

Miri Shefer-Mossensohn, *Ottoman Medicine: Healing and Medical Institutions 1500-1700*, Albany, New York: State University of New York Press, 2009. xvi+ 277 pages. ISBN: 978-143-8425-30-6

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Miri Shefer Mossensohn, who focuses mostly on the subjects of Ottoman medicine and health, hospitals and other medical institutions, in this book examines Ottoman medicine between 1500-1700 .The author, a professor at Tel Aviv University, bases her book on a Ph.D. dissertation she finished at the same university in 2001. More recently she has completed a project on the sociology of Ottoman science and technology and is preparing it for publication.<sup>1</sup>

In this book whose Turkish translation was published in 2014,<sup>2</sup> “Ottoman medicine” as the focus of the research appears as a concept on representing an argument that the Ottomans had particular understanding of medicine.. The book opens with surveying the historiography of medicine and particularly the historiography of Islamic medicine. She challenges the Euro-centric bias in current historiography by focusing on the approach of Manfred Ullmann’s now classic *Islamic Medicine*. Ullmann was significantly influenced by the “decline paradigm” which assumes that there was a continuous decline after the Abbasid golden age. Nothing innovative emerged since then until the arrival of nineteenth century Westernization. The author also considers the other major work of Peter E. Pormann and Emilie Savage-Smith titled *Medieval Islamic Medicine*, which was reviewed before,<sup>3</sup> Mossensohn claims that this work also consciously neglects medical systems from later periods such as Ottoman medicine (p. 3-6; p. 16-20). Mossensohn concludes that both of these classical works in the historiography of Islamic medicine are insufficient and therefore his work fills the gap in two important but neglected areas of research: Ottoman medicine and illness. The book

1 <http://humanities.tau.ac.il/segel/shefer/02.04.2015/12:00>.

2 *Osmanlı Tıbbı: Tedavi ve Tıbbi Kurumlar 1500-1700*, çev. Bülent Üçpınar (İstanbul: Kitap Yayınevi: İstanbul 2014), 313 sayfa.

3 *Nazariyat Journal for the History of Islamic Philosophy and Sciences*, 1 (2014), pp. 174-179.

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does not claim to present a complete history of the Ottoman health system; such a work still awaits investigation.

The Ottoman system of medicine was based on Galenic humoralism, popular medicine and Prophetic medicine. These medical understandings represent three different medical traditions in terms of etiology and treatment. Each had sophisticated ideas and techniques. This complex medical system partly emerged out of the common Arab-Islamic tradition and was synthesized into what Mossensohn calls the Ottoman system. According to her, medical knowledge and its application underwent a process of localization and Ottomanization. The Ottoman Empire developed a particular perception of culture and civilization during the sixteenth century, marked by developments in bureaucracy, arts, architecture and music. These trends of “cultural localization and Ottomanization” can also be applied to the Ottoman medical system. Ottomanization did not occur in all parts of the empire and was not equally absorbed by the whole society, but it did occur mostly in the Balkans and Anatolia, west of the Sivas-Kayseri line. Mossensohn examines the particular characteristics of Ottomanization from two perspectives. The first is the vernacularization of medical writings from Arabic to Ottoman Turkish. Ottoman Turkish did not replace Arabic as the language of medical writings but joined it among elite circles. The second deals with the health system and especially hospitals. While hospitals were borrowed by the Ottomans from previous Muslim societies, these institutions were transformed into bureaucratic and hierarchical institutions like other Ottoman institutions (p. 181-185; p. 260-265).

The book is composed of four chapters. The first chapter titled “Medical Pluralism, Prevention, and Cure” focuses on Ottoman medical systems between 1500 and 1700. According to the author, the Ottoman medical system was pluralistic, comprising of various geographical regions, climates and cultures and it incorporated three different medical approaches such as Galenic humoralism, popular medicine and Prophetic medicine; all reflecting geographic and cultural variations. However, these different medical systems did not substitute but rather complemented each other. Meaning it was not a question of “either/or” but more so “not only this/but also that.” These structures had their own particular medical literature, theories of disease, health and treatment techniques. Humoralism stood as the scientific method of medicine in Ottoman society. It was common in urban societies, sultans’ palaces and among the Ottoman elite more generally. While popular medicine was transmitted orally, humoralism and Prophetic medicine were based on literary traditions (p. 22-24; p. 42-45). As indicated above, these three systems were not detached from each other. For example, texts of Prophetic medicine were commonly cited in order to give divine origins for Galenic practices, a supposedly competitor system. In addition, Suyūti’s work on Prophetic medicine, *al-Manhaj al-sāwī wa al-manḥal al-rāwī fī ṭibb al-nabawī*, relies heavily on Galenic theory and stands as

an example of transitional interchange between different systems within the same literature (p. 27-28; p. 49-50).

Previous scholars argued that surgery was forbidden to Muslims for legal and theological reasons. The author argues this is no longer tenable. Both contemporary European and Ottoman medicine faced problems in the development of surgery and anatomy. Beyond these, there were some problems mostly due to differences in regional climates. Like other medical branches, anatomy was built on Galenic literature. Much like contemporary anatomical representations that depict the body as flat, two dimensional and schematic, Islamic scientific representations were divorced from naturalism in their own way. In addition, this chapter mentions that even autopsy, which was seen as a problematic surgical operation due to ethnic-religious aspects, did occur occasionally (p. 46-48, 59-60; p. 77-79, 95-96). The author underlines two basic aspects of Ottoman medicine: firstly unlike modern medicine, Ottoman medical systems preferred preemptive measures rather than treatment (heroic) and intervention (invasive). The second aspect is that medical options depended on social and economic realities. Medicine was a means of social differentiation and this differentiation helped reinforce status differentiation (p. 12-13; p. 30).

The second chapter titled “In health and in sickness’: The Integrative Body” examines the interaction between medical theory and clinical reality. The principal emphasis in this chapter is the integrative dimensions of Ottoman medicines. The author asserts that scientific and philosophical holism was reflected in medicine and argues that Ottoman medicine was “a holistic medicine.” The human body was viewed as a complex whole, composed of both matter and soul. Therefore, a physical problem may cause psychological symptoms and vice versa. Besides, it would be appropriate to add social and ecological dimensions to this holistic medical perspective (p. 63-65; p. 98-101). Four themes emerge over the course of this chapter. First the role of senses in treatments and in this context especially the contribution of musical treatments. Second the belief in God and trust in the physician. Third are the central place of hygiene and the importance of water. And lastly the idea that the Ottomans viewed health and disease as greater than mere physical problems. In this chapter, the author concentrates on treatment by music and she examines the subject with rich materials and the variety of sources (p. 69-77; p. 106-118). The physician and patient’s belief in God was highly important in understanding the Ottoman medical system. Although hospitals were operated according to Galenic humoralism as an academic and scientific medical understanding, many Ottoman hospitals were built next to mosques, which was an indication of this belief. Besides, that God was often referred to by the attribute *al-Shāfi*, which is the ultimate remedy for all diseases, is based on certain verses and prophetic traditions. These beliefs had significant influence over the way people viewed treatment. In addition, the fact that a few prescriptions that have reached us begin with “hū” as the name of God indicated the

metaphysical assumptions related to treatment. In fact, *placebo*, which means the contribution of a psychological or psychophysiological effect to healing, was one of the characteristics of Ottoman medicine. One of the signs of this understanding was the extensive usage of evil eye and amulets (p. 86-89; p. 130-135).

The third chapter titled “‘Feed the hungry, visit the sick, and set those who suffer free’: Medical Benevolence and Social Order” is devoted to philanthropy and therefore services provided by endowments. In this chapter, the financial and legal mechanisms related to hospital management are examined. The author refers to certain otherworldly incentives relying on services of endowments, yet she also considers material and political objectives of the individuals providing these services. Some political and social factors that the Ottoman Empire inherited from the Seljuk period were also elements fostering services of endowments. However, among others otherworldly and spiritual factors played a greater role. According to current research hospitals were the greatest social service and philanthropic institutions in the Islamic world (p. 101-102, 104-108; p. 151-152, 155-161).

In the fourth chapter titled “Spaces of Disease, Disease in Space”, the author investigates the physical conditions of hospitals in the Ottoman Empire. The objective of the author, however, is not to examine architectural features of these hospitals, but rather is to understand, based on a research of chronicles, biographical dictionaries and miniatures, how people in the Ottoman Empire perceived these buildings. The subject matter is the reciprocal relations between medical knowledge, social practice and physical design. In this context, the hypothesis of the debate is that the space and architecture do not naturally exist but they are constructed socially. Architectural styles are not simply results of personal imagination even if they are products of individual creativity. Buildings are works of individual constructions and at the same time essential parts of cultural and social world. In this framework, the author seeks to answer two questions: firstly, “how did medical conceptions about health and illness common among Ottomans in the sixteenth and seventeenth centuries shape their decisions about where to locate hospitals in specific urban spaces” and about the features of these buildings? Secondly, considering the location of hospitals and features of buildings, what was the attitude of Ottoman society towards the patient as “Other” and especially mental patients? In this context, the author considers the observations of European travelers in Ottoman capitals and their comparisons of these centers with European cities (p. 146-147; p. 213).

A number of urban centers in the Ottoman Empire had hospitals but these hospitals were not established in all urban centers and even some big cities did not have hospitals. The holy cities, Mecca and Medina, had hospitals and new ones were also constructed. While the sultans preferred to have their hospital projects in urban centers, it was usually the members of the Ottoman elite who patronized hospitals in provincial cities (p. 151-152; p. 219-220). The location of hospitals in urban space

was also an important issue. In addition to political consideration concerning the location of hospitals, another issue was logistics. Especially access to water sources, draining sewage from patients' room, the latrines, the baths and the kitchen was highly important. It can be said that these factors influenced the incorporation of hospitals under endowed complexes. However, there were numerous cultural considerations affecting the decision for the location of hospitals. With some exceptions, the hospitals during the Ottoman period were constructed in urban centers as a way of showing the absence of fear from sick people. On the other hand, a few special houses for the lepers were constructed in outside of city citadels (p. 153-156; p. 222-226). Another function of the Ottoman hospitals was their gardens. The presence of gardens does not make sense from a budgetary perspective, nor from a strictly functional perspective since they did not provide food or medicine, yet it was believed that gardens helped in providing treatment. The gardens were a constituent part of holistic treatment, which was the basic characteristic of the period. These gardens can be seen as a reflection of the theory of "healing by design" (p. 160-161; p. 235-236). The patient population of the hospitals was not completely allowed to integrate with the healthy society. For this, the gardens functioned as physical barriers. In addition, another barrier was the construction of high and thick walls around the hospitals. Spacious gardens and high walls provided conditions of privacy and solitude allowing people in the complex to undergo the healing process (p. 166-168; p. 240-243). In conclusion, the author deals with the characteristics of Ottoman medicine and its success as I indicate above.

Miri Shefer-Mossensohn successfully examines the Ottoman history of medicine (1500-1700) and applies some theories of history of science and social sciences to the period. She uses various kinds of primary sources including manuscripts, archival documents, chronicles, miniatures etc. as well as many secondary sources in Turkish. The author shows that she does not intend to write a history of medicine of the period and instead focuses on literature and the history of institutions. She preferred to focus aspects of Ottoman history of medicine that was neglected. Although Ottoman medicine emerged within the Islamic medical tradition, the author's argument that it had a new perception of medicine is important and she seeks to support this argument throughout the book. According to the author, this particular aspect of Ottoman medicine should be considered as the emergence of Ottoman culture after 1500s. The author draws parallels between transformations in medicine to the development of new Ottoman style in art and architecture. Therefore, the author states that while the tradition of medical perceptions and institutions remained stable, a novelty within this continuing structure appeared. Such developments in medicine parallel the view of Ottoman civilization as a sub-division of Islamic civilization shared by other historians. I think this approach, i.e. [continuity and] novelty within continuity, can be applied to other areas of research in Ottoman thought as a sub-division of Islamic thought.