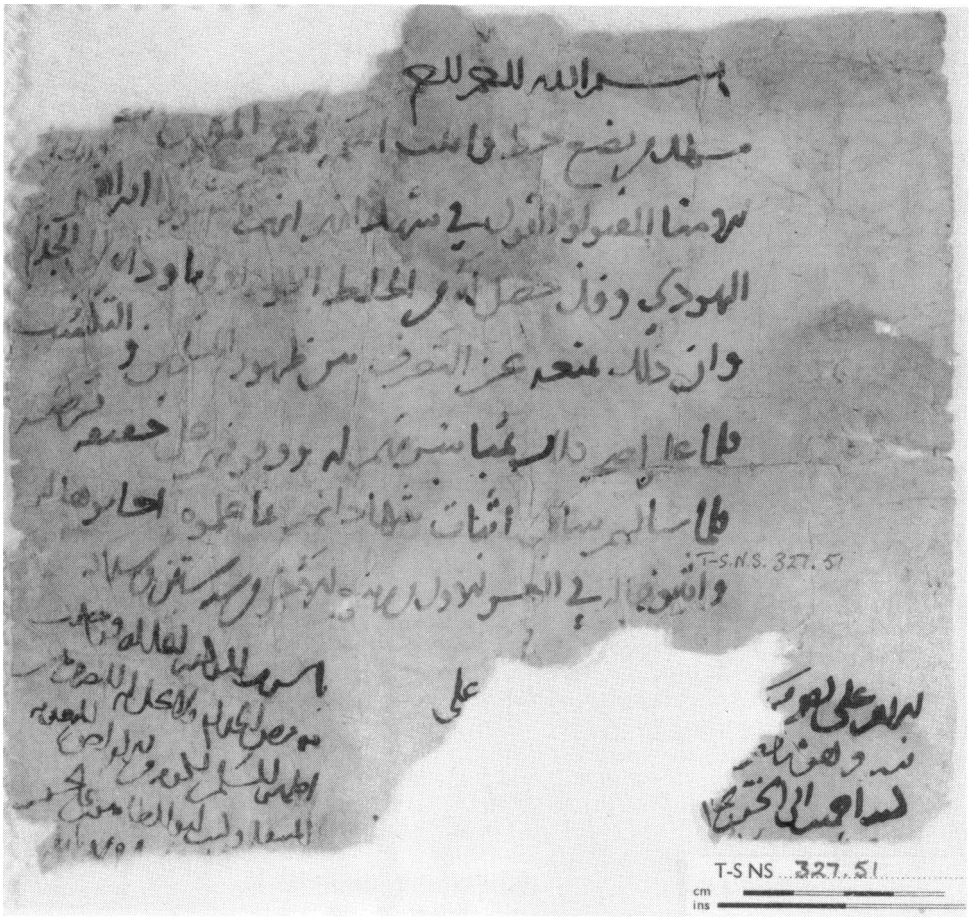

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illness, and, having been requested to issue an attestation of their finding, they have complied with the request, such attestation being issued on the first day of Rabī' al-Ākhir of the year six hundred and sixty [23 February AD 1262].

Testimony
I attended the above named and found him to be suffering from leprosy. He may not mix freely with the Muslims because that condition is a transmissible and communicable disease.
Signed by Abū al-Ṭāhir b. al-Ḥusayn

Testimony
The Amīn Alī . . . in him, which is his illness . . .
Signed by Aḥmad b. 'Alī Isḥāq

The text when transcribed, reads as follows:

بسم الله الرحمن الرحيم

يشهد من يضع خطه واثبت اسمه منهم المعول من

الامنا المقبولو القول في شهاداتهم انهم باشروا ابراهيم

اليهودي وقد حصل له من الخلط السوداوي ما وداه الى الجذام

وان ذلك يمنعه عن التصرف بين ظهور المسلمين والتكسب

فلما علموا صحة ذلك بمباشرتهم له ووقوفهم على حقيقة مرضه

فلما سالهم سائل اثبات شهادتهم بما علموه اجابوها له

واثبتوها له في الغر الاول من ربيع الآخر من سنة ستين وستماية

الامين على . . . . . على

فيه وهو مرضه

كتبه احمد بن ابي اسحق

باشرت المذكور اعلاه فوجدت

به مرض الجذام ولا يحل له التصرف بين

اظهر المسلمين لكونه من الامراض المعدية

المنتقلة وكتب ابو الطاهر بن الحسين

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Let us now look, however briefly, at leprosy in history with special reference to the disease in the contexts of biblical antiquity and then of medieval Islam.[1] Of all the diseases of antiquity leprosy stands out as one of the most controversial with regard to its signs, symptoms, diagnosis, and transmissibility, and its connections with diet and mores.[2] The mystery of the spread of the disease, as well as the conditions under which leprosy is contracted, were the cause of greatly exaggerated and uneasy dread on the part of the general public regarding its infectivity. Many still regard it as a disease apart, and this "separatist" attitude has in consequence even extended to leprosy-workers themselves. It was thought that any person with this disease scattered his "infection" over almost all the area in which he resided. It was believed that the disease could be transmitted from one victim to another by breath, direct contact or by some intermediary contaminated by the sick person.

The subject of contagion in general has deservedly attracted much attention, both from the profession and legislatures. Even as late as the nineteenth century, we find many statements by doctors and lawyers so contradictory that, instead of illuminating the subject, they only throw a thicker veil of darkness on that which was obscure enough before.[3]

Leprosy was known to the ancient Egyptians,[4] and the Babylonians recognized its transmissibility and took measures to combat it.[5] However, it is doubtful whether the leprosy of the ancient Egyptians and Babylonians was true leprosy.[6] For in this confusion we must remember that some of the early cutaneous phenomena of leprosy may simulate to some extent the characteristic lesions of such skin diseases as morphoea and leucodermia. Similarly, the early Biblical mention of *ṣara'ath* (lepra), which occurs in Leviticus 13, seems to be more applicable to certain other skin diseases such as psoriasis or vitiligo. In reading the Biblical description of the disease one is immediately struck by the absence of all allusion to the hideous facial deformity, sensory loss or other concomitant signs such as rotting parts of the extremities. If such conspicuous manifestations had existed, they could not possibly have escaped the keen eyes of the officiating *kohen* (priest).[7] One is justified in concluding that the priest

[1] For a detailed survey of leprosy and its medical and institutional treatment from Babylonian times onwards (including a discussion of the disease in Arabic literature), see J. H. Wolf, *Aussatz, Lepra, Hansen-Krankheit*, Würzburg, Deutsches Aussätzigen-Hilfswerk, 1986, vol. 2.

[2] Saul N. Brody, *The disease of the soul: leprosy in medieval literature*, Ithaca, Cornell University Press, 1974, pp. 107–46; see also Richard Palmer, 'The Church, leprosy and plague in medieval and early modern Europe', in W. J. Shiels (ed.), *The Church and healing*, Oxford, Blackwell, 1982, pp. 70–101.

[3] In the *British Medical Journal* of 29 December 1866 (p. 725), there appears a report by the Royal College of Physicians of London, prepared for the Secretary of State for the Colonies, which "discredits entirely the belief that leprosy is contagious, or communicable by proximity or contact with the diseased". Over one hundred and thirty years later, in their letter 'Sweeping away superstition' (*Br. med. J.*, 1989, pp. 229, 1465) Drs K. P. W. J. McAdam and Diana Lockwood dismissed the advice given by Dr Coleman to Diana, Princess of Wales to wear gloves to prevent the transmission of leprosy, as unscientific. They went on to write that "To describe patients with leprosy as lepers only perpetuates the stigmatization associated with the disease".

[4] Ebers Papyrus, see R. Major, *A history of medicine*, Springfield, Ill., Charles C. Thomas, 1954, vol. 1, p. 51.

[5] Arturo Castiglioni, *A history of medicine*, New York, Alfred Knopf, 1941, p. 40.

[6] R. G. Cochrane and Frank Davey, *Leprosy in theory and practice*, Bristol, John Wright, 1964, p. 2.

[7] J. V. Kinnier Wilson, 'Medicine in the land and times of the Old Testament', *International Symposium for Biblical Studies*, (Tokyo 5-7 December 1979), 1982, pp. 62–77.

scarcely appreciated the difference between leprosy, the constitutional disease, and the "scaly disease", which may have been psoriasis. In commenting on the curious character of this so-called leprosy, Maimonides did not try to rationalize the Biblical description of the disease nor to suggest that it need all to be taken literally. He concurred that the *ṣara'ath* of the Bible is a comprehensive term covering sundry skin lesions.[8]

Leprosy was known to the ancient Greeks chiefly as "elephantiasis"—"one of the several skin diseases which produce in the affected part the appearance of an elephant hide".[9] It appears from the description of the disease by Aretaeus of Cappadocia (AD 120–200) that he had some knowledge of a disease similar to what is known as nodular leprosy.[10]

So far as Islam is concerned, the term *judhām*,[11] used later by the Arab writers to denote leprosy, is not applied to that disease in the Koran. The disease mentioned in 5:133 is *baraṣ*, a term, however, interpreted as vitiligo. There are several *ḥadīth*s (traditions of the Prophet Muhammad) about leprosy, some of which are unauthentic and sometimes contradictory.[12] There are others which may be reliable and which are quoted in most sources. In one *ḥadīth* the Prophet denies transmissibility of disease: "*Lā 'adwā, lā ṭiyara . . .*" (No contagion, no augury . . .),[13] but then in another the Prophet goes on to say: "*wa-firr min al-majdhūmīn kamā tafirru min al-asad*" (Flee from the leper as you flee from the lion).[14] Also in another *ḥadīth* we find the Prophet unwilling to meet (i.e., associate with) a leper who, when calling on him to pledge his *bay'a* (oath of allegiance), was asked to stay away and was told his *bay'a* was accepted.[15] Contrary to the position alleged to have been taken by Muhammad in the foregoing *ḥadīth* is the one in which he not only associates with lepers, but also partakes of a meal with them, for he actually takes the leper's hand and dips it into the dish.[16]

In spite of the contradictions in *ḥadīth* literature, Muslim physicians stated unanimously in their medical works that leprosy is transmissible. 'Alī ibn Rabban

[8] Fred Rosner, *Medicine in the Mishne Torah*, New York, Ktav, 1984, pp. 275–80.

[9] Vivian Nutton, 'The seeds of disease', *Med. Hist.*, 1983, **27**: p. 10, n.52.

[10] Cochrane and Davey, op. cit., note 6 above, p. 4, quoting Aretaeus' description of leprosy; see also Rudolph E. Siegel, *Galen's system of physiology and medicine*, Basel, Karger, 1968, p. 299.

[11] For further reading see Michael W. Dols's article in the *Encyclopaedia of Islam*, new ed., Supplement, under *Djudhām*, Leiden, Brill, 1982, pp. 270–4.

[12] On the problematic nature of *ḥadīth* material see Ibn Qutayba (d. AH 276/AD 889) *Ta'wīl mukhtalif al-ḥadīth* in the French translation: G. Lecomte, *La traité des divergences du ḥadīth d'Ibn Qutayba*, Damascus, Institut Français de Damas, 1962, pp. 114–21 (where the term for leprosy, *judhām*, is unfortunately rendered as "elephantiasis"). There is also an interesting account of modern disputes about contradictions in *ḥadīth* in G. H. A. Tuynboll, *The authenticity of the tradition literature: discussions in modern Egypt*, Leiden, Brill, 1969.

[13] A. J. Wensinck, *Concordances et indices de la tradition muselmane*, Leiden, Brill, 1934, vol. 4, p. 159. See also Manfred Ullmann, *Islamic medicine*, Edinburgh University Press, 1978, p. 87; and Michael W. Dols, *Medieval Islamic medicine*, Los Angeles, University of California Press, 1984, p. 19. Medieval Arabic made no distinction between "contagion" and "infection": see Dols, 'The leper in medieval Islamic society', *Speculum*, 1983, **58**: 891–916, on p. 895.

[14] Al-Bukhārī, *Al-Ṣaḥīḥ*, ed. L. Krehl, Leiden, 1862–1908, vol. 4, p. 55 no. 19, and Ibn Hajar, *Fatḥ al-bārī bi-sharḥ al-Bukhārī*, Cairo, 1959, vol. 12, pp. 240, 216, 244–69.

[15] Ibn Māja, *Sunan*, n.p., 1953, vol. 2, p. 1172.

[16] Ibid.

al-Ṭabarī, for example, observed in his ninth-century work *Firdaws al-ḥikma* that leprosy is one of the diseases which are transmissible (*al-amrāḍ allatī tu'dī*).[17] 'Alī ibn 'Abbās al-Majūsī (d. AD 994), known to the medieval Latin as Haly Abbas, concurred with al-Ṭabarī that leprosy is transmissible and added that it is also transmitted to the progeny (*tu'dī al-nasl*)[18]—a theory advanced by Avicenna (AD 980–1037) in his *Canon*.[19] All referred to leprosy as *dā' al-asad* (leontiasis), and, for his part al-Ṭabarī added another term, *dā' al-fīl* (elephantiasis).[20]

The theory of transmissiblity produced by the humours, and only secondarily of the air, was proposed by Arab physicians who drew on Greek sources. The theory of the need for antecedent, predisposing humours goes back to Galen.[21] Al-Majūsī stated that a predominance of black bile (*al-khilṭ al-sawdāwī*) is a concomitant cause of leprosy. In our Geniza document, dominant black bile is said to have led to leprosy (see line 4, Arabic text) and apparently constituted the evidence on which the two certifying witnesses based their diagnosis of the disease. Whether one or both of the two persons who signed the document were doctors is not clear. It is possible that they were both accredited doctors, for they mention that they both "attended" (*bāsharū*) the patient and opined that he should not be allowed to mix freely among the Muslims. On the other hand, one of the two, namely 'Alī, inasmuch as he is specifically designated *al-amīn* (he who is entrusted with something or some office) may well have been an officially recognized medical officer, as it were, or perhaps some other local official empowered to act as co-signatory to certificates.[22]

As early as about 639 AD the Caliph 'Umar ibn al-Khaṭṭāb is said to have passed a destitute Christian leper colony in Syria and ordered arrangements to be made for the sufferers' sustenance.[23] In other words, he condoned their isolation. However, the first

[17] Al-Ṭabarī, *Firdaws al-ḥikma*, Berlin, Aftab, 1928, p. 318.

[18] Al-Majūsī, *Kāmil al-ṣinā'a*, Cairo, Būlāq, 1294/1877, vol. 1, p. 310.

[19] 'Alī ibn Sīnā, *Al-Qānūn fī al-ṭibb*, Cairo, Būlāq, 1294/1877, vol. 3, p. 140.

[20] It is worth noting that Arab writers confused "elephantiasis" with *anasarca* (dropsy). Ibn al-Athīr in his *Kāmil* attributed the death of al-Muwaffaq, son of the Abbasid Caliph al-Mutawakkil, to this syndrome: "*thumma ṣārat 'illatun birijlihi—dā' al-fīl—wa-huwa waramun 'azīmun yakūnu fī al-sāqi yasīlu minhu mā'un*" (Then he was struck with a disease in his legs—elephantiasis—which is an enormous swelling in the legs from which water flows). Ibn al-Athīr, *Al-Kāmil*, Beirut, 1965, vol. 7, p. 441.

[21] Manfred Ullmann has rightly rendered "predisposition" for *isti'dād*: Ullmann, op. cit., note 13 above, p. 90.

[22] In the text of the certificate both signatories are said to have belonged to the rank of *umanā'*, i.e., men in positions of trust, the plural of *amīn*—but *amīn* seems to be used in its general sense. However, the fact that 'Alī's name as signatory is prefixed by *al-amīn*, whereas Abū Ṭāhir's is not, suggests that in this context the term is used in a rather technical sense. In the Muslim West, i.e., Spain and North Africa, *amīn* (see the *Encyclopaedia*, note 11 above, vol. 1, p. 437) was the recognized head of his trade or profession in the town in which he resided, and, as such, he represented its members in their dealings with the *muḥtasib* whose duty it was to regulate the conduct not only of market traders but also of physicians and pharmacists (ibid., vol. 3, p. 487f.). It is in fact worth noting that Merinid Sultan 'Uthmān II (AD 1310–31) actually appointed his physician, Abū Tammām Ghālib of Grenada, *muḥtasib* of Fez (Ibn al-Qāḍī, *Jadhwat al-iqtibās*, Fez, lithograph, 1892, p. 313). The difficulty with a term such as *amīn*, in its technical sense, is exemplified by its use in conjunction with *al-ḥisba* and *al-iḥtisāb*, where it means nothing more than *muḥtasib* (see A. Raymond, *Artisans et commerçants au Caire au xviii^e siècle*, Damascus, Institut Français de Damas, 1974, vol. 2, pp. 592, 741; cf. P. Chalmeta, *El "señor del zoco en España"*, Madrid, Instituto Hispano-Arabe de Cultura, 1973, p. 450). My thanks to Professor Latham for his helpful suggestions.

[23] Al-Baladhurī, *Futūḥ al-buldān*, ed. M. de Goeje, Leiden, Brill, 1866, p. 129.

explicit reference to expulsion or isolation of the lepers from the Muslim community is contained in the work of the annalist and historian al-Ṭabarī (AD 839–923), who credited the 'Umayyad Caliph al-Walīd ibn 'Abd al-Malik ibn Marwān (reg. AD 705–715) with having been the first to restrain the lepers from going out among the people, but having at the same time made provision for them, so that they would not be forced to beg for their living.[24] However, it was in Muslim Spain that a place of residence was specially reserved for lepers. This was in Cordova, and the place was known as *rabaḍ al-marḍā* (suburb of the sick).[25]

The lamentable and rigid rule of universal and compulsory segregation of lepers practised by men of authority and by doctors in medieval Christian Europe did not apply in exactly the same way to medieval Islamic society, as Professor Dols has shown in his article on this subject,[26] and as some Cairo Geniza documents have recently similarly revealed.[27] Although "doctors generally did not advise flight from the leper or isolation of the diseased",[28] there was restriction of movement, as our document shows when it states that the leper Ibrāhīm al-Yahūdī was to be debarred from mixing freely with the Muslims. This document does not make clear whether legislative enactments were passed empowering doctors or *muḥtasibs* (the "market inspectors") to examine and isolate lepers.[29] We learn from one of the signatories that leprosy is one of the "transmissible and communicable" diseases (*al-amrāḍ al-mu'diya al-muntiqila*, see lines 11 and 12, Arabic text). It would also appear from this document that the authorities were concerned to protect the Muslim community and not society as a whole. This attitude appears discriminatory but it need not be interpreted as such. For Christians and Jews constituted separate communities within Muslim society, *ahl al-dhimma*,[30] each with its own rights. It could have been up to the head of

[24] Abū Ja'far Muḥammad ibn Jarīr al-Ṭabarī, *Ta'rīkh al-rusul wa'l-mulūk*, Leiden, Brill, 1883–85, second series, p. 1196. The Umayyad Caliph al-Walīd may have been acquainted with the disease of his uncle 'Abd al-'Azīz ibn Marwān, who was governor of Egypt and suffered from leprosy. I should point out here that al-Maqrīzī (AD 1364–1442) has been put on record as having said that al-Walīd was the first to build an isolation hospital for lepers (Dols, 'The leper', note 13 above, p. 899). This is not the case. Al-Maqrīzī (*Al-khitat*, Cairo, Bulaq, 1270/1853–4, vol. 2, p. 405) says no more than al-Ṭabarī, and the ultimate source would seem to be al-Ya'qūbī (d. after AD 891), *Ta'rīkh*, Beirut, Dār Ṣadir, 1379/1960, vol. 2, p. 290.

[25] E. Lévi-Provençal, *Histoire de l'espagne musulmane*, Paris, Maisonneuve, 1950, vol. 1, p. 188, and vol. 3, pp. 335, 382.

[26] Dols, 'The leper', note 13 above, p. 916. In another article, 'Leprosy in medieval Arabic medicine', *J. Hist. Med.*, 1979, **34**, p. 332, Professor Dols has contrasted the severe treatment of lepers by Christian medieval physicians with the more humane treatment undertaken by their Muslim counterparts. Luke Demaitre in his 'The description and diagnosis of leprosy by fourteenth century physicians', *Bull. Hist. Med.*, 1985, **59**, pp. 336–7, has rightly pointed out that the harsh moral stigmata—*mores melancholici mali et dolosi*—attributed to the lepers by Christian medieval physicians, and which Professor Dols has censured, are taken from Avicenna's statement regarding the leper: "*wa-taẓhar akhlāq sawdāwiyya min tīh wa-ḥiqd*", (and he [the leper] shall exhibit melancholic characters like haughtiness and rancour), *Qānūn*, note 19 above, p. 141.

[27] Moshe Gil, *Palestine during the first Muslim period* (in Hebrew), Tel-Aviv, 1983, vol. 1, p. 151 and vol. 2, p. 457.

[28] Dols, 'The leper', note 13 above, p. 913.

[29] One of the *muḥtasib's* jobs was to stand at the entrance of public baths and see that "no person suffering from elephantiasis or leprosy be admitted". R. Levy, *'Ma'alim al-Qurba' by Ibn Al-Ukhuwwa*, Gibb Memorial New Series, Oxford University Press, 1938, pp. 12, 52.

[30] *Ahl al-dhimma* are non-Muslim subjects who, in return for paying poll-tax, enjoy protection and safety. See the *Encyclopaedia*, note 11 above, under *dhimma*.

each of those communities to deal with such matters as concerned them. Be that as it may, the Muslim approach as revealed in our medical certificate seems on the face of it to be nothing more than a protective half-measure.

Yet, there may be far more to our document than meets the eye. An alternative interpretation that is worthy of consideration is as follows.[31] First, the certificate suggests that Ibrāhīm's condition was at a stage early enough to require medical confirmation that it was, in fact, leprosy, not being immediately recognizable as such by laymen. Second, the document can have been preserved in the Geniza only because Ibrāhīm himself kept it; but why did he do so? Hardly because it set restrictions on his freedom of movement and enforced his isolation. After all, if his condition was not obvious, he could, in the short term, have carried on his business without arousing suspicion. More probably, the certificate was an asset. But what asset, one may ask? Could it be that it gave him the right to charitable support without which he would, in due course when his leprosy was plain for all to see, risk severe hardship, or even death from starvation? We have seen from our Arabic sources that in early Islam, at least, provision was also made for non-Muslim lepers. Does our certificate testify to the desire of the Muslim authorities to ensure that confirmed lepers—as opposed to beggars and charlatans—received assistance, regardless of their religious affiliation? If so, the case for concern is unsustainable. In the present state of our knowledge, we cannot do other than reserve judgement.

Jewish lepers were evidently able to come and go freely as they wished among their co-religionists. What is more, we know from other sources, some were even allowed to travel across countries under Muslim rule and notably to Palestine to bathe in the sulphurous waters of Tiberias[32]—a fact that would tend to support the notion that the aim of Ibrāhīm's certificate was to guarantee him assistance from the authorities. Tiberias was in fact popular with Jews suffering from various skin ailments, and others who had faith in the curative values of its hot springs.[33] Thus Rabbi Isaac ben Samuel Ha-sefardi (tenth-eleventh century), in his commentary in Judaeo-Arabic on 2 Samuel 5:6, noted that many of the afflicted (*mubtalīn*) headed for Tiberias.[34]

In their letter to their brethren in Cairo (fragment T-S 13J 19.19, mid-eleventh century) the Jewish lepers who went to Tiberias for treatment described their disease well enough to show that they really did suffer from leprosy. In this connection they claimed that some of them were deaf (*ḥereshim*), and others blind (*'iwrim*), or mutilated (*qutta'im*).[35] The disease with its insidious onset, protracted course, and unsightly and often crippling deformities, makes patients depressed (hence the association with "black bile") and drives them into a life of indolence, lethargy, and ultimately to begging. However, the Jews of Cairo did take adequate measures to

[31] I am indebted to Dr Lawrence Conrad for his valuable suggestions on this subject.

[32] Gil, op. cit., note 27 above, vol. 1, p. 152; see also the article by Hava Lazarus-Yafeh, 'Some halachic differences between Judaism and Islam', particularly on that which relates to the leper, in *Tarbiz*, 1982, **51**, p. 215.

[33] J. Mann, *The Jews in Egypt and Palestine under Fatimid Caliphs*, New York, Ktav, vol. 1, pp. 166–9.

[34] *Jewish Quarterly Review* (London), 1897–8, **10**, p. 400.

[35] The letter is written in Hebrew, but addressed in Judaeo-Arabic to *Sīdī abu al-ṭayyib al-ḥazān ibn abi al-faraj*. Gil, op. cit., note 27 above, vol. 2, p. 457.

alleviate the suffering of their unfortunate brethren in Tiberias by sending them "money orders" (*dioqne*) through agents and messengers.[36]

Finally, I should add that our certificate demonstrates beyond doubt that Muslim doctors considered leprosy a transmissible disease despite the fact that the Prophetic *ḥadīth*s are equivocal. It also fills a gap in the history of leprosy from Islamic medical writings. Whether the issuing of such a certificate constituted the exception rather than the norm will, however, require further study.

[36] Ibid., vol. 1, p. 152.