

## Graeco-Roman Case Histories and their Influence on Medieval Islamic Clinical Accounts

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**SUMMARY:** The medieval Islamic medical tradition was the direct heir of Classical and Hellenistic medicine thanks to an unprecedented movement of translations into Arabic, commentaries and systematizations of Greek scientific texts. In the process of assimilation, not only theoretical principles, but also literary models of presenting medical knowledge were adopted, amongst them the case history. Since the clinical account can be used as a tool for medical instruction as well as an instrument for professional self-promotion, this study seeks to investigate which purpose most motivated Islamic physicians, and to demonstrate the extent to which they were influenced by the stylistic patterns which served them as a model. This article comprises an analysis of the context, literary devices and purpose of case histories of the *Epidemics*, Rufus of Ephesos and Galen, and compares them with those by the tenth-century Islamic physician Abū Bakr Muḥammad b. Zakarīyā' al-Rāzī. Author of the largest number of case histories preserved within the medieval Islamic medical literature, al-Rāzī's clinical records constitute an instrument with which to study and expand medical knowledge as well as providing useful material for students' medical training. Although al-Rāzī fused elements from the sources which served him as a model, he did not emulate Galen's use of the clinical history to assert himself in order to gain authority and prestige, but remained faithful to the Hippocratic essence.

**KEYWORDS:** case histories, Hippocratic Corpus, *Epidemics*, Rufus of Ephesos, Galen, medieval Islamic medicine, Abū Bakr Muḥammad ibn Zakarīyā' al-Rāzī (Rhazes).

Medieval Islamic medicine has until now been studied primarily through its learned treatises. According to that theoretical corpus, written in Arabic, Islamic medicine mainly constitutes an elaborate systematization and synthesis of earlier Graeco-Roman sources. A few elements from other ancient medical systems are found, as well as some original contributions; however, in the absence of any theoretical contribution from Islamic indigenous medicine, the medieval Islamic tradition basically adopted Classical and Hellenistic knowledge, filtered through a process of translations, commentaries, and reorganizations in which Galen's writings played a major role.

In this process of assimilation, the rhetorical and didactic methods by which medical knowledge was presented by Graeco-Roman scholars also entered the Islamic tradition along with the medical principles themselves, and soon Islamic medical authors began to use those narrative patterns in their own works. Thus, medieval Islamic medical literature, like its classical antecedents, also encompasses books of aphorisms, general manuals arranged from head to toe or handbooks on *materia medica* listed in alphabetical order.

One of the literary genres Islamic physicians employed was the clinical history, that is, the account of particular cases encountered in everyday practice. The question then arises: did the Graeco-Roman clinical history enter the Islamic tradition

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as a model along with other types of writing? If so, what influence—if any—did it have on Islamic medical writers?

Like their predecessors, Islamic physicians were aware of the broad usefulness of clinical accounts to the medical profession. Clinical histories are the most important document of medical experience, as they show how practical issues are abstracted from theoretical principles or vice versa. In addition, while providing examples from which one can learn how to put theory into practice, clinical accounts also help to exercise the faculties of observation, so that future knowledge can be acquired without the aid of instruction. Clinical histories can therefore be most helpful for medical learning and the improvement of healing skills, including those of the author, although this usefulness tended to be implicitly assumed rather than explicitly stated by the medical writers under discussion here.

Clinical accounts, moreover, can also be literary exercises on the part of the writer, narrated according to the audience he is addressing, whether medical men and students, or a wider learned public interested in medicine. In this context, they represent not only didactic material for study, but also instructive entertainments and, in effect, useful instruments for self-promotion, since the reader or listener can mentally visualize the physician's performance. The addition of rhetorical and persuasive devices to stress particular features—other than the interpretation of symptoms, the prognosis, and the therapeutical action—raises another question: did Islamic authors deliberately follow a particular style or purpose out of those found in the Greek sources available to them, or were their clinical accounts determined solely by the improvement of medical knowledge and a different cultural environment? In other words, what motivated Islamic authors to record clinical cases? Did they use clinical accounts to illustrate the practice of medicine or to build up their reputation in the medical market-place?

To date, clinical histories in Islamic medical literature have received little attention, while none has been given to influences from earlier sources. Among Islamic physicians, one of the most fascinating authors is Abū Bakr Muḥammad b. Zakarīyā' al-Rāzī (d. 313 H/AD 925) who, in addition to being a prolific author of medical writings, some of them very influential in the Latin tradition, was also well-known as an actual practitioner and teacher. Although his accounts are of particular interest in that they depict everyday medical practice in a more direct and detailed manner than do the theoretical treatises, in this paper it is my intention to compare Graeco-Roman patterns with al-Rāzī's clinical accounts in order to show—insofar as a single author can be representative of a whole tradition—how those models were read and filtered into Islamic medical literature.

First some comments are required regarding the material we shall deal with and the terminology to be employed in this paper. The terms 'clinical history', 'clinical account', and 'case history' will be used interchangeably as ways of referring, in a comprehensive way, to all types of case histories recorded throughout time. As a medical literary genre, 'case history' may seem to imply a defined concept, but it has been applied to a number of texts presenting different formal features. In other words, it is possible to question what should be considered a case history and what not, since the recording of individual cases occurs in a variety of patterns,

according to the progress of medical knowledge, the author's particular style of writing (generally conditioned by a given social context), and the reasons why the accounts were recorded. These factors might well set a general trend in each historical period, like that of the Hippocratic case histories, Galen's clinical accounts, medieval *Consilia* or Renaissance *Observationes*<sup>1</sup> but, none the less, the concept of the case history itself remains a vague and fluid category.

I would argue that, as long as medical knowledge and the medical profession continue to evolve, the format of the case history must also do so. Yet, in the past fifty years, the study of the case history has tended to be approached in terms of the individual writings of given authors, rather than as a continuous literary tradition subject to its own development and to interactive influences. Furthermore, no typology of clinical histories yet exists, though some are more rhetorical or self-promoting than others, and some reflect everyday practice to a greater extent than others. Perhaps case histories are not susceptible to tidy classification, but in the case of al-Rāzī, for instance, his clinical accounts might be regarded as medical experiences, professional *aides-mémoire*, therapeutic anecdotes, clinical observations, or case notes, and yet they can all be considered 'case histories'. Because clinical accounts vary in their structure and contents over time and according to their authorship, I have divided this paper into two sections. The first contains a survey of Graeco-Roman precedents which might have served al-Rāzī as sources, while the second deals with an analysis of his material.

# I

The earliest extant clinical accounts appear within the Hippocratic Corpus (5th–4th centuries BC), in the seven books of *Epidemics*. This title, *Epidemics*, has generally been interpreted to refer to outbreaks of diseases which follow certain weather conditions in a given place. This interpretation fits the overall structure of books I and III, but the meaning of that Greek word might also refer to the visitations of the physicians to a town. While the authorship and the dating of the different parts of the *Epidemics* still remain doubtful, the various books can be divided into three main groups presenting similar features.<sup>2</sup>

From the time of Galen until very recently the case histories contained in *Epidemics* I and III received most attention from medical writers and historians, and became the dominant model of clinical accounts because of the high valuation placed on their detailed and meticulous observations. Given the disorder in which

<sup>1</sup> For a general description, see P. Laín Entralgo, *La historia clínica. Historia del relato patográfico* (Madrid, 1950).

<sup>2</sup> *Epidemics* I and III are two halves of the same work, while books II, IV, and VI are closely related to each other, and *Epidemics* V and VII constitute a third block. A classic study on the characteristics and dating of each group of the *Epidemics* is K. Deichgräber, *Die Epidemien und das Corpus Hippocraticum* (Berlin and New York, 1933, repr. 1971). For other approaches to the study of the *Epidemics*, see Laín Entralgo, *La historia clínica*, pp. 17–47; V. Langholf, *Medical Theories in Hippocrates: Early Texts and the 'Epidemics'* (Berlin and New York, 1990); W. D. Smith, 'Generic Form in *Epidemics* I to VII', in G. Baader and R. Winau (eds.), *Die Hippokratischen Epidemien. Theory-Praxis-Tradition* (Stuttgart, 1989. *Sudhoffs Archiv*; Hef 27), pp. 144–58; and chapter 3 in H. King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London, 1998).

the materials were transmitted, it is difficult to determine the precise link between the case histories and the main body of their contents.<sup>3</sup> These contents consist of *katastaseis*, that is, data regarding the geographical, astronomical, and climatological conditions which preceded the outbreaks of diseases, and those concerning the ailments common to a given place and season.

The forty-two clinical histories recorded in *Epidemics* I and III have in common the symptom of acute fever. In most cases, only the patient's name, profession and place of abode are given, while women and children are identified by the relative's affiliation.<sup>4</sup> Anamnesis—that is, the compilation and exposition of nosological data related to the patient's past illnesses—is scarce, as the description of the patient's condition starts at the onset of the disease or the day on which the patient was presumably visited. Thereafter, symptoms are given in a strict chronological order until the day on which a proper crisis or a fatal outcome took place. Sometimes this is followed by a description of symptoms that occurred throughout the course of the disease.

One of the main characteristics of these accounts is that the symptoms are carefully recorded day by day. In a long illness, gaps may occur within the daily observations, but occasionally, even the part of the day on which symptoms are noticed is given. Yet almost no attempt is made to trace them to a real physiological or pathological cause. On the few occasions on which the causes of the diseases are explicitly mentioned, these are restricted to psychological problems and the patient's bad habits, such as a careless way of life, bad diet or drunkenness and sexual indulgence.<sup>5</sup> These accounts contain very few interpretative comments, if any, and offer no overall theory of disease. In fact, the aim of providing as exact a record as possible leads the writer to admit that a large number of the cases he described, and which probably were under his care, ended in death. In addition, therapy is seldom mentioned. The patients represent all walks of life, including rich and poor, citizens, slaves, and visitors from abroad. Last, but not least, in all these clinical histories, the writer is virtually an anonymous observer.<sup>6</sup>

Since the physician's social and professional career was furthered by his ability to prognosticate the future course of a disease by inferring from given symptoms, the case histories in *Epidemics* I and III had a direct relevance in medical learning, especially when doctors were hired for their rhetorical skill rather than their

<sup>3</sup> The textual tradition of the *Epidemics* will not be taken into consideration here, since these works were transmitted and read by later scholars in the shape we now have them. W. D. Smith, *Hippocrates. Volume VII: Epidemics 2*, 4–7 (1994; Loeb Classical Library), p. 1; W. D. Smith, *The Hippocratic Tradition* (Ithaca, 1979), pp. 38 and 201. Likewise, it is beyond the scope of this work to analyse in full detail the case histories of the *Epidemics*. Therefore, I shall only point out the most relevant features related to this paper.

<sup>4</sup> On the avoidance of using women's names in the *Epidemics*, see David Schaps, 'The Woman Least Mentioned: Etiquette and Women's Names', *Classical Quarterly*, 27 (1977), 323–30.

<sup>5</sup> W. H. S. Jones, *Hippocrates. Volume I* (1923, repr. 1985. Loeb Classical Library), III. case 3, p. 223, III c. 3, p. 263, III. c. 13, p. 279, III. c. 10, p. 275, III. c. 16, p. 285. On the links between reckless behaviour and disease, see G. E. R. Lloyd, *The Revolutions of Wisdom. Studies in the Claims and Practice of Ancient Greek Science* (Berkeley, 1987), pp. 17–18.

<sup>6</sup> Although in three instances the narrative in the first person is found (I. c. 4, p. 195; III. c. 8, p. 271; III. c. 13, p. 281), the physician acts as a spectator.

medical achievements,<sup>7</sup> and when the medical market was a very competitive one. The relatively simple structure of the clinical histories in the *Epidemics* I and III, and especially the features mentioned above, strongly suggest that they were written with a didactic purpose.

The lack of therapeutic information has been justified on account of the simplicity inherent to the methods of treatment at the time, and because such information was available in other Hippocratic writings. However, other factors may explain the absence of therapy. It is possible that the aim of these accounts was simply to record daily observations with which to study the doctrine of critical days and the interpretation of fatal signs, since the Hippocratic doctrines underlie the clinical histories of individual patients.<sup>8</sup> We must also recall the formative stage of the process of theoretical generalization within the Hippocratic medical system, and its natural development into classification of diseases.<sup>9</sup> As P. Láin Entralgo remarks, the reference from the universal theoretical principle to its particular manifestation in a real patient is what actually transforms medical knowledge into a *tekhne iatrike* (medical craft/science).<sup>10</sup> It is possible that the author of these clinical accounts had no interest in therapy, but was preoccupied with constructing fixed patterns concerning the progress of disease phenomena, valid for all human beings, with minor individual variants. While the case histories in *Epidemics* I and III look like an attempt to collect data from which that general knowledge can be drawn, if we now look at the accounts in *Epidemics* II, IV, and VI, we shall see that these represent a further stage, at which writers try to consolidate and expand the available medical knowledge with the peculiarities observed in particular instances.<sup>11</sup>

## II

The accounts in *Epidemics* II, IV, and VI are set within a complex amalgam of general observations on how certain weather conditions determined particular diseases, brief rules of an aphoristic nature regarding diagnosis, prognosis and therapy, and descriptions of illnesses whose patterns were already known.<sup>12</sup> In this context, many of the brief and raw accounts seem to focus on the individual variants, while

<sup>7</sup> V. Nutton, 'Healers in the Medical Market-Place: Towards a Social History of Graeco-Roman Medicine', in A. Wear (ed.), *Medicine in Society* (Cambridge, 1992), p. 21.

<sup>8</sup> Langholf, *Medical Theories in Hippocrates*, pp. 102–9.

<sup>9</sup> On the implicit principles of Hippocratic disease definition and classification, see Láin Entralgo, *La historia clínica*, pp. 36–40; P. Potter, 'Some Principles of Hippocratic Nosology', in P. Potter, G. Maloney, and J. Desautels (eds.), *La Maladie et les Maladies dans la Collection Hippocratique* (Québec, 1990), pp. 237–53.

<sup>10</sup> Láin Entralgo, *La historia clínica*, pp. 5, 48.

<sup>11</sup> See *Epidemics* VI.3.12 and *Epidemics* VI.8.26. Smith, *Epidemics* 2, 4–7, pp. 239–40 and 287.

<sup>12</sup> While *Epidemics* II and VI seem especially concerned with the instruction in diagnosis and prognosis—and, as Smith notes, with the understanding of the body ('Generic Form in *Epidemics*', p. 151)—*Epidemics* IV leans towards pathology (either in relation to particular weather conditions or not) from the point of view of real cases rather than in the form of a theoretical discussion. *Epidemics* VI is particularly related to lecture topics and mnemonic statements regarding well-observed disease phenomena.

the similarities amongst several cases usually appear in the form of the patient's name supporting a nosological description or a general theoretical observation.<sup>13</sup>

Also, in contrast with the clinical histories in *Epidemics* I and III, there is a strong emphasis on localizing the seat of the disease, as well as on recording data which might be related to the cause of the illness. Therapy often appears in the accounts, but it still does so in the course of describing the factual events of the case, rather than to illustrate a typical treatment for a given condition. These case histories record many different conditions, some of them regarded as unusual. Although they are related to all sorts of patients and begin with the patient's identity and his or her condition—sometimes preceded by the part of the year or its corresponding star, as a sort of katastatic reference—the enumeration of observed symptoms follows in a concise telegraphic manner, as if they were a set of reminder notes for later elaboration, or simply the physician's recollections written in haste. Furthermore, although symptoms are chronologically recorded, the day on which they occur is more often omitted than stated, and it is usually mentioned in relation to the crisis or the patient's death.

More importantly, the author's presence begins to be noticeable, especially on the many occasions when he admits ignorance or expresses his powerlessness in curing the patient.<sup>14</sup> The author also refers to other practitioners in his accounts. In one instance, he explains that the cause of a fever—and the subsequent death—of a child who had been injured in the head was an incorrect treatment applied by someone else. However, he gives reasons for the reversal of the healing process instead of blaming the person who made the mistake.<sup>15</sup>

At any rate, the clinical histories in *Epidemics* II, IV, and VI present no dramatic elements and display no literary pretensions. On the contrary, they are sketchy and unfinished notes—but nevertheless comprehensive descriptions—with which the writer can extend and improve medical knowledge. At the same time, they are inserted into what seems to constitute a collection of material for medical instruction on 'how [to know] diseases, from what things come, what patterns, towards what places they turn, originate, settle, stop . . .'.<sup>16</sup> Taken as a whole, books II, IV, and VI of *Epidemics* result in a useful general body of advice to help train practitioners in diagnosis and, more particularly, in prognosis, these being the most important factors in building up the physician's reputation. These tools had a

<sup>13</sup> In *Epidemics* IV, which contains a larger number of case histories than *Epidemics* II and VI, descriptions of other patients are often reported within a single case history as presenting slight variants (IV: 2, 23, 25, 29, 31, 41, 55; VI.3.5). As for the opposite, one patient (or more) is brought into the general observation in order to reinforce the theoretical learning—'as in the case of, 'like so-and-so'—(II.3.18; IV: 34, 40, 45, 48, 50, 56; VI.3.5, VI.3.14, VI.6.9, VI.6.10, VI.6.13, VI.7.2, VI.7.10, VI.8.10, VI.8.18, VI.8.32).

<sup>14</sup> *Epidemics* II.2.3, II.2.18; IV: 6, 13, 15, 17, 21, 25, 26, 35, 41, 52, 53, 55, 56; VI.2.15, VI.3.2, VI.3.9, VI.8.20, VI.8.3, VI.8.32.

<sup>15</sup> *Epidemics* IV.11. In *Epidemics* VI.3.18, the writer states openly that a colleague killed patients due to a wrong treatment, but again, the point is made about the appropriateness of a certain therapy to a given condition. See also, IV.58, VI.2.15, and VI.8.32.

<sup>16</sup> *Epidemics* VI.8.24. In addition, the fact that the reader (or listener) is addressed a number of times (II.1.8, II.2.1b, II.3.14, II.4.5, II.5.24; IV.20b; VI.1.5, VI.2.1, VI.2.6, VI.2.7, VI.2.14, VI.5.15, VI.6.5, VI.6.6, VI.7.4), and the form in which the writer addressed his audience, support Langholf's theory regarding its being a teacher's lecture notes (*Medical Theories in Hippocrates*, pp. 141–9).

direct practical relevance in medical learning, allowing the medical practitioner to impress the client, win his confidence, and earn large sums of money. And the contents of *Epidemics* II, IV, and VI, both the theoretical instruction and the description of real cases, are intended to provide the necessary medical knowledge to meet these ends.

### III

*Epidemics* V and VII are two separate collections of case histories. Although they share a number of parallel accounts and present a more developed style than the other books, each work has its own particular features.<sup>17</sup>

In *Epidemics* V, *katastaseis* are absent, and few observations are related to a particular day. Moreover, the enumeration of facts does not follow a strict chronological order, and large spans of time are briefly summarized. As in other books of *Epidemics*, the cause of the condition and the effect of a given therapy are implicitly suggested by the course of events, and not by the writer's explicit discussion of them. The author also acts as a narrator of facts and as an indifferent or neutral spectator. He himself is hardly involved in the account, even when he suggests that a different treatment might have saved the patient's life. In fact, while little attempt is made to give a firm diagnosis, there is frequent discussion of the turn the disease would have taken if therapy had been applied in a different manner or time. In other words, the author not only has no compunction in admitting a large average of casualties, but also in mentioning therapeutic side-effects and ineffective treatments.<sup>18</sup>

Although the author treated some of the patients, not all the case histories fall within his personal experience. In this context, his criticism of harmful and unsuccessful therapy can be interpreted as a sign of remorse in some accounts, but in others appears as a criticism of his colleagues. Interestingly, while in the cases V.16 and V.27 the author seems to be defending his medical performance, in *Epidemics* V.14 and V.95 he appears to be blaming his colleagues for a wrong diagnosis and a defective prognosis. Since the author is learning from his own mistakes, the criticism of his competitors is not presented as such, but is suggested indirectly by means of contrasting his colleagues' opinion on the patient's state with a sudden, short, and impersonal disagreement. In addition, the form in which the writer uses third person narrative—expressing his doubts, for example, as 'it would appear that, if such and such had been done to the patient, he would have become healthy'—at least suggests an attempt to dissociate himself from medical failures.<sup>19</sup>

<sup>17</sup> See W. D. Smith, 'Implicit Fever Theory in *Epidemics* 5 and 7', in W. F. Bynum and V. Nutton (eds.), *Theories of Fever from Antiquity to the Enlightenment* (London, 1981), pp. 1–18.

<sup>18</sup> Samples of these features in *Epidemics* V are cases number 7, 15, 18, 19, 26, 29, 30, 31, 34, 76.

<sup>19</sup> This feature is particularly evident in *Epidemics* V.26. The author fails to identify the patient's bilious complexion and admits so in the terms 'one did not notice it'. The mistake apparently leads him to choose the wrong treatment. Then he recognizes in an impersonal manner that the nature of the condition was far more serious than supposed (this is, perhaps, a literary way of saying that the patient is going to die), and finally, he states that, whatever care was given, there was no cure. The narrative in the first person occurs on just one occasion (V.27).

It should be noted, however, that most of the clinical histories in *Epidemics V* deal with a broad variety of wounds caused by accidents and war, or sport, injuries in different parts of the body, for which little help could be expected. There are no miraculous cures, but we can find remarkable events and unusual conditions where the connection between licentious habits, or reckless living, and disease sometimes seems to be present, at least implicitly.<sup>20</sup> Nevertheless, the author of the case histories is particularly concerned with curing patients, and although the clinical accounts somehow reflect an experimental attitude on the writer's part, the therapeutics appear to draw on a well-developed body of knowledge. For the most part, treatments are based on purgation, cauterization, bloodletting, enemas, plasters, warm baths, and massage, with only occasional reference to specific pharmacological treatments.

Finally, if therapy is one of the main concerns of *Epidemics V*, death is a no less important one. There is a strong emphasis on describing the patient's symptoms when death is about to occur, on the recording of death signs, and on the implicit cause of the patient's death; it is as if the doctor were attempting to illustrate the fatal prognosis or to collect data from which predictions could be drawn.

The case histories of *Epidemics VII* are far more developed and polished in comparison to the other books, almost as if elements from the latter had been fused together. In the parallel cases shared with *Epidemics V*, identical or expanded information is usually given in a more literary manner. A number of accounts, dealing generally with fever, present the same features as cases contained in *Epidemics I* and *III*,<sup>21</sup> with the exception that what is stated in the shortest and most fitting manner in books *I* and *III* is, in *Epidemics VII*, presented in an expanded and dramatic form. In fact, the moving description of the patients' mental affections and their consciousness before death, replaces—or at least overshadows—the doctrine of critical days.<sup>22</sup> Fatal signs and pathetic behaviour are not brought into the account as information for reflection,<sup>23</sup> but as a means to increase the dramatic effect of the narrative. In addition, while in *Epidemics I* and *III* the fatal prognosis is implicitly advanced by the recorded signs (signs that the reader can interpret in the light of a

<sup>20</sup> A number of cases relate to the disease called *opisthotonos*, a sort of tetanus that draws the patient backwards into a bow shape (Smith, *Epidemics 2*, 4–7, p. 189). *Epidemics V.81* and *V.82* refer to two curious phobias, and *V.86* to a young drunk man who died when a snake went into his mouth while he was asleep.

<sup>21</sup> *Epidemics VII*: 1, 2, 5, 11, 13, 23, 25, 26, 39, 43, 46, 59, 83, 84, 120.

<sup>22</sup> What is described in *Epidemics I* and *III* as 'irrational behavior' and 'delirium', in *Epidemics VII* appears, for example, as 'he spoke more aggressively and greeted people more warmly than the occasion warranted' (VII.10), or 'She would reach out with her hand from time to time towards the plaster wall . . . She would put her hands on her chest and sometimes throw off the cover' (VII.11). While the writer enjoys himself with the description of seemingly irrelevant details, in contrast, he is unsure of the day on which a given symptom was noticed (VII: 26, 42, 43), he does not recall what side of the body was affected (VII.24) nor on what day the patient passed away (VII.28). Moreover, the reference to specific days is usually preceded by expressions such as 'towards', 'about', and 'perhaps'.

<sup>23</sup> On the application of the prognostic aphorisms in the case histories of *Epidemics*, see V. Langholf, 'Generalisationen und Aphorismen in den Epidemienbüchern', in G. Baader and R. Winau (eds.), *Die Hippokratischen Epidemien. Theory-Praxis-Tradition* (Stuttgart, 1989), pp. 131–43; and Langholf, *Medical Theories in Hippocrates*, pp. 222–31.



shared knowledge), the writer of *Epidemics* VII mentions the patient's death in a literary manner, and he does so much in advance of its actual occurrence.<sup>24</sup>

The writer of these clinical histories, at least in the version in which they survive, involves himself in the accounts as an emotionally involved narrator of the facts he witnessed, while medical attention seems to be administered by others. Interestingly, the use of the first person throughout the narrative reinforces this impression.<sup>25</sup> Therapy is again mentioned as part of the facts which are being observed, although the diet and drugs now play a more prominent role. Alternatively, in *Epidemics* VII.3 and VII.4, the success of different treatments for several patients suffering from the same ailment is made the subject of a comparison, as though the writer were baffled by the variants concerning therapy instead of those concerning an expected sequence of symptoms. *Epidemics* VII is by far the most heterogeneous collection, probably as a result of the process of editing a mixture of materials from different origins.

Taken as a whole, the case histories of the *Epidemics*, with the exception of book VII, serve to convey a practical sense of the application of medical theory. *Epidemics* VII does likewise, but its literary devices imply an intention to entertain the reader as well. The account of real cases is used as a didactic tool to study the normal course of a disease, to expand knowledge of familiar patterns through awareness of particular variants, and to learn how to interpret fatal signs. General rules for therapy might also be established, although the treatments themselves only acquire real relevance in book V. The didactic nature of the texts, intended either for the improvement of available medical knowledge or for basic instruction of potential practitioners, would explain the fact that the physician's performance, the proper manners at the bedside, and related ethical issues cannot be visualized in the accounts. More importantly, it would explain why the narrative mainly tells us about the sufferings and sordid deaths of many patients at the hands of impotent medical men.

#### IV

Several centuries later, around the second half of the first century AD, Rufus of Ephesos<sup>26</sup> left a collection of clinical accounts. This group of twenty-one cases, written originally in Greek, is preserved today only in Arabic translation.<sup>27</sup> In these

<sup>24</sup> E.g., VII.5: 'as he was approaching the end', VII.11: 'until the final days', VII.41: 'as she was dying', VII.52: 'the end was near', etc. . . . This form of announcing the patient's death might also be linked to a certain reluctance to state openly that the patient actually died.

<sup>25</sup> *Epidemics* VII: 11, 24, 26, 28, 42. The presence of the physician who initially recorded the observations occurs only on two occasions at the end of the book (VII: 80, 111).

<sup>26</sup> See A. Sideras, 'Rufus von Ephesos und sein Werk im Rahmen der antiken Medizin', in W. Haase and H. Temporini (eds.), *Aufstieg und Niedergang der römischen Welt*, hereafter *A.N.R.W.* (Berlin and New York, 1994), Teil II, Band 37.2, pp. 1077–253; A. Abou-Aly, 'The Medical Writings of Rufus of Ephesus' (unpublished, Ph.D. dissertation, University College London, 1992); M. Ullmann, *Die Medizin im Islam* (Leiden and Köln, 1970), pp. 71–6; F. Sezgin, *Geschichte des arabischen Schrifttums*, hereafter *G.A.S.* (Leiden, 1970), III, pp. 64–8.

<sup>27</sup> These accounts appear attributed to 'Rufus and other ancient and modern [physicians]' in a manuscript preserved at Oxford, Bodleian Library, MS. Hunt. 461, fols. 38b–50a. The authorship of

accounts Rufus developed a different pattern in which nosology is overshadowed by therapy, for a strong emphasis is placed on explaining the use and effect of a given treatment according to the progress of the disease and the state of the patient.<sup>28</sup> This relationship is strongly supported by the rational application of the physiopathological and therapeutic principles of Greek humoral medicine.

No reference whatsoever is made to *katastaseis*, either in the form of climatological conditions or of information about the place, and the particular season of the year. Sometimes, the day on which a given symptom appeared—or a certain treatment was administered—is mentioned. Patients' names are not stated, only their ages, and sometimes their humoral complexions. Clinical accounts begin with a brief statement summarizing the nature of the case or, if the case is related to the previous one, with the expression 'another account'. However, this might well be the work of the Arabic translator. The description of the disease and the accompanying symptoms follow, generally along with the reference to the cause of the illness, which is usually related to a former condition.

Anamnesis is thus another main feature of Rufus's clinical cases. Patients are presented, not as having recently been afflicted by disease, but as having suffered for a long time before Rufus is consulted. Although the progress of the disease is usually described chronologically, the description of events also includes details of the patient's previous illness, as well as the symptoms and the treatments before and after Rufus took on the case (I, II, VIII, IX, X, XVI). Likewise, the narrative makes it clear that the physician encountered difficulties in treating some of the patients (I, II, VIII, IX, X, XVI), and this fact again allows Rufus to discuss in detail his therapeutical choice, explaining why particular treatments are suitable or not, according to the progress of the patient's condition.

A major innovation in these accounts is that the writer is no longer an anonymous observer, but an active participant in the narrative of his own medical experience. The author writes in the first person singular and, although the authorial 'we' is also used, the author's self-confidence as a skilful physician increases progressively throughout the collection of clinical histories.<sup>29</sup> This feature is reinforced by Rufus's reference to professional colleagues. He takes special care to state the lack of medical training in one case (III), and to note his

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these clinical histories is still unclear, but for the sake of clarity, I shall refer to this group of accounts as 'Rufus's case histories', since there is general agreement that they were known in the form we have them as a unit of Greek origin. The text has been studied, edited and translated into German by Prof. M. Ullmann, who attributes the whole of the collection to Rufus (Rufus of Ephesos *Krankenjournal*, edition, translation and study by M. Ullmann (Wiesbaden, 1978)). Against Ullmann's philological and historical assumptions, Abou-Aly argues that only the first five cases can be attributed to him; however, her refutation (*Medical Writings of Rufus*, pp. 211–17) is no more convincing than Ullmann's efforts to establish Rufus' authorship (see below notes 31 and 32). See also Fridolf Kudlien, 'A New Testimony for Erasistratus?', *Clio Medica*, 15 (1980), 137–42.

<sup>28</sup> Cases showing this feature are I, II, V, VI, VII, VIII, IX, X, XI, XIV, XVI, XVIII, XX, XXI.

<sup>29</sup> The narrative in the first person is used in all the accounts, except the fourth, which is not related to one of his patients. The authorial 'we' only appears in cases number VII, VIII, IX, XV and XVI. The writer introduces some of the cases by claiming 'I have seen a person . . .' (I, XXI) or 'I know a person' (II, III), and expressions like 'I was called in' (VI, VIII, XI, XII, XVI, XVIII), or similar (X, XIV, XVII), are increasingly found.

colleagues' amazement at the patient's recovery (II, IX, X), as well as the fact that they could not agree with one another on the choice of therapy (XVII, XVIII, XX). Moreover, apart from a number of occasions on which Rufus emphasizes his colleagues' mistaken diagnosis and treatment (IV, VI, VII, VIII, IX, X, XVI, XVII), in one case (XX) he describes in passing how one of them causes the patient's death. In contrast to *Epidemics*, although these clinical accounts deal with difficult, extraordinary, or complex cases, seventeen patients out of twenty-one seem to have been cured, despite the fact that they turn to Rufus when in a very poor state.<sup>30</sup> Alternatively, the description of events includes the patient's—or the family's—disobedience of the given instructions and the consequent relapse (case II, or in case XIX, the patient's actual death).

Through these elements, the case histories clearly demonstrate Rufus's self-awareness as a leading physician. Nevertheless, they are mainly used as a means to introduce useful theoretical explanations and to provide his audience with a practical model of medical performance to be followed. In this manner, the physician's thoughtful analysis of symptoms (I, V, VI, VII, VIII, XI, XIII, XVI, XVII), his arrival at a diagnosis or prognosis through examining the patients (V, VIII, XIII, XV, XVIII), the questions he addresses to them (XIV, XVII, XVIII, XIX), his inquiries regarding the patient's symptoms before his visitation (XVII), and the reasoned explanations regarding his therapy, as well as that of his colleagues, are as important as the mere description of symptoms, the treatments and the patients' progress. Moreover, features such as the author's care not to accelerate the patient's crisis (XIV), his application of a remedy at the site of the disease instead of treating the part of the body related to the main symptom (VIII, XVII), or his involvement of the family in the decision to bleed the patient (VI, XIX, XXI), convey a broader picture of what everyday medical practice actually entailed as issues which the practitioner should be aware of in the course of practice. Accordingly, the instructive purpose of describing medical practice prevails over other elements in the clinical accounts.

Unfortunately, there is no information regarding the reasons which led the author to write up these accounts and, more particularly, it is as yet impossible to know the length of the original contents, the context in which the case histories arose and the purpose of the text as a whole.<sup>31</sup> What we can be quite sure about is that the homogeneity of the style and purpose, the distribution of formal elements among the case histories, such as the therapeutical descriptions and the anamnesis, and the writer's progressive personal involvement in the description of facts, not only show that these histories were produced by a single person—the one who experienced them—but also that they were written as an independent text and

<sup>30</sup> As for the three patients who died, apart from case number XX, interestingly, the first one (case n. III) dies while being treated by another physician, the second one (case n. XII) had a bad crisis, and the third one (case n. XIX) was suffering from angina, considered a fatal disease.

<sup>31</sup> Ullmann suggests that Rufus had a notebook in which he would have written his experiences in order to participate in the annual medical competition held in Ephesos, and believes that the Arabic translation is only a fragment of the original work (Rufus of Ephesos, *Krankenjournal*, p. 24). Abou-Aly, however, argues that these annual contests in Ephesos are not documented before the second century (*Medical Writings of Rufus*, pp. 214–15).

with a very specific intention.<sup>32</sup> Whatever the motivation was, Rufus made of the clinical history a more personal account than those found in the Hippocratic writings.

# V

In the following century, Galen (d. after AD 209) not only followed Rufus's pattern, but elaborated even further its formal structure and purpose, adding a number of rhetorical and personal elements in order to promote himself socially and professionally. Galen's clinical accounts can be seen as a 'dramatization' of his medical ideas and logical methodology, written in order to convey the points he wants to stress.

Galen employed the case history to illustrate how to put medical theory into practice, and to stress the importance of medical practice alongside rational thought and study in order to become a skilful practitioner. This is what allowed him, for instance, to give an accurate diagnosis of the real cause of a paralysis of the hand. He restored its mobility by applying the cure, not to the hand as other doctors did, but to the area from which the problem arose, the neck, pointing out that he knew by dissection how the nerves are connected.<sup>33</sup> Moreover, the clinical account also enabled Galen to contrast his successful diagnosis, prognosis, and therapy with those of his colleagues, as well as to highlight the illustrious social background of his clientele, or to describe how he attended fatal cases that other physicians had abandoned.

Galen's awareness of the techniques of self-promotion is evident in his collection of clinical histories entitled *On Prognosis*.<sup>34</sup> Although the title suggests a work of medical theory, this book actually contains a collection of Galen's major cases. The power of Galen's rhetoric, the stylistic organization of the accounts, the excessive use of 'I', the choice of pathologies and patients (many of them personal friends including senators, outstanding philosophers, and even the emperor himself), the patients' trust in Galen's medical competence, as well as the pejorative references to medical competitors, are all brought together to illustrate the growth of his reputation. As V. Nutton has so aptly pointed out, 'although Galen's purpose

<sup>32</sup> Whether these clinical accounts were written by Rufus or not is still far from being resolved. Given the number of occasions on which Islamic copyists omitted or misinterpreted the information concerning the authorship of the text they were reproducing, the heading which precedes these accounts might well be unreliable. Moreover, the features I have described do not just appear in the first five cases which Abou-Aly attributes to Rufus, nor only in the rest of the clinical cases but, on the contrary, most of them occur evenly distributed throughout. Unfortunately no further ancient case histories beyond those discussed in this paper seem to have survived, and therefore we cannot demonstrate how clinical histories by other authors would differ. However, it would be reasonable to think that twenty-one accounts by Rufus and 'other ancient and modern' physicians would have shown different styles or formal elements. Yet the three general features I have mentioned seem unlikely to be the result of any reelaboration by a later compiler, or indeed to be the stylistic product of the Arabic translator's editorial work.

<sup>33</sup> Galen, *On the Affected Parts*, translation from the Greek text with explanatory notes by R. E. Siegel (Basel, 1976), pp. 38–9.

<sup>34</sup> Galen, *On Prognosis*, edition, translation and commentary by V. Nutton (Berlin, 1979). *Corpus Medicorum Graecorum* (hereafter C.M.G. V8 1).

is to remedy the ignorance among his contemporaries of the prognostic doctrines of Hippocrates and to give examples of their use and importance, it would be an exceptional physician who derived a comprehensive theory from the diverse narratives of Galen's skill'.<sup>35</sup>

This work, *On Prognosis*, was known in the Islamic medieval period,<sup>36</sup> a point to which I will return later. For the purpose of this survey of case histories in the Graeco-Roman world, it is important to point out that there were also many similar accounts in other Galenic works which were well-known to Islamic medical scholars, such as *On the Affected Parts*<sup>37</sup> and *On the Method of Healing*.<sup>38</sup>

In the first work, *On the Affected Parts*, Galen's clinical accounts are used to illustrate a previous theoretical exposition, or as a referential framework within which to observe the practical proof of the theoretical issue he is addressing. But we have in these accounts mainly strange conditions and spectacular cures, and more importantly, we also find the literary device of increasing suspense throughout the nosological description, together with a remarkable amount of theatrical rhetoric. Thus, a typical clinical account would be in the following sequence: Galen's fear for the patient, Galen questioning the patient, Galen puzzling over the disease, Galen coming to a conclusion (diagnosis or prognosis), Galen warning the patient, Galen preventing his colleagues from administering a certain treatment, Galen amazing everybody on the scene, Galen explaining the real nature of the matter, and so on. In short, not only does Galen always speak in the first person, but he is the main actor of the story, whereas the patient—or the disease—appears in a mere 'supporting role'.

There were perhaps other motives at work as well. In *On the Method of Healing*, as L. García Ballester has pointed out, some of the illnesses discussed were related to various kinds of self-indulgence typical in a society given over to luxury. These elements could be interpreted as an attempt to illustrate how disease results from a reckless way of life and to draw attention to society's moral values.<sup>39</sup> However, as V. Nutton has shown, Galen indulges himself generally 'in the abundance of intimate (and unnecessary) details', and 'feels free to exploit his literary and rhetorical skills'<sup>40</sup> in order to stress, I would suggest, his professional abilities and successes. It

<sup>35</sup> V. Nutton, 'Galen and Medical Autobiography', in V. Nutton (ed.), *From Democedes to Harvey: Studies in the History of Medicine* (London, 1988), p. 52.

<sup>36</sup> Galen, *On Prognosis*, pp. 53–7; Ullmann, *Die Medizin im Islam*, p. 44; Sezgin, G.A.S. III, pp. 114–15. The Arabic translation for this title was *Kitāb fī Nawādir taqdimāt al-ma'rīfah*.

<sup>37</sup> Galen's *On the Affected Parts* was known in Arabic under the title *Kitāb al-A'dā' al-ālimah*. The Latin translation was known as *De locis affectis*. Ullmann, *Die Medizin im Islam*, p. 41–2; Sezgin, G.A.S. III, 90–1.

<sup>38</sup> The Arabic version of *On the Method of Healing* appears under the title *Kitāb Hilat al-bur'* and *Kitāb al-Šinā'at al-kabirah* (in the Latin tradition as *Methodus Medendi* or *Ars Magna*. Ullmann, *Die Medizin im Islam*, p. 45; Sezgin, G.A.S. III, 96–8. See V. Nutton, 'Style and Context in "The Method of Healing"', in F. Kudlien and R. J. Durling (eds.), *Galen's Method of Healing* (Leiden, 1991), pp. 1–25.

<sup>39</sup> L. García Ballester, 'Elementos para la construcción de las historias clínicas en Galeno', *Dynamis* 15 (1995), 41–6. In addition, Galen could have taken this feature from the Hippocratic case histories, which he knew and imitated in some of his accounts. See L. García Ballester, 'Galen as a Clinician: His Methods of Diagnosis', in W. Haase and H. Temporini (eds.), *A.N.R.W. Teil II*, Vol. 37.2, p. 1646 ff. See also Galen, *In Hippocratis Epidemiarum libros I et II*, C.M.G. V.10.1;—*In Hippocratis Epidemiarum librum III*, C.M.G., V.10.2.1;—*In Hippocratis Epidemiarum librum VI*, C.M.G., V.10.2.2.

<sup>40</sup> Nutton, 'Style and Context in "The Method of Healing"', p. 12.

is true that the prominence given to the case histories appears only in the later books of this work, which were written in Galen's old age. Undoubtedly, although Galen had already achieved a high reputation and a successful career when he wrote those clinical accounts he had, nevertheless, to keep up his position as leading physician, medical writer and public performer. Like many other facets of Galen's professional work, his clinical histories are a product of the time in which he lived.<sup>41</sup> In other words, they demonstrate how practitioners were motivated by the quest for fame, recognition, and social prestige and, of course, by the need to sustain and increase it among their fellow citizens.

It is also as a result of this social context that Galen described his professional colleagues as corrupt, concerned with wealth and flattery rather than medical skill.<sup>42</sup> As V. Nutton accurately states, 'throughout his writings, Galen sets himself up as the very model of a moral healer. In a naughty world, he stands almost alone in his righteousness.'<sup>43</sup> Yet the case history probably was his most sophisticated instrument to convey his personal ideal of the perfect physician made in the likeness of Galen himself.

It is not surprising, then, that Galen did not follow the Hippocratic pattern.<sup>44</sup> Whether finished pieces of work or material for later general abstraction, that model of case history would not allow him to show how theory and practice interact and result in a successful local diagnosis, prognosis, and therapeutical choice, thus demonstrating that, far from being a miracle, a cure was achieved by the power of logic and experience. In particular, the Hippocratic case history was entirely inadequate as a means of highlighting the usefulness of his medical discoveries and innovations, amazing as much as illuminating his audience. Furthermore, the Hippocratic pattern made it difficult to exhibit how Galen's professional and moral virtues were rewarded by a high reputation among a select clientele, and it would hardly have lent itself to the illustration of the model of the ideal physician represented by himself. Additionally, by way of a literary recreation, 'the tale was adorned for the entertainment, as much as for the instruction, of his readers'.<sup>45</sup>

Interestingly, it seems that none of Galen's illustrious patients died, except those who had consulted or had been treated by another physician. In this way, by attributing failures to his colleagues' ignorance or incompetence, and sometimes to the patient's disobedience, the clinical accounts transformed Galen's medical successes into grandiose performances and inspired healing. Among Galen's major

<sup>41</sup> On Galen's self-construction of authority and its relationship with the rhetorical theories and practices of his time, see H. Von Staden, 'Anatomy as Rhetoric: Galen on Dissection and Persuasion', *Journal of the History of Medicine and Allied Sciences*, 50 (1995), 47–66.

<sup>42</sup> Galen, *On the Method of Healing. Books I and III* translated with an introduction and commentary by R. J. Hankinson (Oxford, 1991), p. xxxiv and p. 3.

<sup>43</sup> V. Nutton, 'Beyond the Hippocratic Oath', in A. Wear, J. Geyer-Kordesh and R. French (eds.), *Doctors and Ethics: The Earlier Historical Setting of Professional Ethics* (Amsterdam, 1993), pp. 10–37.

<sup>44</sup> Interestingly, in his commentary to the *Epidemics*, Galen discarded the books which actually consisted of case histories (books IV, V, and VII), under the excuse that they were not written by Hippocrates himself. Arabic translation of Galen's commentary by Ḥunayn b. Ishāq, Escorial, MS. 805, fol. 1v (paginated as a Western manuscript).

<sup>45</sup> Nutton, 'Style and Context in "The Method of Healing"', p. 12.

contributions to medical history, one should include his use of the case history as a means of selling his services as well as promoting himself as a model physician.

## VI

The influence of Galen on the theoretical principles of medieval Islamic medicine raises the question of whether Islamic physicians used the clinical history predominantly for self-advertising purposes, or for didactic motives. Furthermore, did Hippocratic, Rufan or Galenic clinical histories have the same influence as their theoretical writings? In an initial attempt to address this question I will focus on the prominent tenth-century Islamic physician, Abū Bakr Muḥammad ibn Zakariyā' al-Rāzī (251–313 H/AD 865–925),<sup>46</sup> whose works provide modern historians of medieval Islamic medicine with the largest extant number of clinical histories and the widest range of types.

Very little is actually known about al-Rāzī's life. Much of the information available consists of uncertain and contradictory anecdotes recorded by later authors.<sup>47</sup> Nevertheless, his multifaceted professional and intellectual interests such as philosophy, alchemy, and music are corroborated by his actual writings. Born in Rayy, near modern Tehran, he enjoyed high esteem among its princes and rulers, whom he attended and to whom he dedicated some of his most important treatises. For Abū al-'Abbās Aḥmad ibn 'Alī, a local ruler, al-Rāzī wrote a book on the potential usefulness and harmfulness of foodstuffs, the *Kitāb manāfi' al-aghdhīya wa-daḥf' maḍārrī-hā*, while 'Alī ibn Wahsūdhan—governor of Rayy in 307/920—was the recipient of al-Rāzī's *Kitāb ṭibb al-mulūki* (*Medicine for Princes*). The *Kitāb al-Manṣūrī* (*Book for al-Manṣūr*), a compact medical compendium and one of his most influential works, was dedicated to the Samanid ruler Abū Ṣāliḥ al-Manṣūr ibn Iṣḥāq, governor of Rayy between 290–302/903–914.<sup>48</sup> However, al-Rāzī was not only a court physician, but was also chief physician of his town hospital in Rayy,

<sup>46</sup> See Ullmann, *Die Medizin im Islam*, pp. 128–36; M. Ullmann, *Die Natur- und Geheimwissenschaften im Islam* (Leiden and Köln, 1972), pp. 210–13 and 383; Sezgin, *G.A.S.* III, pp. 274–94 and IV, 275–82. *Encyclopaedia of Islam* (Leiden, 1952–), VIII, pp. 474–7, s.v. 'Al-Rāzā, Abū Bakr [L. E. Goodman]; S. Pines, 'Al-Rāzī', in C. C. Gillispie (ed.), *Dictionary of Scientific Biography* (New York, 1970–80), XI, pp. 323–6. Two updated syntheses on al-Rāzī's life and writings are those by L. Richter-Bernburg, 'Abū Bakr Muḥammad Al-Rāzī (Rhazes) Medical Works', *Medicina nei Secoli*, 6 (1994), 377–92, and R. Kuhne Brabant, 'Al-Rāzī', in *Storia della scienza*, Istituto della Enciclopedia Italiana, Vol. II, Sez. B: Arabic Science, Part 7: Scientific Portraits (forthcoming).

<sup>47</sup> Among al-Rāzī's Islamic biographers, M. b. Iṣḥāq Ibn al-Nadīm, *Kitāb al-Fihrist*, ed. G. Flügel (Leipzig, 1871–72), I, pp. 299–302; Sulaymān b. Ḥassān Ibn Juljul, *Tabaqāt al-aṭibbā' wa-l-ḥukamā'*, ed. F. Sayyid (Bayrūt, 1985), pp. 77–80; Abū Rayḥān M.b.M. al-Bīrūnī, *Risāla fī fihrist kutub Muḥammad ibn Zakariyā' al-Rāzī* ed. by P. Kraus as *Eptre de Bīrūnī contenant le répertoire des ouvrages de Muḥammad ibn Zakariyā' al-Rāzī* (Paris, 1936), pp. 1–11; 'Alī ibn Yūsuf al-Qiftī, *Ta'rikh al-ḥukamā'*, ed. J. Lippert (Leipzig, 1903), pp. 271–6; Ibn Abī Uṣaybi'a, *'Uyūn al-anbā' fī ṭabaqāt al-aṭibbā'*, ed. A. Müller (Kairo and Königsberg, 1882–84), I, pp. 309–21.

<sup>48</sup> This work was one of his most successful texts in the Latin tradition, translated by Gerard of Cremona (d. 1187) in Toledo under the title *Liber ad Almansoris*. The ninth chapter, or *Liber nonus ad Almansorem*, devoted to therapy according to local diseases from head to toe, gained a particularly widespread circulation in separate printed editions, being the subject of several commentaries by university scholars and Renaissance anatomists like Vesalius. D. Jacquart and F. Micheau, *La médecine arabe et l'occident médiéval* (Paris, 1990), pp. 191–2; N. Siraisi, *Medieval & Renaissance Medicine* (Chicago, 1990), p. 131.

and later in that of Baghdad as well. His tireless literary activity—attested by nearly 200 titles—was paralleled by his medical practice and his teaching, which he continued to the end of his life, even after he became blind.

Al-Rāzī's treatises contain the greatest number of clinical accounts amongst Islamic medical writings. Moreover, case histories, medical experiences, or personal anecdotes appear throughout many of his works, showing the extent to which al-Rāzī was in close contact with real patients. His medical practice was, indeed, so vast as to result in a collection of nearly 900 cases treated or supervised by him, which were recorded and compiled after his death by one of his students. These clinical accounts have been preserved in several manuscripts under the name of *Tajārib*, the material being arranged in chapters dealing with different parts of the body from head to toe.<sup>49</sup> The case histories contained in the *Tajārib* are not accounts of an illness from onset to recovery, but are short reports in which clinical advice predominates. For the most part, they begin by identifying the patient by sex and age, followed by the symptoms and the treatment prescribed, such as

A man complained of spasms in his right hand and described that he was washing with cold water when it happened. He [Rāzī] prescribed the anointing of the vertebrae of the neck with costus oil and the rest of his body [as well], and that he have rose-honey [*julanjubin*] every day and that his diet consists of chick-pea-water and red meat fried in oil.<sup>50</sup>

A woman complained of a headache and spinning in her head. She had a bitter taste in her mouth and her menstruation had stopped. He [Rāzī] prescribed a decoction of myrobalan [*ahlitaj*] for her.<sup>51</sup>

An old man had difficulty breathing, accompanied by a cough. He [Rāzī] prescribed for him a cold electuary [useful] for asthma [*rabw*], hyssop, and a diet of chick-pea-water and bread with honey.<sup>52</sup>

A girl, five years old, complained of pain in her stomach, sometimes feeling faint because of the intensity of the pain, and she had cold sweats and was cold in her extremities. He [Rāzī] prescribed that she take pastilles of rose with rose-honey.<sup>53</sup>

Prognosis is seldom mentioned, the outcome is very rarely reported, and diagnosis usually seems to be implicitly assumed by the persons involved in the consultation. Sometimes diagnosis is given as part of the concise report of the consultation progress, which might also include al-Rāzī's examination and/or interrogation of the patient, and his explanation of the medical matter to the patient or to the student.

A slave was brought in, and he was hoarse and his urine was thin and rather yellow, and he had fever at night. He [Rāzī] said that it was a type of wasting [*sill*] and he prescribed for him candied violet with almond oil in the mornings and a diet of *kishk* [cereal mixed with sour cream] made of barley with courgette and almond oil.<sup>54</sup>

<sup>49</sup> On the contents and main features of this work, see my forthcoming article, 'Al-Rāzī's *Kitāb al-Tajārib*: Everyday Medical Practice in Tenth-Century Islamic Medicine'.

<sup>50</sup> Istanbul, Topkapı Sarayı, Ahmet III, MS. 1975, fol. 10a.

<sup>51</sup> *Ibid.*, fol. 3b.

<sup>52</sup> *Ibid.*, fol. 42a.

<sup>53</sup> *Ibid.*, fol. 32a.

<sup>54</sup> *Ibid.*, fol. 50a–50b.



A man complained of hoarseness in his throat which occurred only when he inhaled cold air, and now he had backache. He [Rāzī] examined his pulse and said: 'Your corpulence has not diminished, and this is due to your consuming wine and meat after phlebotomy.' He prescribed a light diet, anointment with gilliflower oil and a visit to the steam bath. If the pain were to recur and intensify, he would need to be bled again.<sup>55</sup>

An old man complained that he had had a fit of dizziness to such an extent that it was impossible for him to walk, and [he had] weakness in all his extremities. So he [Rāzī] asked him about the taste in his mouth, and he replied that he did not have a noticeable taste. And he [Rāzī] asked him about the quantity of his sleep, and he replied that it was great, accompanied by a sense of heaviness throughout his body. He [Rāzī] then prescribed for him a draught of a decoction of myrobalan.<sup>56</sup>

Unusual conditions, similarities and dissimilarities are neither the object of unstated bewilderment nor of open discussion. On the contrary, the fact that many accounts deal with apparently similar conditions and provide comparatively greater detail of slightly varying treatments suggests a deliberate recollection of real cases with which to study the selection of therapy according to the unstated—but otherwise known—humoral imbalance. Moreover, al-Rāzī's interrogation of the patient, his inquiries and explanations are part of a medical performance aimed at completing the disease pattern and its corresponding diagnosis, so that the appropriate therapy can be chosen. The nature of the diseases and the straightforward manner in which they are presented suggest the type of daily conditions encountered by the physician. Patients who have unsuccessfully tried to cure themselves or who have delayed seeking medical advice for months are presented as facts of real life, not as an opportunity for al-Rāzī to make a point for the sake of his self-promotion.

He [Rāzī] was told of a woman who had drunk [the electuary called] *fanjnūsh*, that is, iron filings as was the custom amongst low-class people, and a pain occurred in her chest, followed by a nosebleed [*ru'āf*] and constipation. He prescribed for her prune juice with sugar at night and a breakfast of barley-water, the application of a sternutatory [made of] mountain-balm-water [*bādharij*] with a little camphor, and a diet of vinegar and oil and unripe grapes.<sup>57</sup>

He [Rāzī] was told of a woman who for the last three years had been vomiting [something] resembling burnt black blood after she experienced an acid vapour going up her throat. Her menstrual cycle had occurred, had disappeared, and then after that flowed [again], and then stopped [as] from the beginning. He prescribed cupping of her leg, if her strength were sufficient, and, afterwards, the administration of a decoction of dodder and to give her nothing to eat but sweet things and bread [soaked] in julep, from time to time followed by draughts of it [the julep].<sup>58</sup>

We can also find reports of dissatisfied patients who return to complain of unsuccessful treatment or side-effects but, more importantly, when al-Rāzī tells the patient that the treatment prescribed by another doctor was wrong, this also forms part of the precise report of the consultation.

<sup>55</sup> Ibid., fol. 45a.

<sup>56</sup> Ibid., fol. 6b.

<sup>57</sup> Ibid., fol. 122a.

<sup>58</sup> Ibid., fol. 36a.

A man presented with a rash [*tahayyuj*] and stated that he had had a fever but that now it had disappeared, though the rash remained. He [Rāzī] prescribed for him the large pastilles of rose, rose-honey, and oxymel. He [the patient] returned after a week and reported that he had a fever every night, with chills and a rash on his face, sweating at night. He [Rāzī] prescribed bloodletting and the regular intake of rose-honey and pastilles of rose.<sup>59</sup>

Someone with the name of 'Abd Allāh al-'Alawī had acute fever, and one of the physicians had prescribed camphor pastilles for him. The master [Rāzī] was told that there was some phlegm in [the patient's] stomach with biliousness, and he prescribed for him rose-honey, little by little, after which he should swallow hot water and vomit, and then after that, [drink] barley water. He [the patient] was cured and restored to a balanced state.<sup>60</sup>

In general, the cases in the *Tajārīb* remind us of those in *Epidemics* II, IV, and V in their sketchy style, their concern with pathology as it manifests in real cases, and their link with instruction—in this case—in therapy rather than in diagnosis and prognosis.<sup>61</sup> The emphasis on illustrating the therapy, however, is only to be expected since the general patterns of diseases and humoral imbalance were already theoretically consolidated and widely expanded from Galen's time. Therefore, this collection of al-Rāzī's daily consultations resulted in a pool of real cases with which to study how to cure patients of their ailments. Since written theoretical knowledge is of little use to those lacking experience, this collection provided the practical dimension of medicine in the students' medical training. Al-Rāzī's huge compilation known as *Kitāb al-Hāwī* (*The Comprehensive Book on Medicine*) also contains a large number of clinical histories. A collection of medical notes recorded by him throughout his life, the *Hāwī* was prepared for 'publication' by al-Rāzī's students after his death. It gathers potentially useful passages regarding pathology and therapy extracted from earlier authors, from the Hippocratic Corpus to his Islamic contemporaries, including Graeco-Roman, Indian, and Syriac writings. The material is arranged under headings of different diseases with separate sections on pharmacological topics, but the work as a whole lacks a clear organization and structure, since it was intended as an *aide-mémoire* for Rāzī's own private use.<sup>62</sup> Only after al-Rāzī's death, Ibn al-'Amīd, the renowned scholar appointed vizier of the Persian ruler Rukn al-Dawla in 327/939, purchased the notes from al-Rāzī's sister and ordered their publication. Due to its voluminous size, complete copies soon became rare,<sup>63</sup> but it proved to be influential, especially in European culture through Faraj ibn Salīm's Latin translation, known as *Continens*.<sup>64</sup>

Interestingly, the great bulk of the sources collected in the *Hāwī* shows how far al-Rāzī followed Galen in his emphasis on the importance of thorough study of existing medical scholarship. At the same time, the amount of case histories

<sup>59</sup> Ibid., fol. 108a.

<sup>60</sup> Ibid., fol. 109a.

<sup>61</sup> Since Galen's commentary on the *Epidemics* only dealt with books I, II, III, and VI, al-Rāzī could hardly have had access to books IV and V, nor to book VII (see above, note 44).

<sup>62</sup> See E. Savage-Smith, 'The Working Files of Rhazes: Are the *Jāmi'* and the *Hāwī* Identical?' (forthcoming).

<sup>63</sup> The printed Arabic text consists of 23 volumes. M. b. Z. al-Rāzī, *Kitāb al-Hāwī fi l-ṭibb* (Hyderabad, 1955–68).

<sup>64</sup> Jacquart and Micheau, *La médecine arabe*, pp. 207–8; E. Savage-Smith, 'Europe and Islam', in I. Loudon (ed.), *Western Medicine: An Illustrated History* (Oxford, 1997), p. 45.

included proves that al-Rāzī agreed with Galen that medical skill required a large clinical experience. In fact, al-Rāzī's own experience sometimes allowed him to correct Galen as well as to claim a superior knowledge on certain specific ailments. Thus, at least in the first and second volumes of the *Hāwī*, devoted to diseases of the head and the eyes, clinical accounts were included in order to illustrate, support or refute the medical theory under discussion. At other times, al-Rāzī appears as a true Hippocratic '*iatrōs klinikós*', checking a patient's condition daily, not only to learn about it, but also in order to introduce in his notes the theoretical generalization he abstracted from practical experience:

[From] the *Jawāmi' al-A'dā' al-ālimah*: he [Galen] said: The condition named *al-zurqah* [blueness of the eye, probably glaucoma] occurs due to the dryness of the crystalline [humour]. As for myself: I have seen a man [suffering from] weak vision, so I examined his vision and I saw a blue cloudiness. Then I determined to examine his vision for a month [to see] whether it would increase, as I presumed [it would], until it became an incipient cataract. But it remained in the [same] state, so I conjectured that it was *al-zurqah*, and I treated it with moisture and coolness by every possible means. So it [the eye] improved, but it was not completely cured.<sup>65</sup>

Nevertheless, since the *Hāwī* was a private commonplace book, the purpose of including his personal experience was certainly not that of self-promotion. Furthermore, al-Rāzī records not only his own cases, but also those from the texts he copies, especially Galen. Moreover, the fact that al-Rāzī transforms Galen's original accounts for his convenience by eliminating rhetorical and literary elements while keeping the nosological data, reinforces the view that these cases were intended for self-instruction.<sup>66</sup>

Within the *Hāwī*, there is a group of thirty-three clinical histories which have attracted most attention. Discovered by E. G. Browne,<sup>67</sup> they were later edited and translated by Max Meyerhof, whose study focused on the retrospective diagnosis of the patients' conditions and on al-Rāzī's personal slant as physician.<sup>68</sup> Owsei Temkin subsequently discovered the Latin translation of these case histories in one of the Latin editions of the *Continens*.<sup>69</sup> Although a close study of this Latin version

<sup>65</sup> Al-Rāzī, *Hāwī* II, 190.5.

<sup>66</sup> An illustrative example is al-Rāzī's version of Galen's case history (see above, note 33) in *Hāwī* vol. I, p. 5.15–19. The Arabic translation of this account by Hunayn b. Ishāq follows Galen's text closely (London, Wellcome Library, Arabic MS. 14a, fols. 22b.3–19–3a.1–15). It must also be stressed that al-Rāzī collected about a third of Galen's *On the Method of Healing* in the *Hāwī*, and that in this large portion of quotations, al-Rāzī omitted Galen's arguments against his colleagues. U. Weisser, 'Zur Rezeption der Methodus medendi im Continens des Rhazes', in F. Kudlien and R. J. Durling (eds.), *Galen's Method of Healing* (Leiden, 1991), pp. 132–3. A listing of al-Rāzī's quotations from Galen's work is in U. Weisser, 'Die Zitate aus Galens De methodo medendi im Hawi des Razi', in G. Endress and R. Kruk (eds.), *The Ancient Tradition in Christian and Islamic Hellenism: Studies on the Transmission of Greek Philosophy and Sciences* (Leiden, 1997), pp. 279–318.

<sup>67</sup> Oxford, Bodleian Library, MS. Marsh 156. E. G. Brown, *Arabian Medicine* (London, 1920), pp. 48–53.

<sup>68</sup> M. Meyerhof, 'Thirty-Three Medical Observations by Rhazes', *Isis*, 23 (1935), 321–56, reprinted in M. Meyerhof, *Studies in Medieval Arabic Medicine: Theory and Practice*, ed. by P. Johnston (London, 1984).

<sup>69</sup> O. Temkin, 'A Medieval Translation of Rhazes' Clinical Observations', *Bulletin of the History of Medicine*, 12 (1942), 102–17.

still remains to be done, its existence bears witness that this collection of accounts circulated amongst western scholars. In the Arabic printed edition of the *Hāwī*, these clinical histories are grouped together in the sixteenth volume, which deals with different types of fevers.<sup>70</sup>

As is usual throughout the *Hāwī*, a large heading in the manuscripts indicates the beginning of a new chapter in the book. The title, 'Illustrative Accounts of Patients and our own Clinical Histories' is followed by a brief explanation about what is to be found next and why. Al-Rāzī apparently decided to collect unusual cases histories because of an assumed link between his cases and the useful narratives contained in the Hippocratic *Epidemics*, which, according to his stated intention, would be placed beside his own cases so that they could be read side by side.

This group of thirty-three cases begins with the patient's name or a vague identification; generally by the man's profession, or by a relative's name in the case of women and children. Although patients are not completely anonymous, their identification arises, not from an intention to stress their social standing, but to indicate their familiarity to the author. Three different cases concern the same person (XI, XII, XXIX), and clients include socially insignificant people.

Patients' ages are not stated and their humoral complexions are rarely mentioned. Instead, their main complaint, symptom or the name of the ailment is given, and sometimes also whether the patient or the family has suffered from it before. Thereafter, nosology is overshadowed not by therapy, but by al-Rāzī's rational interpretation of external signs and symptoms as a key to the pathological process inside the afflicted body and the prediction of what is expected to happen next. In this manner, the narrative becomes a mixture of data regarding the progress and relapses of the condition, al-Rāzī's discussion of diagnosis—often in the form of a reserved judgement, or as a final conclusion to the cause of death—accurate prognosis supported by the analysis of the patient's state, therapy and iatrogenic interaction, and frequent theoretical generalizations of a practical nature.

Al-Rāzī speaks in the first person, and his diagnosis and prognosis usually appear in the shape of his own fears, doubts, or suspicions, generally confirmed afterwards by the final outcome. Some cases present an acute morbidity he had never encountered before (IV, XXIV, XXIX), and on two occasions (IV, XXIV) he admits that the case has puzzled him for some time. Al-Rāzī describes how people wonder at his astonishing success (VIII, XI), and also refers to his colleagues as ignorant (III). Moreover, he reports other physicians' wrong diagnosis and/or inadequate treatment (III, V, IX, XII, XIII, XVI, XXVII, XXX). In addition, he emphasizes how a condition grows worse due to the patient's disobedience or because they listen to another physician instead of him (VIII, XI), describing afterwards how they recover completely after following his medical advice.

At first reading, Galen's influence in these thirty-three accounts might appear to dominate. In fact, one account (VI) presents a striking similarity with the case by

<sup>70</sup> Al-Rāzī, *Hāwī* XVI (1963), pp. 189–208. The text is based in another two copies, Escorial Arabic MS. 817, fols. 88–90 and Arabic MS. 855, fols. 165–70 (although MS. 856 has been quoted in the title page by mistake).

Galen already mentioned: al-Rāzī is called when the patient is attacked by paralysis in both legs. When he arrived, the doctors were treating the legs with an ointment, but al-Rāzī soon realized that the real cause was a bladder disfunction affecting the nerves of both legs, and—of course—his treatment is reported to be successful. However, this particular feature and, indeed, most of the other elements could be traced not to Galen but to Rufus's case histories.<sup>71</sup> At any rate, events are mainly presented in a humble manner as a sequence of facts and, in contrast with Galen's accounts, the narrative of al-Rāzī's skill does not overshadow the comprehensive theory that anyone could derive from these thirty-three clinical histories.

More importantly, al-Rāzī seems to find rather attractive the un-Galenic aspects of the Hippocratic case histories, where the physician did not always cure his patients and had no hesitation in saying so. This explains why, among these thirty-three accounts, we find a case in which somebody was cured despite the fact that the assistant in charge of carrying out the treatment bled the patient from a different vein from that indicated by al-Rāzī (XIX). In another account, the patient does not apply al-Rāzī's prescription properly, but his ailment subsides without any problem (XXII), while another recovered completely after having refused al-Rāzī's therapeutical advice and following a treatment of his own (XXXII). Alternatively, a druggist replaced the drug al-Rāzī had prescribed, but he admits that the patient 'was marvellously restored' (XVII). Also, al-Rāzī reports his own mistakes (I, III). One more curious feature is the fact that al-Rāzī refrained from bleeding one patient due to the presence of witnesses (III). Furthermore, al-Rāzī includes some of the fatal cases he treated personally (II, III, XXIV, XXVII, XXVIII, XXXIII). In addition, the Hippocratic influence is evident in al-Rāzī's tendency, from time to time, to mention the day on which facts were observed, or one on which the patient passed away, or how many days the complete recovery took. In one case (XXXIII), this feature constitutes a complete nosological sequence in the Hippocratic manner.

The blend of the three styles (the Hippocratic, the Rufan, and the Galenic), in these thirty-three clinical histories results in a straightforward description of facts related to some of al-Rāzī's unusual cases. Although Galen's literary form is present, the practical usefulness of al-Rāzī's medical and therapeutical observations makes a powerful instructive text, rather than a vehicle for self-advertisement.

Nevertheless, al-Rāzī's motive for writing this group of cases was probably inspired by Rufus's and Galen's collections. The polished literary style of the accounts constitutes a major difference from al-Rāzī's general observations and brief clinical accounts scattered throughout the *Ḥāwī* or those belonging to the *Tajārīb*. More importantly, these thirty-three cases are presented as a cohesive group. Perhaps al-Rāzī had access to Rufus's clinical accounts, but there is no evidence to prove this, though he did quote other writings by Rufus. What is certain is that al-Rāzī knew Galen's *On Prognosis*, an unusual book at the time in

<sup>71</sup> Rufus of Ephesos, *Krankenjournal*, pp. 81–5 (case n. VIII) and pp. 107–9 (case n. XVII). In the same manner, although similar case histories might be found in Galen's works, al-Rāzī's account number XVI—in which the patient's death follows the intervention of another doctor—recalls case number XX by Rufus (*Krankenjournal*, pp. 113–15).

that it dealt exclusively with case histories.<sup>72</sup> In fact, despite his critical attitude towards Galen, al-Rāzī could have emulated him, as he presumably did in his *Kitāb ṭibb al-rūḥānī* (*Spiritual Physick*), taking Galen's *On the Avoidance of Grief* as a model.<sup>73</sup> This group of thirty-three clinical accounts could therefore represent al-Rāzī's attempt to emulate the work of both Rufus and Galen. Exactly how much or what sort of work was done on al-Rāzī's files by his pupils in order to prepare them for publication is unknown. But this section presents some features not found in most of the other books of the *Ḥāwī*, namely a well-organized and separate collection of material, and a style implying that the contents are addressed to a potential reader. Moreover, the accounts deal with a variety of illnesses, whereas the subject of the book as a whole is fever. Despite the original plan stated in the foreword, there is only one parallel case history from the *Epidemics*, which in addition appears to be misplaced. This collection could have constituted an independent treatise or a draft of a treatise that remained incomplete at the time of his death. It could then have been mixed up among al-Rāzī's working files, and finally 'published' in the place where it happened by chance to have been located.

While the influence of the *Epidemics* and Rufus is particularly evident in these thirty-three cases, Galen's theatrical rhetoric dominates in seven clinical histories included in al-Rāzī's *Sirr ṣinā'at al-ṭibb*.<sup>74</sup> This title, *The Secret of the Medical Art*, reflects not only the main subject of the book, namely prognosis, the 'secret' of every skilful physician according to Hippocratic principles, but also al-Rāzī's concern about the part of the *Oath* relating to the rule of hiding medical knowledge or making it obscure in order to prevent its vulgarization among the ignorant. In fact he claims that, instead of preventing quacks and charlatans from distorting the medical art, the code had become a way for learned physicians to make a lucrative living out of medical practice. In contrast with the methods of his predecessors, al-Rāzī states that it is his intention to present medical knowledge in an easy, concise and accessible way.<sup>75</sup> This short treatise is divided into six chapters, the first on prognosis, the second on useful recipes, the third devoted to clinical experiences of his own, the fourth dealing with drugs and foodstuffs, the fifth with the *Secreta Hippocratis* and the sixth consisting of aphorisms.

The third chapter encompasses thirteen medical experiences of al-Rāzī. Six

<sup>72</sup> The Arabic version of Galen's *On Prognosis*, the *Kitāb fī Nawādir taqdimāt al-ma'rīfah* is cited at least twenty-two times within the *Ḥāwī*. Galen, *On Prognosis*, pp. 54–5.

<sup>73</sup> Galen, *On Prognosis*, p. 56 and note 2.

<sup>74</sup> R. Kuhne Brabant, 'El *Sirr ṣinā'at al-ṭibb* de Abū Bakr Muḥammad b. Zakariyyā' Al-Rāzī', *Al-Qanṭara* 3 (1982), 347–414; idem. 'El *Sirr ṣinā'at al-ṭibb* de Abū Bakr Muḥammad b. Zakariyyā' Al-Rāzī II. Traducción', *Al-Qanṭara*, 5 (1984), 235–92; idem. 'El *Sirr ṣinā'at al-ṭibb* de Abū Bakr Muḥammad b. Zakariyyā' Al-Rāzī III. Estudio', *Al-Qanṭara*, 6 (1985), 369–95. From the 15th century onwards, this work was printed as part of al-Rāzī's *Opera parva*, under the title *Aphorismi Rasis*.

<sup>75</sup> Kuhne Brabant, 'El *Sirr ṣinā'at al-ṭibb*' (1982), p. 358; idem. 'El *Sirr ṣinā'at al-ṭibb*' Traducción.' (1984), pp. 236–7; §0.2, §0.3. Interestingly, Lynn Thorndike's English translation of this preface, based on the Latin edition of 1481, presents a completely opposite interpretation of al-Rāzī's Arabic text, as if the Latin translator had misinterpreted the source or altered it on purpose. It is also worth noting that Thorndike erroneously included this work in the chapter devoted to experiments and secrets, which he associated with magical or superstitious practices indiscriminately. L. Thorndike, *A History of Magic and Experimental Sciences During the First Thirteen Centuries of Our Era* (New York, 1947–58, 8 Vols.), II, pp. 764–5.

constitute brief therapeutical assessments concerning specific ailments, whereas the other seven are clinical accounts. This time, the clinical report is not a sequence of nosological data, therapeutical prescriptions and general abstractions from his actual practice to be applied successfully in similar cases. Instead, the narrative is a sequence of events particularly focused on al-Rāzī's personal and professional image. In fact, nosology is reduced to basic information; facts such as 'he had an apoplexy', 'he got very drunk', or 'he had been travelling in summer and got fever'. Prognosis and diagnosis seldom appear in the accounts, while therapy, apart from venesection, mainly consists of special meals, aromatherapy and simple remedies, tailored to the taste and endurance of the patients involved.

Amongst the patients treated are the rulers of Tabaristan, Aḥmad b. 'Alī and Ibn Wahsūdān (§3.05, §3.06, §3.07), and personal friends among philosophers and distinguished men. Al-Rāzī not only speaks in the first person, but he takes up the starring role in the account. In this sense, together with his usual medical task ('I examined him', 'I bled him'), he makes clear his high professional and social position with expressions like 'I had got into his good graces' (§3.06), and 'the prince ordered me to take care of him' (§3.13). In addition, al-Rāzī puts much emphasis on his self-confident attitude as a physician in front of his clientele by means of comments like 'I forced him (to do such and such)' (§3.03, §3.05), or 'I simply confined myself to apply (so and so)' (§3.07). On one occasion (§3.06), he describes how he bled the prince until he caused him to faint. Although the surgical procedure was performed in front of a frightened audience—crying or about to kill him in the event of the prince's death—al-Rāzī proceeded 'without the least concern in such a situation, to apply (so and so)', and eventually al-Rāzī reports how the prince told him that he had trusted him the entire time. In general, al-Rāzī's treatments are followed by the recovery in such a way that the cure seems to stand somewhere between medical skill and miracle. All the conditions are unusual and five out of seven patients reach a severe state or are close to death. The cases 'inspire fear'. However, all patients are cured, except one slave who does not receive treatment in due time. Last, but not least, surprisingly, there is only one reference to the interference of professional colleagues (§3.07). Instead, al-Rāzī's patients are versed in medicine themselves (§3.03, §3.08, §3.10).

Although al-Rāzī adapts all these elements to his own style, the fact is that they have been taken from Galen. In such a short chapter, the ideas of trust, medical self-confidence and a quick eye for the identification and correct treatment of the condition appear very prominently. However, it does not seem that al-Rāzī conceived this work of medical popularization in search of self-promotion. Since he wrote it in his old age,<sup>76</sup> the accounts and medical experiences included in the third chapter sound like glorious remembrances of his past or, as in Galen, like someone who is convinced of his unsurpassable medical expertise. Given that al-Rāzī had mastered Galen's works and case histories, he became acquainted with

<sup>76</sup> Kuhne Brabant, 'El *Sirr ṣinā'at al-ṭibb*' (1982), p. 372, idem. 'El *Sirr ṣinā'at al-ṭibb* Traducción' (1984), pp. 259–60; §3.01. Although this work might have a spurious origin, the cases seem to be written by al-Rāzī himself, and in fact two accounts also appear in al-Rāzī's *Kitāb al-Murshid*. Kuhne Brabant, 'El *Sirr ṣinā'at al-ṭibb* Estudio' (1985), p. 389.

Galen's autobiographical inclination, and therefore it is not surprising that eventually he would have imitated him. What is surprising, however, is the fact that proportionally, Galen's overall influence on al-Rāzī's clinical accounts was such a small one.

Whether al-Rāzī's clinical histories are representative or not within medieval Islamic medical literature is something on which much work remains to be done. The bulk of al-Rāzī's clinical accounts in the *Tajārīb* and those scattered throughout the *Hāwī* contain the minimal amount of information necessary for instructive purposes, constituting a tool for the student's medical training and self-instruction. In the thirty-three clinical histories of the *Hāwī*, al-Rāzī did not try to emulate or to imitate deliberately one author or another. Instead, he fused all those models, resulting in a flowing narrative from which good rules of practice could be constructed. Interestingly, the only case histories in which Galen's influence is clear are the seven accounts in the *Sirr šinā 'at al-ṭibb*.

As Max Meyerhof pointed out, 'al-Rāzī was a Galenist in theory, but in practical observation and therapy was a pure Hippocratist'.<sup>77</sup> I would add that al-Rāzī's case histories as a whole are also Hippocratic in essence. Except for a few accounts, al-Rāzī does not appear to use the case history to persuade potential clients that he is the inventor of a unique general system of medical theory or an infallible therapeutic programme, nor to support his medical performance with the authority of Hippocrates, as Galen did. Seen in the comparative perspective I have provided here, al-Rāzī used the case history as a tool for instruction on how to put theory into practice rather than as an instrument for self-promotion. The Hippocratic inspiration in al-Rāzī's clinical histories appears diluted by the progress in the development of medical knowledge, which manifests itself in a clear change in what physicians were interested in recording.<sup>78</sup> Nevertheless, the aim of using clinical accounts for medical learning remains the same as in the Hippocratic case histories.

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<sup>77</sup> Meyerhof, 'Thirty-Three Clinical Observations', p. 326.

<sup>78</sup> Regarding the development of the case history, as I mentioned at the beginning of this paper, it is possible to observe how clinical accounts evolve according to the progress of medical knowledge, and to trace the physicians' major concerns in each period. Among the three main groups discussed in this study, in the absence of a consolidated classification of disease phenomena, the Hippocratic case histories focus the attention on prognosis, while Galen's clinical accounts mainly emphasize local diagnosis—his most celebrated contribution to medicine—and al-Rāzī's clinical histories show an increasing concern with pharmacological therapy, a trend which would remain in later Islamic authors as well as in the Latin tradition through the *Consilia*.



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