

a ubiquitous form of popular medical understanding. What the patient encountered was not a medical treatment one could get at the practice of a resident physician, and if one wanted a purely medical treatment, one could see a doctor and avoid the trouble of travelling to an Asclepian sanctuary. Asclepian medicine was characterized by a treatment that had its roots both in rituals and medical thought, and usually also a direct contact between patient and god.

Overall, this book provides a detailed study of the imperial Asclepius cult and its relationship to medical practice; moreover, it traces back the roots of the cult and gives information on its relevance for the medical history of the western world. It provides both a link and a synopsis for material that would otherwise be hidden in highly specialized publications of different disciplines.

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Selma Tibi, *The medicinal use of opium in ninth-century Baghdad*, Sir Henry Wellcome Asian Series, vol. 5, Leiden and London, Brill, 2006, pp. xiv, 314, €93.00, \$133.00 (hardback 90-04-0414696-2).

With an intimate knowledge of the Arabic language and a professional background in pharmacy, the author of this study possesses a fortunate combination of qualifications for examining the medicinal use of opium in ninth-century Baghdad. The great achievement and centrepiece of Tibi's research is a detailed analysis of six key medical texts (al-Kindī's *Aqrābādhīn*, Sābūr ibn Sahl's *Aqrābādhīn*, Ḥunayn ibn Ishāq's *K. al-'ashr maqālāt fī 'l-'ayn*, al-Tabarī's *Firdaws al-ḥikma*, ps.-Thābit ibn Qurra's *K. al-Dhakhīra*, and Rāzī's *Hāwī*), which she scrutinized for any references to opium or variants of poppy. Some of these texts have been edited with indices, but Tibi had the painstaking task of examining all 23 volumes of Rāzī's *Hāwī* to discover a total of 544 references to opium/poppy.

Tibi presents the results of her research in three parts: early Islamic knowledge of Graeco-Roman

use of opium; use of opium in the early ninth century and in the late ninth century. Tibi admits this distinction is slightly arbitrary, yet, as she states in her conclusion, earlier authors tend to have longer recipes with far more ingredients, which are usually prescribed for a large number of very disparate ailments, whereas the recipes of later authors are shorter, more to the point and say very little about preparation, weights or dosage (p. 170). In each part Tibi provides a general introduction to the authors and their works, presents annotated translations of key passages and describes the general use of opium/poppy in the work of every author. Her approach is as accurate as it is comprehensive. It covers a variety of issues such as the kind of opium/poppy used, the ingredients it is used with, the ailments treated, the use of the medicaments, and the dosage of opium. Throughout her book Tibi presents the answers to these questions in very helpful and detailed statistical tables. The appendix contains editions of the Arabic passages, a list of the *materia medica* and glossaries of substances and diseases.

There are not many shortcomings in this impressive study. One of them concerns the presentation of the edited Arabic texts. Even though the editions are part of the appendix, Tibi chose to discuss the state of the manuscripts and her editorial principles in the study itself where they disrupt her discussion of the contents. Furthermore, Tibi generally relied on existing editions for which she occasionally suggests different readings; in the case of Ḥunayn's treatise she also consulted two additional manuscripts. Unfortunately she did not do so in the case of Sābūr's *Aqrābādhīn*. She seems to have been unaware of Manfred Ullmann's review (*Welt des Orients*, 2004, 34) of Oliver Kahl's edition (*The small dispensatory*, Leiden, 2003), which points out the significant amount of material neglected in that edition.

Another shortcoming of the study is its strict limitation to descriptions of the statistical findings. Except for a few remarks in her interesting conclusion, Tibi does not try to explain why the use of opium differs so substantially between individual authors, opium appearing in only 4 per cent of al-Kindī's

prescriptions, but in 73 per cent of Ḥunayn's recipes. She suggests that Islamic physicians contributed views and experiences of their own to the Greek medical tradition (p. 179), yet she fails to specify how far opium could exemplify this development. Finally, she does not address aspects, such as trade or prices of opium, which go beyond the strictly medicinal use as it is depicted in medical treatises.

Tibi presents a rich collection of expertly analysed material which will be indispensable for future researchers when they address related questions such as the medicinal use of opium in other times and places of the Islamic world or the cultural history of opium.

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Andrew T Crislip, *From monastery to hospital: Christian monasticism and the transformation of health care in late Antiquity*, Ann Arbor, University of Michigan Press, 2005, pp. x, 235, £33.50, \$70.00 (hardback 0-472-11474-3).

The quest for the first hospital in history has occupied the minds of many scholars, especially since Timothy S Miller published his controversial book *The birth of the hospital in the Byzantine empire* in 1985 (reprinted 1997). Crislip's present monograph, based on his doctoral dissertation, contributes to this debate. His main argument runs approximately as follows.

In Late Antiquity, Christian monasticism emerged in Egypt, having two main varieties: "lavra" and "coenobitic". In the former, monks assembled to live in the same place without subscribing to one central authority or one set of regulations. Conversely, the latter was characterized by a strong uniformity: members of the monastery would abide by the same rules and were integrated into a hierarchical structure. Both types of institutions developed sophisticated medical provisions. Especially in the coenobitic monasteries of St Pachomius (fl. 320) and his successors and imitators, a complex health care system was put into place. If a monk became ill, a "triage officer" would

determine where the patient should go, with highly skilled physicians and nurses treating the serious cases. Moreover, the monastic authorities strove to remove the stigma which often attached to disease and disability in the contemporaneous pagan world. When St Basil of Caesarea (d. 379) visited Egypt in the 350s, he was so impressed with these monastic medical provisions that he decided to take Christian charity one step further. He founded a gigantic hospital—comparable to the seven wonders of the ancient world—in his home town of Caesarea in Cappadocia (modern east-central Turkey). It boasted a sophisticated health care system similar to that found in the Egyptian monasteries, but with the difference that free inpatient care, dispensed by professional physicians and nurses, was not mainly restricted to monks, but made available to the general public for the first time. Thus the first hospital, inspired by Egyptian monastic traditions, was born to become a template for the many other hospitals which spread throughout the Eastern Mediterranean and beyond.

This certainly is a good story, but one wonders whether it makes for good history. There are several problems with both the evidence presented here and the general theoretical approach. Crislip often resorts to sweeping generalizations, for instance when contrasting monastic medicine with its pagan counterpart. He claims that "the sick person in Greco-Roman antiquity was 'less than fully a human being'", and that "[a]ntiquity offers no evidence of any provision for the care of the crippled" (p. 69), citing secondary sources. Yet the second quotation, taken from an 1956 article, is certainly incorrect (see, for instance, M L Rose's book *The staff of Oedipus: transforming disability in Ancient Greece*, Ann Arbor, University of Michigan Press, 2003). Likewise, the first statement hardly applies to all the variegated societies and individuals within the classical Graeco-Roman world. Furthermore, like Miller quoted above, Crislip interprets his primary sources in a tendentious manner. For example, the evidence for the presence of physicians in St Basil's hospital largely hinges on half a sentence in one of St Basil's letters where he talks about