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Unveiling *al-Isfār ‘an ḥukm al-asfār*: Structural Analysis of a Fifteenth-Century Medical Manual for Travellers

Angela Isoldi

ABSTRACT

Around the middle of the ninth/fifteenth century, the Egyptian court physician Maḥmūd ibn Aḥmad Muẓaffar al-Dīn al-Ayntābī, also known as Ibn al-Amshāṭī (812/1409–902/1496), compiled a short health-guide for travellers dedicated to a prominent member of the Mamlūk administration, Muḥammad al-Juhanī al-Bārīzī (796/1394–856/1452). As mentioned in its incipit, the scope of the booklet, entitled *al-Isfār ‘an ḥukm al-asfār*, was to accompany al-Bārīzī in the pilgrimage to Mecca and provide him with the medical information necessary to keep healthy and cure sickness during the journey. By analysing the structure and contents of the unedited manuscript of this “provision for travellers”, this article discusses how Ibn al-Amshāṭī, mostly engaged with scholarly works, collected, organized and adapted scientific knowledge in a booklet for a non-professional readership. By looking into this process of knowledge transmission and adaptation, this article seeks to contribute to the re-evaluation of Mamlūk literary heritage.

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Introduction

The traveller leaves all of a sudden the conditions to which he is used, and this brings along a series of dangerous illnesses. [...] *For this reason, the traveller must know what damages or benefits him in order to seek his own treatment, so that none of these diseases will affect him.*

These lines introduce *al-Isfār ‘an ḥukm al-asfār*, a practical manual that warns against the health risks of a journey and provides medical advice for travellers. This short booklet, written in the fifteenth century by the Egyptian Chief Physician Ibn al-Amshāṭī (812/1409–902/1496), was dedicated to the Chief Secretary Muḥammad al-Juhanī al-Bārīzī (796/1394–856/1452), a prominent member of the administration of Sultan Jaqmaq (r. 842/1438–857/1453), on the occasion of his pilgrimage to Mecca. The existence of this medical manual is attested in several sources, but it has not itself been an object of study so far, and no critical edition has been published to date. Luckily, the manuscript consulted as part of this study contains a complete version of the work, allowing us to make some important observations on the text as a whole, its aims and its intended audience. For its purpose and contents, *al-Isfār ‘an ḥukm al-asfār* can be included among the

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corpus of medical manuals produced by professional physicians for courtly patrons who had no expertise in medical science. Its internal organization, however, presents some special characteristics which enhance the accessibility and usefulness of its contents.

The present article is an attempt to understand how a fifteenth-century scholar could adapt scientific knowledge in a practical manual for a non-professional readership. In fact, *al-Isfār* was meant to allow travellers to maintain or restore their physical health during a journey without the help of a medical practitioner. The author needed, therefore, to include enough contents to compensate for the absence of a professional physician, while also ensuring that medical knowledge was accessible and understandable for a non-specialist reader. Via the analysis of *al-Isfār*, this article analyses how the author selected, elaborated and organized material to serve this twofold purpose.

As we will see, *al-Isfār ‘an ḥukm al-asfār* is a compendium in which the author does not copy verbatim from other sources, but carefully selects useful knowledge and actively re-elaborates information. As such, this work (as well as its author’s career) corroborates the idea that scholars of the Mamlūk period were not passive recipients and imitators of a centuries-old cultural tradition, but rather original and dynamic interpreters of a great wealth of pre-existing material. In the last few decades, several scholars have challenged the established misconception that associated the enormous textual production that took place during the Mamlūk period with an anxious desire to preserve a vanishing cultural heritage, or with a widespread lack of originality.¹ *Al-Isfār ‘an ḥukm al-asfār* is indeed the product not of a period of cultural stagnation, but rather of a cultural stage characterized by a broad and lively intellectual activity which continued the previous phases of Arabic literature, and it reflects the necessity of creating a cultural apparatus through the selection, adaptation and organization of existing knowledge.

In order to understand the significance of *al-Isfār* in this context, this article first discusses the author, Ibn al-Amshāṭī, as part of the Mamlūk scholarly milieu which was actively engaged in the development and transmission of knowledge in the fifteenth century. The sources which contain details about him, especially those written during his lifetime, hint at a man embedded in the dense network of scholars and institutions that dominated Mamlūk Cairo’s intellectual scene. An overview of Ibn al-Amshāṭī’s career and literary output is essential to grasp the relevance of *al-Isfār* within his oeuvre. Subsequently, the article analyses the contents and internal organization of the treatise, to reveal the thought processes behind the selection and transformation of medical knowledge into a functional self-help manual for travellers.

An Authoritative Author

Although Ibn al-Amshāṭī is not one of the best-known scholars of his time, his more famous contemporaries regarded him as a prominent figure and left biographical accounts in which they praise his morality and scholarly achievements. Among the earliest authors to record Ibn al-Amshāṭī’s life and career, we find his illustrious colleagues al-Sakhāwī (831/1428–902/1497), al-Biqā‘ī (809/1407–885/1480) and the well-known al-Suyūṭī (849/1443–911/1505). Furthermore, an anonymous note found in a manuscript of *al-Isfār ‘an ḥukm al-asfār* kept in Mosul and dated 976/1568 contains additional information about his life.² Although this manuscript is currently difficult to consult due to the turmoil affecting the Mosul region, the text of the note is still available, as it was

published in an article of the *Majallat Lughat al-‘Arab* by Anastās al-Karmalī in April 1930. Later biographical dictionaries, such as *al-Badr al-Ṭālī‘* by Muḥammad al-Shawkānī (d. 1839) and *al-A‘lām* by al-Ziriklī (d. 1976), include brief accounts about Ibn al-Amshāṭī, but they add only a few details to what had been written by earlier biographers.³ Only a few works by Ibn al-Amshāṭī (but not the manual analysed in this article) feature in early modern and modern bibliographical dictionaries, like the seventeenth-century *Kashf al-Zunūn* by Ḥājji Khalīfa and the *Idāḥ al-maknūn* by Ismā‘il Pāshā al-Bābānī al-Baghdādī (d. 1920).

Thus, a survey of the extant sources which discuss Ibn al-Amshāṭī and his scholarly output indicates that his fame was relatively short-lived, and that only a couple of his works remained popular for a long period. The accounts left by his contemporaries, however, paint a portrait of a greatly respected scholarly authority. This brief overview of Ibn al-Amshāṭī’s life and career, which serves the purpose of understanding the authorship of *al-Isfār ‘an ḥukm al-asfār*, will therefore focus on the earliest sources. Besides reporting accurate biographical information, these accounts have in fact the advantage of providing us with an insight into the way that Ibn al-Amshāṭī was considered by his contemporaries as a member of a well-defined scholarly community. Biographical dictionaries such as al-Sakhāwī’s *al-Daw’ al-lāmi‘* often reflect the cultural and intellectual values of the time by underscoring them in someone’s biography. As argued by Wadad al-Qadi, this kind of literature can be interpreted as “a mirror in which are reflected some important aspects of the intellectual and cultural development of the Islamic community”.⁴

Most of the details we know about the life of Ibn al-Amshāṭī come from the biography written by al-Sakhāwī, who in *al-Daw’ al-lāmi‘* states that a close friendship existed between them. According to this biography, Maḥmūd ibn Aḥmad ibn Ḥasan ibn Ismā‘il ibn Ya‘qūb ibn Ismā‘il Muẓaffar al-Dīn ibn al-Imām Shihāb al-Dīn al-‘Ayntābī, also known as Ibn al-Amshāṭī, was born around 812 AH (1409–10 CE).⁵ He was still alive when the earliest accounts about him were written, but later records, including the note found in the Mosul manuscript of *al-Isfār*, record that he died in 902/1496.⁶

Neither al-Sakhāwī nor other sources provide much information about Ibn al-Amshāṭī’s ancestors, but a few hints show that some of his family members were religious authorities. For instance, from his name we can deduce that his father, Shihāb al-Dīn al-‘Ayntābī, was an *imām*, and the short note accompanying the Mosul manuscript of *al-Isfār* attests that Ibn al-Amshāṭī’s brother, Muḥammad ibn Aḥmad ibn Ḥasan Shams al-Dīn, was the Hanafī’s Chief Judge (*qāḍī al-quḍāt*) of Egypt.⁷ Although Ibn al-Amshāṭī was born in Cairo, his paternal family was originally from the Anatolian city of ‘Ayntāb (Gaziantep), in south-eastern Anatolia, as the *nisba* ‘Ayntābī indicates.⁸ The *laqab* “Ibn al-Amshāṭī” was instead, as al-Sakhāwī explains, related to his maternal grandfather, who had some business in combs (in Arabic *musḥṭ*, pl: *amshāṭ*).⁹

From a historical perspective, the childhood and early adult life of Ibn al-Amshāṭī coincided with a period of economic and political turmoil, as the Mamlūk Sultanate was still coping with the disruption caused by previous famines and plagues.¹⁰ With the reign of al-Malik al-Ashraf Barsbay (r. 825/1422–841/1438), the Sultanate regained some stability, partially due to a stronger military control of its commercial routes and frontiers.¹¹ At a certain point, Ibn al-Amshāṭī himself may have become involved in

the protection of these borders. Besides praising his qualities as a warrior, al-Sakhāwī mentions that he was stationed in certain frontier cities (*rābaṭa fī ba'd al-thughūr*).¹² The participation of scholars in jihad and *ribāṭ* as combatants, advisers, preachers or functionaries had a highly symbolic value, as it was associated with the imitation of the Prophet Muhammad's martial activity and therefore represented an exemplary practice, which endorsed the piety of the 'ulamā' and their position as "vigilant defenders" of Islam.¹³ To highlight the piety of Ibn al-Amshāṭī, al-Sakhāwī also reports that he performed the pilgrimage several times and that he sojourned at the Ḥaram in Mecca (*hajja ghayr marra wa-jāwara*) – the latter being a standard practice of piety and learning among medieval Muslim scholars.¹⁴

The aspect of Ibn al-Amshāṭī's life to which al-Sakhāwī dedicates most attention, however, is his educational background and scholarly career. The biography of the scholar is populated with a great number of intellectual authorities who transmitted their knowledge to him. The most prominent of them is certainly Ibn Ḥajar al-'Asqalānī (d. 852/1449), but the list of Ibn al-Amshāṭī's masters includes many other scholars. Several Hanafi authorities are among the teachers of Ibn al-Amshāṭī (who himself belonged to the Hanafi *madhhab*) such as the chief of the Hanafi judges of the Diyār Miṣr Sa'ad al-Dīrī (who held this office between 842/1438 and 866/1461), the mufti al-Amīn al-Aqṣarā'ī (d. 880/1475) and the *faqīh*, grammarian and *ḥadīth* expert al-Shamannī (d. 872/1468).¹⁵ Besides law, another major component of Ibn al-Amshāṭī's education was medical science, which he studied under the supervision of al-Sharaf ibn al-Khashshāb (d. 863/1459) and the aforementioned al-Shamannī.¹⁶

Ibn al-Amshāṭī had prominent scholars not only as masters but also as companions. His biography mentions, for instance, that he travelled to Ta'if with al-Biqā'ī.¹⁷ Also in *al-Daw' al-lāmi'*, al-Sakhāwī defines the friendship between Ibn al-Amshāṭī and himself as loving and fraternal (*wa-baynanā wudd shadīd wa-ikhā' akīd*), describing how they attended lectures and travelled together (*ṣaḥibtuhu sāfirān wa-ḥāḍiran*).¹⁸ In another of his works, *al-Tibr al-Masbūk*, al-Sakhāwī recalls the time he visited the madrasa al-Kharrūbiyya in Giza with his fellow students, al-Biqā'ī and Muẓaffar al-Dīn al-Amshāṭī, and then spent the night with them around the Pyramids, discussing a book about these ancient monuments.¹⁹

Such information shows that Ibn al-Amshāṭī's education was embedded in a rich network of prominent teachers and companions who would later become important intellectuals. The emphasis on a person's scholarly network is not unusual in Mamlūk biographies, which tend to report the names of the masters more than those of the institutions where scholars pursued their education. In medieval Muslim thought, which evaluated education "on *persona*",²⁰ knowing the names of a scholar's teachers was in fact essential, because it was the master's moral and intellectual reputation and his personal relation with a pupil that determined the latter's quality and career. Therefore, the list of Ibn al-Amshāṭī's masters is not a simple biographical record, but an indication of the prestige of his education and, as a consequence, his intellectual authority. Similarly, the companionship between Ibn al-Amshāṭī and other young scholars, as well as their shared educational background, marks their common membership of the same group of intellectuals. The bonds created by this commonality could develop, as in the case of al-Sakhāwī and Ibn al-Amshāṭī, into a long-lasting friendship. In fact, al-Sakhāwī

states that Ibn al-Amshāṭī did not abandon the scholarly community even after dedicating himself completely to the medical profession, but kept attending al-Sakhāwī's lectures until old age prevented him from leaving his house.²¹

After gaining the permission to transmit what he had learnt (*ijāza*) from all of his masters, Ibn al-Amshāṭī engaged in teaching. As a jurist, he taught *fiqh* in various madrasas. Al-Sakhāwī reports the names of at least three madrasas, all situated in the area around Bayn al-Qaşrayn, in which Ibn al-Amshāṭī was active as a teacher: the Zimāmiyya, the Zāhiriyya al-Qadīma and the Şālihiyya.²² As a physician, he held the professorship in the mosque of Ibn Ṭülün, where a chair in medical sciences had been established after Sultan Lājīn had ordered the restoration of the building at the end of the seventh/thirteenth century. According to al-Sakhāwī, Ibn al-Amshāṭī taught medical science also in the Maṣūriyya madrasa, which belonged to the complex of the Qalawunid hospital, filling the position previously held by his teacher al-Sharaf Ibn al-Khashshāb.²³ All of these institutions were regarded as important centres of science, and they played a pivotal role in the education of the scholarly elite in the Mamlūk Sultanate. As argued by Carl Petry, they represented the “zenith of the academic hierarchy” of the time, and many of the prominent scholars of the Mamlūk sultanate taught in at least one of them.²⁴ The fact that Ibn al-Amshāṭī was active in five underscores his renown as a scholar.

The strong focus by al-Sakhāwī on the scholarly achievements of Ibn al-Amshāṭī is possibly linked to the fact that, at his time, scholars would attribute more prestige to the theoretical knowledge of medicine rather than to its practical application.²⁵ However, Ibn al-Amshāṭī's activity as a medical practitioner seems to have had a pivotal role in his life. In fact, while he eventually retired from teaching jurisprudence and from other activities, he never abandoned his work as a physician, through which he came into contact with various levels of society. If his activity among the poor is – at least in the eyes of his biographers – an indicator of his piety, the fact (attested by al-Suyūṭī) that he held the office of Chief Physician (*ra'īs al-aṭibbā*) reflects the prestige he enjoyed, as a professional, among the members of the ruling elite and his colleagues.²⁶ The Chief Physician was in fact appointed personally by the Sultan, and the holder of this position was responsible for verifying the qualification of all other practitioners.²⁷

Ibn al-Amshāṭī's authority within the scholarly community on the one hand, and his interaction with a broader audience on the other are mirrored in his literary output. Among his works it is possible to distinguish books written mainly for professional physicians and others addressing a more general public. His most famous work, the *Sharḥ al-Mūjaz* or *al-Munjaz fī Sharḥ al-Mūjaz*, was a two-volume commentary on *al-Mūjaz fī l-Ṭibb* (*Summary of medicine*) by the celebrated physician Ibn al-Nafīs (d. 687/1288). Al-Sakhāwī affirms that various copies of it circulated and that it was well received among the scholarly community (*qarraḍahu lahu ghayr wāhid*).²⁸ The *Sharḥ al-Mūjaz* seems to have enjoyed long-lasting popularity, as is attested in all the sources we possess about Ibn al-Amshāṭī, and the *Kashf al-Zunūn* recommends it as a good commentary on *al-Mūjaz fī l-Ṭibb*.²⁹ Many sources also mention the *Sharḥ al-Lamḥa* (or *Ta'sīs al-ṣiḥḥa fī Sharḥ al-Lamḥa*), a commentary Ibn al-Amshāṭī wrote on *al-Lamḥa fī l-Ṭibb*, a medical treatise written by 'Afif Abū Sa'd Ibn Abī Surūr al-Sāwī, about which not much is known. Ibn

al-Amshāṭī's commentary seems to be the only one on *al-Lamḥa fī l-Ṭibb* known to Ḥājjī Khalīfa.³⁰

Besides these major works, Ibn al-Amshāṭī authored a couple of minor treatises meant for a broader readership. One of them, finished in 883/1478 and entitled *al-Qawl al-sadīd fī ikhtiyār al-'imā' wa-l-'abīd*, deals with the correct way of choosing slaves, and gives instructions on how to detect illnesses and other bodily defects that slave merchants may deceitfully hide at the market.³¹ In the introduction to this treatise, which is nowadays available as a printed edition, Ibn al-Amshāṭī states that it was written as an extended and revised version of a similar treatise by Muḥammad ibn Ibrāhīm al-Anṣārī (known as al-Akfānī, d. 749/1348) entitled *al-Nazar wa-l-tahqīq fī taqlīb al-raqīq*.³²

Comparably, *al-Isfār 'an ḥukm al-asfār*, the work analysed here, is a short treatise meant to give practical instruction to a non-professional audience. *Al-Isfār* is clearly related to Ibn al-Amshāṭī's position as Chief Physician and his close contact with the ruling elite. As stated in the opening section (*iftitāḥ*) of *al-Isfār* and confirmed in most of the sources about Ibn al-Amshāṭī, this treatise was meant to provide medical advice to the Chief Secretary of the Chancery (*kātib al-sirr*) Muḥammad al-Juhanī al-Bārīzī, on his journey to Mecca. Al-Bārīzī belonged to a prestigious family of religious scholars, he himself had been active as a *qāḍī* in Syria for most of his life and he had been appointed to the position of *kātib al-sirr* several times. He was a prominent figure in the entourage of Sultan Jaqmaq (r. 842/1438–857/1453), who was his brother-in-law. During his last period in office, al-Bārīzī travelled to Mecca as a member of the royal *ḥajj* caravan (which included also Sultan Jaqmaq's wife Mughul bt. al-Bārīzī) that left from Cairo in Dū l-Qa'ḍah 850/January 1447.³³ It was therefore around this date that Ibn al-Amshāṭī, already an accomplished physician and authoritative scholar, wrote *al-Isfār 'an ḥukm al-asfār*.

As discussed below, the content of *al-Isfār* is in line with the main principles of the medieval Islamic medical tradition based on the theories of Galen and elaborated by Muslim physicians such as Ibn Sinā and Ibn al-Nafīs, on whom Ibn al-Amshāṭī was a commentator. However, Ibn al-Amshāṭī does not indicate specific sources (as often the case in medieval Islamic medical literature), nor does he say if *al-Isfār* is based on some other medical “regimen” previously written by famous physician for courtly patrons.³⁴ There are a few examples of this kind of treatise that are known to us, such as *al-Maqāla al-Nāṣiriyya fī Ḥifz al-Umūr al-Ṣiḥḥiyya* written by the physician Ibn al-Muṭrān (d. 587/1191), the treatise *Fī tadbīr al-Ṣiḥḥa* that Maimonides (d. 600/1204) dedicated to Ṣalāḥ al-Dīn's son al-Malik al-Afḍal, and the “regime for travellers” entitled *Kitāb fī tadbīr al-abdān fī safar al-ḥajj* (or *Risāla fī tadbīr safar al-ḥajj*) that the Christian physician Qusṭā ibn Lūqā (ca. 205/820–300/912) wrote for the Abbasid vizir al-Ḥasan ibn Makhlad ibn al-Jarrāḥ (d. 269/882).³⁵ In this article, which deals mainly with the structural organization of *al-Isfār*, I will mention only a few noteworthy differences and similarities between the latter and Qusṭā ibn Lūqā's *risāla*, but a thorough comparison of these medical manuals for illustrious patients might represent a promising topic for further research.

Overall, the functionality and organization of these practical manuals for non-professionals has not been the object of much scholarly attention. However, the structure of *al-Isfār*, particularly if considered in the light of its literary context, calls for special

scrutiny. The analysis of *al-Isfār* that follows is an attempt to understand how Ibn al-Amsihāṭī, as a member of a scholarly elite engaged in the reworking and organization of knowledge, adapted contents belonging to his field of expertise to the specific needs of a non-expert readership.

A Practical Manual for Travellers

The Manuscript

The present study is based on my edition and translation of the manuscript of *al-Isfār* preserved in the National Library of Cairo (Dār al-Kutub wa-l-Wathā'iq al-Miṣriyya).³⁶ No other manuscript copies of this work are currently available: the one attested in Mosul (if still extant) could not be consulted due to the political and social turmoil affecting the whole region. Therefore, this edition has been made on the basis of a single manuscript. The Cairo manuscript of *al-Isfār 'an ḥukm al-asfār* occupies the last 16 pages of a convolute (i.e. a collection of different manuscripts in one codex) catalogued as *Majāmi' 210*. This convolute contains 15 other works (*risāla*) on various topics, including Islamic jurisprudence (*uṣūl al-fiqh*),³⁷ tradition (*'ilm al-ḥadīth*),³⁸ medicine³⁹ and poetry.⁴⁰ Each of the 16 components of the convolute represents an independent manuscript whose paper and script vary consistently. Most of the manuscripts of the convolute are undated and do not bear the name of the copyist. The few manuscripts of which the date and/or the copyist is known have all been written by different hands and at different times, the earliest one being dated 607/1210 (*risāla* 11, *Makārim al-akhlāq*)⁴¹ and the most recent 921/1515 (*risāla* 4, *I'jāz al-Munāẓirīn*).⁴² It is not possible to know when the 16 manuscripts were assembled, but the seal of the Khedivial Library (*Kutub Khāna Khadiviyya*) on the first and last page of the convolute suggests that the manuscripts formed a convolute by the time they entered the library.⁴³ The lack of any signature, *tamallukāt* (ownership statements), colophon or a date for when the copy was made represents a major obstacle to reconstructing the biography of this manuscript of *al-Isfār*. However, as it appears to be a complete copy, this manuscript is well suited for the textual analysis presented here.

Style, Function and General Structure

Al-Isfār is mostly written in a neat style. Its opening, in rhymed prose (*saj'*), is the only passage displaying obvious aesthetic embellishment, while the rest of the treatise is characterized by a simple language that seeks clarity and effectiveness and avoids the use of ornamentation. Functionality is clearly the main purpose of the treatise, which is meant to provide travellers with a collection of useful medical information. In the opening section of the book, the author explicitly sets this goal:

It is an essential principle to bring along what is beneficial and avoid what is harmful, especially for the preservation of bodily and mental health (*wa-kāna min aḥammihā ḥifẓ al-ṣiḥḥa wa-l-ikhtiyār*) and the provision of what may be useful to the traveller in waste lands, as there is no friend, neighbour or remedy around him (*wa-l-tazawwud bi-mā la' al-lahu yanfa' a li-dhī al-barārī wa-l-qifār haythu lā ṣāhib lahu wa-lā jār wa-lā 'aqāqir wa-lā 'aqqār*). Thus, it seemed opportune to me to put together for His Excellency a book in which I give instructions on this in the most beautiful way (*sālikan fihī ajmal al-masālik*).

And, praise to God, it came out containing the tricks of this great craft's books (*hāwīyan li-asrār kutub hādihā al-fann al-kubār*), yet exempting from carrying around all those volumes (*mughnīyan 'an haml tilka al-asfār fi mafāriq al-asfār*), collecting and conveying scattered knowledge by way of a compendium (*jāmi'an li-intishār mā tafarraqa minhā 'alā sabīl al-ikhtiṣār*). And for this reason I called it "Unveiling of the Regime of Travels" (*fa-li-dhālika sammaytuhu al-isfār 'an ḥukm al-asfār*).⁴⁴

Al-Isfār serves the purpose of providing a useful medical guide for travellers (and for Ibn al-Amshāṭī's patron in particular). Such a guide is meant to support the traveller through the hardships of a journey, especially where he cannot count on the help of the community or on the availability of prepared remedies. The compilation of a regimen for travellers requires the collection of selected information contained in various medical works, a task that could not be carried out without great familiarity with those texts. Moreover, the bulk of medical volumes containing the information needed represents, as Ibn al-Amshāṭī points out, a physical impediment for the traveller, who might not have the means of carrying bulky volumes around. *Al-Isfār* has therefore two significant advantages: first, it selects information required by the traveller, sparing him from searching through complex medical texts; and second, it is an easily portable summary that provides an effective substitute for several heavy books. In sum, the key principles underlying the compilation of *al-Isfār* can be outlined as follows:

- **Collection** (*jāmi'an li-intishār mā tafarraqa minhā*) of information contained in various sources,
- **Comprehensiveness** (*hāwīyan li-asrār kutub hādihā al-fann al-kubār*), as the book is said to present the contents without omitting the core concepts underlying medical science; and
- **Abridgement** (*'alā sabīl al-ikhtiṣār*) of the selected information.

Together, these principles create a manual which contains the medical knowledge necessary for travelling and is accessible for non-professional users. Moreover, the mention of portability as one of the manual's advantages is indicative of one of the most important characteristics of *al-Isfār*: the treatise is meant to be carried during a journey (not learned by heart), and it is therefore a practical, consultative book to be used in case of necessity, not a scholarly work. For this reason, the organization of the contents is a key element for enhancing *al-Isfār*'s functionality. Analysing both the internal organization and the contents of the treatise is, therefore, essential to understand how the author applied the principles listed above.

After the opening section, the author presents a short *tartīb* or *tabwīb* (i.e. a list of the book's chapters including a short description of their respective contents) from which it is possible to visualize the general structure of the manual:

I have organised it in an introduction (*muqaddima*), eight chapters (*fuṣūl*) and an appendix (*khātima*). The introduction explains why it is necessary to write this book. The first chapter is on the things that the traveller should do [before leaving]. The second chapter deals with the regime of the traveller in hot weather; the third chapter with what concerns hot winds. The fourth chapter is about travelling in wintertime. The fifth chapter is on protecting the limbs, and the sixth chapter on protecting the skin tone. The seventh chapter regards the problems of water. The eighth chapter deals with the matters of travelling by sea. The

appendix is about what the traveller should carry with himself and it consists of two parts: the first one about simple remedies (*al-adwiya al-mufrada*) and the second on compound remedies (*al-murakkaba*). And with those two, the chapters of the book are ten in total.⁴⁵

Based on this quotation, it is possible to divide the content of *al-Isfār* into three blocks, namely an introduction (*muqaddima*), a main section divided into eight chapters, and a *khātima* (here translated as “appendix”) split into two subchapters. As the following analysis shows, each block is essentially autonomous, and even the chapters belonging to the same block can be read independently.

The Muqaddima: Theoretical Background

The introduction serves the purpose of explaining the need for writing a treatise such as *al-Isfār*, and it does so by illustrating how the hardships of a journey can affect bodily health:

The traveller leaves all of a sudden the conditions to which he is used, and this brings along a series of dangerous illnesses. Tiredness and fatigue (*al-ta'ab wa-l-naṣab*) make things worse, since they cause the bodily temperature to raise and melt the bad humours (*al-akhlāṭ al-radī'a*), which move from a place to another. If they set in some of the main organs (*al-a'ḍā' al-ra'isiyya*) or in other parts, a tumour will appear, depending on the kind and quantity of the humour; and if they mix with the good humours (*al-akhlāṭ al-jayyida*), they will spoil them, generating troublesome diseases (*amrāḍ sa'aba*). For this reason, the traveller must know what damages and benefits him in order to seek for his own treatment (*li-yahriṣa 'alā mudāwā nafsīhi*), so that no one of these diseases will affect him.⁴⁶

This brief introduction presents in a nutshell the medical theory at the core of the treatise. Travelling is said to increase the chances of contracting illnesses because it represents a sudden change in the lifestyle of a person and an upheaval of the body's balance, which causes the release of toxic substances. The idea that health is the result of the balance between substances present in the human body and that any variation in the quality and quantity of these substances generates illnesses is a core concept of medieval Islamic medical theory. In line with the Galenic medical tradition, this theory attributes a pivotal role to bodily humours (*khilt, akhlāṭ*) in the maintenance, degeneration or re-establishment of a healthy balance, as they are the fluid substances into which nourishment is first transformed before being assimilated by the body.⁴⁷ These fluids are present in the human body in different quantities, and every healthy person has a distinct humoral balance, the loss of which is detrimental to one's health.⁴⁸ This brief sketch can do no justice to this articulated medical theory, but a more detailed description of it is beyond the scope of this paper. It is important, however, to highlight here that, although Ibn al-Amshāṭī meant *al-Isfār* to be mainly a practical guide, he still dedicated a special space for medical theory with the aim of informing the traveller about the risks of a journey and explaining the usefulness of his work. While in the other famous regime for travellers – that is, Qusṭā ibn Lūqā's *Kitāb fī tadbīr al-abdān* – references to medical theory are scattered thorough the whole book, in *al-Isfār* the *muqaddima* represents not only a textual threshold, but also a concentration of the theoretical concepts at the basis of the manual.

The Eight Chapters (Fuṣūl): A Regimen for Travellers

Unlike the introduction, where medical theory is preponderant, the main section focuses mostly on practical advice for coping with different circumstances, such as extreme

climatic conditions, that present a threat to the traveller's health. As can be observed from the *tabwīb* reported above, each of the eight chapters deals with a particular situation: chapter 1, for instance, gives advice on how to prepare the body for the physical stress of travelling, chapter 2 on how to deal with hot weather, etc. While remaining substantially independent, chapters dealing with similar situations are clustered. For instance, chapter 3, about travelling in hot winds, immediately follows the chapter about the dangers of travelling in hot weather. Chapter 5, on the protection of limbs, is closely related to the topic of chapter 4, that deals with the effects of cold weather, and it precedes the chapter on the protection of skin (chapter 6), as limbs and skin are the parts of the body that are most exposed to external conditions. Chapter 7, which discusses the issues related to the quality of water and the ways of improving it, builds on points made in chapter 6, that lists bad water among the main causes of skin deterioration, and at the same time relates to chapter 8, about travelling on water. The main section of the treatise is therefore organized as a chain, the links of which (the chapters), although comprising distinct sections, are ordered in a logical sequence. This structure has the practical advantage of facilitating the reader's navigation through the text, and it increases the chance of finding a suitable solution to a particular problem.

Each chapter outlines the risks posed by the specific situation it treats. The fourth chapter, for example, which deals with travelling in wintertime, begins with a description of the detrimental effects of cold weather:

Travelling in wintertime or in cold zones is extremely dangerous, as cold turns off the natural bodily heat (*al-ḥarāra l-gharīziyya*), causes stiffness and hardens the body. Even if it did not reach that point, it could possibly cause the hunger called *būlimūs* [...], a type of hunger called "cow hunger", which is when the organs are starving while the stomach is satiated (*jū' al-a'ḍā' ma' shab' al-ma'ida*), and the organs are craving for food but the stomach rejects it. The reason for this is a bad cold temperament (*sū' mizāj bārid*), as cold weather can generate a bad cold temperament that affects the upper stomach (*famm al-ma'ida*). Very cold weather can also cause the traveller to lose his limbs (*suqūṭ al-atrāf*) [due to frostbite], especially if one was riding and his limbs were hanging, and looking at ice and snow weakens eyesight (*yud' ifu al-baṣar*).⁴⁹

Similarly, chapter 2 indicates how hot weather affects the natural balance of the body:

Travelling in hot weather is harmful: it causes serious illnesses and leads to the exhaustion of strength, because heat melts the bodily moistures (*al-ruṭūbāt*), and if they dissolve the natural bodily heat (*al-ḥarāra al-gharīziyya*) becomes weaker because it is constituted by them, and strength weakens because the vital force (*al-rūh*) generated from the bodily heat is derived from them. Then, the ability to move is enfeebled and thirst becomes more intense, and the natural disposition urges to drinking water for hydrating, cooling and reinforcing the moistures that have been dissolved. If he finds water, the traveller drinks too much and this causes several illnesses; but if there is no water available and thirst is suffered this causes obvious damage. The sun can possibly damage the head and cause headache and fever through drought and excessive evaporation, especially for a hot-dry temperament (*al-mizāj al-ḥār al-yābis*) and for weak bodies and for those who are not used to travelling in hot weather.⁵⁰

As can be observed in these two examples, the dangers posed by certain situations are discussed in relation to some basic theoretical concepts. Here we find, for instance, a hint at the *mizāj* – that is, the temperament, or the result of the interaction of the four elements (fire, water, earth and air) within the human body –, and the *rūh*, the vital

force. Together with the *akhlāt* (humours) and *a'dā'* (organs) mentioned before, the *mizāj* and the *rūḥ* are among the elements that the Islamic medical tradition regards as the main components of the human body. However, the chapters of the manual do not treat these notions extensively but, after mentioning them briefly, they proceed to indicate the necessary steps that should be taken by the traveller.

The eight main chapters generally include practical advice such as suggestions related to clothing, dietary recommendations and prescriptions for simple remedies. In this aspect, *al-Isfār* follows the well-established medical tradition of prioritising practical and dietary preventive solutions, and resorting to the use of compound drugs only when food and simple remedies would be insufficient to restore the healthy bodily balance.⁵¹ The internal structure of the chapters reflects this order- after explaining how a particular situation affects the traveller's health, the manual indicates some practical ways of coping with such a situation, and then suggests foods and simple remedies which can help maintain the body's normal balance. It is only seldom that the main chapters prescribe the use of compound remedies, which are instead collected and listed in the appendix of the manual.

Recommendations on clothing aim to protect the body from specific external conditions. After describing the risks of travelling in hot weather, for instance, chapter 2 recommends the use of a turban (*'imāma*), a hood (*qalansuwa*), headscarves (*manādīl*) and jubbahs (*jibāb*) to protect one's head, face and chest from the heat of the sun.⁵² Similarly, chapter 3 advises covering one's face and nose against hot winds, because the inhalation of blazing air can prove detrimental to one's health. Chapter 5, on the protection of limbs from cold weather, suggests instead to put fine goat's wool (*sha'ar al-ma'z al-mir'izzī*) and rabbit's fur (*wabar al-arnab*) between fingers, and to wrap legs with paper (*kāghad*), socks (*jawārib*) and leather shoes (*khuff*).⁵³

Practical recommendations, which occur in every chapter, also have a preventive function. In chapter 1, which indicates how to prepare the body for the physical hardship of travelling, practical suggestions on the purification of the body and its acclimatization to hunger, thirst and fatigue have a prominent role. Here, for instance, the author suggests the traveller to exercise in walking and riding for a while before starting the journey:

If he decided to travel by foot and he is not used to walking, he shall train himself for that before travelling, and get used to it little by little, walking more every day gradually (*'alā al-tadrīj*) until he becomes accustomed to it and bearing it becomes natural. And if he decided to travel by horse then he shall exercise (*fa-yartāḍu*) before that with movements and riding exercises that will help his riding during the journey.⁵⁴

In other places, *al-Isfār* provides the traveller with practical solutions to help him cope with a certain situation. Chapter 4, for instance, recommends travelling during the day instead of at night, because the heat of the sun helps the traveller to bear the cold (*fa-yanbaghī li-l-musāfir fīhi an yakūna masīruhu bi-l-nahār wa-rāḥatuhu bi-l-layl fa-inna al-masīr fī l-nahār yuhawwinu nikāyat al-bard li-ḥusūl ḥarārat al-shams fīhi*).⁵⁵ The same chapter also gives advice on how to camp during the night, choosing a place which is isolated from the cold (*yu'awī ilā kann naḥiyahu al-bard*),⁵⁶ protected from winds (*mastūran 'an al-rīḥ*) and far from the passage of floods (*munḥarīfan 'an mamarr al-suyūl*). It also suggests that the traveller should tether their riding-animal close to the tent, so that its breath keeps the tent warm (*wa-an yaj'ala l-dawāb bi-qurb al-fustāṭ li-yaskhuna bi-*

kuthrat al-nafs).⁵⁷ It is important to notice here that the organization of the chapters, besides facilitating the manual's consultation, allows the reader to take preventive measures based on the circumstances he is in. Unlike the *risāla* of Qusṭā ibn Lūqā, the chapters of which are mostly organized by symptoms (earache, fatigue, eye diseases, rheum, etc.) rather than by the circumstances that cause those symptoms, the organization of *al-Isfār* gives prominence to prevention rather than therapy.

Water, Food and Simple Remedies

The chapter about water (chapter 7) also presents plenty of practical advice. The fact that *al-Isfār* dedicates an entire chapter to the supply of water shows us how critical this issue was considered to be for the well-being of the traveller. As explained at the beginning of the chapter, the change of water experienced by the traveller is one of the main reasons for the occurrence of diseases during a journey, even more so than the change of food (*ikhtilāf al-miyāh yuqī'u al-musāfir fi amrāḍ akthar min ikhtilāf al-aghdiya*).⁵⁸ For this reason, after explaining which kinds of water are good and which ones are not, this chapter illustrates a variety of precautions and practical solutions to deal with water provision. The traveller is cautioned not to drink water from wells and canals, as well as that flowing southward and westward, running on minerals such as ammonium (*nūshādirī*) and alum (*shabbī*) or coming from a swamp (*miyāh ajamiyya*). Distillation (*al-taṣ'īd aw al-taqīr*) or cooking (*al-ṭabkh*) is indicated as the most efficient way of neutralising the differences of water, as they are determined by heavy elements that are mixed with water but that cannot evaporate. Another possible solution is that of bringing along some water or soil from one's homeland:

The traveller should bring with himself some water from his country (*mā' baladihi*) in order to mix it with any water he comes across (*kull mā' warada 'alayhi*), if possible. Otherwise, he shall mix it with the water he finds next (*al-mā' alladhī yalīhi*), and then mix that with the water he finds later and so on, until he reaches his final destination. Also, he shall carry with himself some soil from his country (*ṭīn baladihi*), mix it with any water he comes across, shake it and leave it until water becomes clear (*hattā yafū*), then drink it. In fact, a man is used to the water of his own country (*miyāh balad al-insān qad alifahā*), and his nature is more disposed to it because he was raised with it and the moisture of his body resembles it the most (*ruṭūbat badanihi ashbahu bihā*).⁵⁹

Interestingly, also Qusṭā ibn Lūqā's *risāla* dedicate a special place to the issue of water provision. Some of the directions contained in chapters 8 and 9 of the *Kitāb fi tadbīr al-abdān*, dealing respectively with testing and improving of water quality, are similar to those given by Ibn al-Amshāṭī (such as the potability of rainwater, the effectiveness of boiling water for purification, the defects of swamp water, etc.), but the practical solutions suggested for improving the quality of water vary consistently, and in the *Kitāb fi tadbīr al-abdān* the impact of water change on one's health is not mentioned.

In line with the medieval Islamic medical tradition, *al-Isfār* attributes therapeutic properties to food: for this reason, most chapters also contain dietary advice. Simple remedies such as herbs, spices, essences and oils to be mixed with food or applied directly to the body are also indicated. Such prescriptions aim to maintain or restore the normal balance of the body, affected by external factors, by compensating for the deficit or excess of certain elements. Thus, therapy functions on the base of the principle *contraria*

contrariis: any alteration of the natural balance is treated by introducing to the body, through food or medication, substances which are opposite in nature to the element causing the imbalance.⁶⁰ For instance, barley mush (*sawīq al-sha'ir*), which is a food with cold-wet temperament, is suitable for counteracting the heat and dryness caused by hot weather. Similarly, chapter 3 recommends the consumption of cold-tempered foods such as spinach (*isfānākh*), portulaca (*baqla ḥamqā'*), pumpkin (*qara'*) and lettuce (*khass*) to compensate for the harms posed by hot winds.⁶¹ Chapter 4, instead, lists several hot-tempered spices such as garlic (*thūm*), nutmeg (*jawz*), mustard (*khardal*), asafoetida (*ḥaltit*), onion (*baṣal*), pepper (*fulful*), cinnamon (*dār ṣīn*) and ginger (*zanjabīl*) to increase bodily temperature in cold conditions.⁶² Besides ingestion, simple remedies can also function with different applications. For instance, chapter 3 recommends the inhalation of rose oil (*dahn al-ward*) to combat the effects of hot winds, and rubbing it on the temples is recommended in chapter 2 to prevent heat-induced headache, while rubbing the body with a hot-tempered oil (*al-tamrikh bi-adhān al-ḥāra l-musakhkhina*), such as lily-oil, is given in chapter 4 as a good remedy against cold.⁶³

Every chapter includes a list of food or simple remedies that can counterbalance the harmful effects (described at the beginning of the chapter) of the specific environmental conditions covered by the chapter. This indicates a deliberate decision by the author to select and group medical information thematically to facilitate the reader's ability to find solutions for specific problems when needed. This organizational scheme greatly enhances the usability and functionality of the manual.

Compound Remedies: The Pharmacological Appendix

The chapters of the main section do not generally include compound remedies; that is, those medications prepared via the combination of various ingredients. An exception to that is the pill for quenching thirst (*al-ḥubb al-musakkin li-l-'aṭsh*),⁶⁴ whose preparation is described in chapter 1, and an ointment called *qayrūṭi* indicated in chapter 6 as a medication for skin-cracks.⁶⁵ As mentioned above, this is connected to the fact that the medieval Islamic medical tradition prioritises dietetics and simple remedies for the prevention and therapy of diseases, while compound remedies are employed when a stronger treatment is needed. However, the main section's paucity of recipes is compensated by the considerable variety of remedies listed in the last part of the treatise: its pharmacological appendix. In the *khātima*, the author selects and organizes pharmacological remedies suitable for treating the illnesses that are most likely to befall a traveller. Sections on simple and compound remedies can be found in some of the most important medieval Islamic medical encyclopaedias, but it is quite noteworthy to find one in a short manual for non-professionals. It represents one of the most special characteristics of *al-Isfār* (the *Kitāb fī tadbīr al-abdān*, for instance, does not include one), and it completes the comprehensive architecture of the treatise with one of the most relevant aspects of the medieval Islamic medical tradition: pharmacology.⁶⁶

As outlined in the description of contents (*tabwīb*), the appendix is divided into two chapters which, conforming to the Galenic and medieval Islamic pharmaceutical tradition, list simple drugs (*al-adwiya l-mufrada*) and compound remedies (*al-adwiya al-murakkaba*) respectively. Both chapters select remedies that a traveller might need in

different situations, and that he should therefore carry along or be able to prepare himself. The simple remedies listed in the first part of the *khātima* are divided into two categories on the basis of their nature: hot-tempered (*al-ḥārira*) and cold-tempered (*al-bārīda*). This relates to the fact that, as stated above, the Greco-Arab tradition attributed a specific temperament (hot, cold, hot and dry, hot and wet, cold and dry, or cold and wet) to each treatment which helped to restore health by counterbalancing the prevailing temperament of the affected organ.⁶⁷ Simple drugs are mostly herbs, seeds, essential oils and spices, some of which, such as pepper (*fulful*), ginger (*zanjabil*) and cinnamon (*dār šīnī*), are very common. Interestingly, all these simple remedies feature in the twentieth-century *Essai sur le droguier populaire Arabe de l'Inspectorat des Pharmacies du Caire*, and therefore their use and availability in Cairo's markets appears to have persisted over a significant period of time.⁶⁸

The second part of the *khātima* contains almost 50 different recipes for compound remedies, and groups them according to their type of application:

The second chapter deals with what one should bring along of syrups (*ashriba*), robs (*rubūb*), electuaries (*ma'ājīn*), pills (*ḥubūb*), salves (*shiyāfāt*), pastilles (*aqrās*), cataplasms (*safūfāt*), collyria (*akḥāl*), eye-salves (*shiyāfāt al-'ayn*), oils (*adhān*), liniments (*marāhim*), powders (*dharūrāt*) and dentifrice (*sanūn*).⁶⁹

Unlike in the eight main chapters, here remedies are ordered according to the category they belong to, and not according to their function (such as, for instance, “remedies against the harm of cold weather”), which is, instead, indicated within each recipe. The organization of this part of the *khātima* resembles that of the two most important pharmacopoeias (*aqrābādḥīnāt*) circulating at the time *al-Isfār* was written. These texts, namely the *al-Aqrābādḥīn al-Kabīr* by the Iraqi scholar Ibn al-Tilmīdh (466/1074–569/1165) and the thirteenth-century *Minhāj al-dukkān* by the Egyptian al-Kūhīn al-‘Aṭṭār, are extensive formularies written for professional pharmacists.⁷⁰ A comparison with these two works reveals that the internal structure of the recipes reported in this section of *al-Isfār* follows the model set by contemporary professional pharmacopoeias. In fact, as in *al-Aqrābādḥīn al-Kabīr* and in the *Minhāj al-dukkān*, in *al-Isfār* each recipe contains five essential parts: the name of the remedy, its therapeutic properties, the list of necessary ingredients with doses, the instructions for combining the ingredients and finally directions for its use.⁷¹ A typical recipe, therefore, resembles the following example:

[T]he *Cassia Fistula* electuary, useful against colics, bilious and phlegmatic diseases of the intestines: take *Isfahan violet* and *Turpethum* forty [dirhams] each, Indian salt seven and a half dirhams, fennel seeds, anise and mastic five dirhams each, liquorice paste fourteen dirhams, fifteen dirhams of *Scammonia* and hundred dirhams of *Cassia Fistula* beans. Weigh all these drugs and mix with one hundred dirhams of *Cassia Fistula* essence [...] and hundred dirhams of honey. Drink from five to ten dirhams.⁷²

Although the organization of the *khātima* follows the well-established model of professional dispensaries, this section presents some original features. First, compared to other pharmacopoeias, a much more limited range of applicative categories and recipes is given. This is not only because *al-Isfār* selects, among the many remedies known, only those fulfilling the needs of travellers, but also because it only includes those remedies which could be prepared with very simple equipment. The preparation

of the drugs listed in the *khātima* and elsewhere in the treatise does not require more than a mortar, a pestle and, occasionally, a pot (*qidr*). For the preparation of certain medications, the other formularies require the use of utensils that must have been available only to professional pharmacists and medical practitioners (and that certainly could not have been carried on a journey), such as the aludel (*uthāl*) or the stone cauldron (*ṭinjīr ḥajar*).⁷³ Similarly, the measurement system of *al-Isfār* is limited to the most common metrological units – that is, the *dirham*, the *daniq*, the *raṭl* and the *mithqal* – while professional formularies use a much wider and more nuanced measurement system.⁷⁴

Furthermore, the variety of *materia medica* listed in *al-Isfār* is not as diverse and rich as the one of *al-Aqrābādīn al-Kabīr* and the *Minhāj al-dukkān*. It can, therefore, be assumed that the ingredients required in *al-Isfār* were limited by design to what the traveller could easily find. In some cases, the manual even indicates various alternative ingredients for a remedy: for instance, the recipe of a balm mentions that

[a]mong the hot salves (*al-shiyāfāt al-hāra*) needed for cold colics (*al-qūlanj al-bārid*), warming the back (*taskhīn al-zahr*) and purgation of mucus (*ishāl al-balgham*), the best is the one obtained through mincing oil-soap and taking relief with it; or mixing it on a fire with taffy (*fānīdh*) or honey, sprinkling it with crushed salt, borax (*būraq*), turpeth (*turbid*), ginger, colocynth pulp (*shahm al-ḥanṣal*), scammonia (*siqamūniā*) and similar drugs that purge or dissolve gasses such as nigella (*shūnīz*), cumin and *jandabistar*, and this can be combined with hot resins such as *opopanax* (*jāwashīr*) and *segapenum* (*sikabīnj*).⁷⁵

In conclusion, the *khātima*, represents a simplified version of the traditional dispensaries used by professional pharmacists, as it adopts their organization and structural pattern, but selects contents useful in a specific context (travelling) and adapts them to the requirements of an audience which lacked the instruments of the experts.

In sum, the three sections of the manual are abridged and adapted versions of three key elements drawn from the medieval Islamic medical tradition. The introduction, in which the medical theory underpinning the treatise is explained, forms the theoretical basis of the treatise. The eight main chapters provide practical and dietary advice that has been selected, organized and presented in a way that enhances the usability of the treatise by non-professional readers while maintaining the core principles of Greco-Arabic therapy. Finally, the *khātima* lists a series of simple and compound remedies selected based on their usefulness and feasibility, and mirrors, in its structure, some of the most important professional dispensaries. Through a sophisticated way of adapting and organising knowledge from a century-old medical tradition, the author manages to achieve the goals set out at the beginning of the treatise – collecting sparse information and presenting it in an abridged yet exhaustive way.

Conclusion

With *al-Isfār ‘an ḥukm al-asfār*, Ibn al-Amshāṭī selects knowledge from his field of expertise and adapts it to create a practical manual for a non-professional readership. A detailed analysis of this manual shows that its apparent simplicity is actually the result of a well-planned reorganization and reformulation of complex medical knowledge. *Al-Isfār* is in fact the product of a scholar who, through a rich educational background

and distinguished academic career, had become a fully fledged member of an intellectual community engaged in the elaboration and organization of an enormous body of knowledge.

The study of *al-Isfār* presented in this article has explored the author's approach to the creation of this practical manual; that is, his deliberate strategy to select and present material in a functional and accessible way. One of the most remarkable aspects which has emerged from this analysis of the text is its comprehensiveness - the information provided is not limited to the prescription of remedies, but always includes a short theoretical statement explaining the health risks associated with specific situations. By presenting medical theory in a simplified version, rather than excluding it entirely, the manual allows the user to better understand the repercussions that certain conditions might have for their body and, therefore, to consciously take action to maintain good health.

The analysis of the manual's contents presented above also reveals that *al-Isfār* fits within the long Greco-Islamic medical tradition that understands health as the balance between bodily elements and sickness as an imbalance of these elements. In accordance with this tradition, *al-Isfār* respects the rule of preventing and curing illnesses in accordance with the principle *contraria contrariis*, and of prioritising dietetics as a form of therapy, turning to pharmacology only for the treatment of more severe conditions. Conformity with the models of the Greco-Islamic medical tradition is even more apparent in the structure of the pharmacological appendix of the manual, the organization of which closely follows the scheme of the two most famous professional dispensatories of the time, the *Minhāj al-dukkān* and *al-Aqrābādhīn al-Kabīr*. However, a comparison with these professional texts also reveals that the *khātima* is tailored to the non-specialist audience for which it was intended by adapting the contents of professional pharmacopoeia through a process of selection and simplification - as the remedies it presents, its *materia medica*, metrological system and the equipment required have been specifically chosen and adjusted to suit the needs and limitations of travellers.

Overall, the manual displays an original structure that enhances the accessibility of necessary information. Each chapter gathers practical and medical advice suitable for a specific situation, allowing the user to easily locate the information needed in such a situation. The internal structure of the chapters follows a regular pattern, in which a general description of the health risks connected to a certain environmental condition precedes a list of practical suggestions, dietary advice and, eventually, remedies and prescriptions to cope with the risks described at the outset. Consequently, each chapter constitutes an independent unit, facilitating the user's consultation of the manual.

In conclusion, besides a fascinating sample of a fifteenth-century self-help manual for travellers, *al-Isfār 'an hukm al-asfār* also represents a noteworthy case of the reworking and reorganization of scientific knowledge, through its adaptation into a practical tool that met the needs of a non-expert readership respecting the guidelines of a well-established medical tradition.

Notes

1. See, for example: Thomas Bauer, "Mamlūk literature: Misunderstandings and new approaches", *Mamlūk Studies Review*, 9 (2005): 105–112; Elias Muhanna, *The World in a Book: Al-Nuwayri and the Islamic Encyclopedic Tradition* (Princeton: Princeton University

- Press, 2018), pp. 15, 56. See also Muhsin al-Musawi, “Pre-modern belletristic prose”, in *Arabic Literature in The Post-Classical Period*, ed. Roger Allen and D.S. Richards (Cambridge: Cambridge University Press, 2006), pp.101–102; and Sonja Brentjes, “The prison of categories – ‘decline’ and its company”, in *Islamic Philosophy, Science, Culture, and Religion: Studies in Honor of Dimitri Gutas*, ed. D. Reisman and F. Opwis (Leiden: Brill, 2012), pp. 131–156.
2. On the existence of the Mosul manuscript, see also Carl Brockelmann, *History of the Arabic Written Tradition*, trans. Joep Lameer (Leiden: Brill, 2018), Supplement Vol. 2: 97.
 3. Muḥammad ibn ‘Alī al-Shawkānī, *al-Badr al-ṭālī‘ bi-maḥāsini man ba‘d al-qarn al-sābi‘* (Damascus: Dār al-Fikr, 1998), pp. 810–811; and Khayr al-Dīn al-Ziriklī, *al-A‘lām: qāmūs tarājīm li-ash‘har al-rijāl wa-l-nisā‘ min al-‘Arab wa-l-musta‘ribīn wa-l-mustashrifīn* (Bayrūt: Dār al-‘Ilm lil-Malāyīn, 1979), 7: 163.
 4. Wadad al-Qadī, “Biographical dictionaries: inner structure and cultural significance”, in *The Book in the Islamic World*, ed. G. Atiyeh (Albany: SUNY Press, 1995), p. 94.
 5. Shams al-Dīn Muḥammad ibn ‘Abd al-Raḥmān al-Sakhāwī, *al-Daw’ al-lāmi‘ li-ahl al-qarn al-tāsi‘* (Beirut: Dār al-Jil, 1992), 10: 128. The same date is reported by Brockelmann, *History of the Arabic Written Tradition*, Supplement Vol 2: 97. Other sources, such as al-Biqā‘ī and al-Suyūṭī, report that he was born in 810/1407. See al-Ziriklī, *al-A‘lām*, 7: 163, note; Jalāl al-Dīn al-Suyūṭī, *Nazm al-‘iqyān fī a‘yān al-a‘yān* (New York: Syrian-American Press, 1927), p. 174.
 6. Al-Karmalī “Maḥmūd ‘Antāby and Ibn Sāni‘”, *Majallat Lughat al-‘Arab*, 8/4 (1930): 259; the same date is given by al-Shawkānī, *al-Badr al-ṭālī‘*, p. 811; Ziriklī, *al-A‘lām*, 7: 136; and al-Bābānī, *Hadiyyat al-‘arifīn* (Istanbul: Mu‘assasat al-Tārikh al-‘Arab, 1951), 2: 411. See also Brockelmann, *History of the Arabic Written Tradition*, Supplement Vol. 2: 97.
 7. Al-Karmalī “Maḥmūd ‘Antāby and Ibn Sāni‘”, 259. See also Ibn Khalīl, *Nayl al-amal fī dhayl al-duwal* (Beirut: al-Maktaba al-‘aṣriyya, 2002), 7: 270.
 8. Today Gaziantep: this city was still under the authority of the Mamlūk Sultanate at the beginning of the fifteenth century. See Carl F. Petry, *The Civilian Elite of Cairo in the Later Middle Ages* (Princeton: Princeton University Press, 1981), pp. 68–69. The presence of Anatolian *nisba* (especially from ‘Ayntāb) is attested among the members of the scholarly milieu of Mamlūk Cairo.
 9. Al-Sakhāwī, *al-Daw’ al-lāmi‘*, 10: 128. According to the biographical account of Ibn al-Amshāṭī’s brother, Shams al-Dīn, Ibn al-Amshāṭī’s maternal grandfather raised him and his brother after they had lost their father at a very early age. See al-Sakhāwī, *al-Daw’ al-lāmi‘*, 6: 301.
 10. There had been at least two outbreaks of plague, one in 749/1348–49 and another in 808/1406, and a famine in 806/1403, which had caused serious economic damages. See P.M. Holt, “Mamlūks”, *Encyclopaedia of Islam, Second Edition* (Leiden: Brill, 2012), and Jean-Claude Garcin, *États, Sociétés et Cultures du monde Musulman Médiéval, Tome 1: L’évolution politique et sociale* (Paris : Presses Universitaires de France, 1995), p. 347.
 11. Holt, “Mamlūks”, in *Encyclopaedia of Islam, Second Edition*.
 12. Al-Sakhāwī, *al-Daw’ al-lāmi‘*, 10: 128, and similarly Muḥammad ibn ‘Alī al-Shawkānī, *al-Badr al-ṭālī‘ bi-maḥāsini man ba‘d al-qarn al-sābi‘* (Damascus: Dār al-Fikr, 1998), p. 810; and al-Ziriklī, *al-A‘lām*, 7: 163.
 13. See Houari Touati, *Islam and Travel in the Middle Ages*, trans. Lydia G. Cochrane (Chicago: University of Chicago Press, 2010), pp. 201–203; and Michael Bonner, *Jihad in Islamic History: Doctrines and Practice* (Princeton: Princeton University Press 2006), pp. 100–115.
 14. Al-Sakhāwī, *al-Daw’ al-lāmi‘*, 10: 128. See also “Djīwār” in *Encyclopaedia of Islam, Second Edition*. The mention (by al-Sakhāwī, *al-Daw’ al-lāmi‘*, 10: 129, and al-Suyūṭī, *Nazm al-‘iqyān*, p. 174) of a mystical vision Ibn al-Amshāṭī had as a young boy might also have the purpose of underscoring his piety. On the use of this kind of narrative for promoting someone’s individual morality in pre-modern biographies, see: Elizabeth Sirriyeh, *Dreaming and Vision in the World of Isla: A History of Muslim Dreaming and foreknowing* (London: I.B. Tauris, 2015), pp. 61–77; and Nile Green, “The religious and cultural roles of dreams and visions in Islam”, *Journal of the Royal Asiatic Society*, 13/3 (2003): 287, 309.

15. For Sa'ad al-Dīrī, see Ibn Taghri Birdī, *al-Nujūm al-Zāhira fī mulūk miṣr wa-l-Qāhira* (Cairo: Wizārat al-thaqāfa, 1963), 15: 230, 16: 271; for al-Aqsarā'i, see al-Ziriklī, *al-A'lām*, 8: 168; for al-Shamannī, see 'Ādil Nuwayhid, *Mu'jam al-Mufasssirin min ṣadr al-Islām wa-ḥattā al-'aṣr al-ḥaḍīr* (Beirut: Mu'assasat Nuwayhid al-thaqāfiyya lil-ta'lif wa-l-tarjama wa-l-nashr, 1988), 1: 72.
16. Al-Sakhāwī, *al-Daw' al-lāmi'*, 10: 128. For al-Sharaf ibn al-Khashshāb, see Ibn Khalīl, *Nayl al-amal*, 6: 61–62.
17. Al-Sakhāwī, *al-Daw' al-lāmi'*, 10: 128.
18. Al-Sakhāwī, *al-Daw' al-lāmi'*, 10: 129.
19. Al-Sakhāwī, *al-Tibr al-Masbūk fī dhayl al-Sulūk*; (Cairo: Maṭba'at Dār al-Kutub wa-l-Wathā'iq al-Qawmiyya, 2014), 2: 8–9.
20. Jonathan Porter Berkey, *The Transmission of Knowledge in Medieval Cairo* (Princeton: Princeton University Press, 1992), p. 23.
21. Al-Sakhāwī, *al-Daw' al-lāmi'*, 10:1 28.
22. The madrasa Zimāmiyya, founded in 797/1395 by a eunuch amīr of Barqūq (Muqbil al-Rūmī), was located close to Bāb Khūkha, on the western wall of Cairo. The Zāhiriyya al-Qadīma, in Bayn al-Qaṣrayn, was probably the madrasa founded by al-Zāhir Baybars (r. 658/1260–676/1277). Finally, the Ṣālihiyya, founded by the Ayyubid ruler al-Malik al-Ṣāliḥ in 639/1241 in the area of Bayn al-Qaṣrayn, was particularly famous for being the first madrasa in Egypt to offer, from 641/1243, lessons of the four Sunni *madhhab* in one place (a pattern later followed by several other madrasas in Cairo). See al-Maqrizī, *al-Mawā'iz wa-l-i'tibār fī dhikr al-khiṭaṭ wa-l-athār* (Beirut: Dār al-Kutub al-'ilmiyya, 1997), 3: 189, 4: 224–225, 4: 217–218.
23. Al-Sakhāwī, *al-Daw' al-lāmi'*, 10: 128. For the mosque of Ibn Ṭūlūn, see Berkey, *Transmission of Knowledge in Medieval Cairo*, p. 62. The *Manṣūriyya* is mentioned in al-Maqrizī, *Khiṭaṭ*, 3: 323.
24. Carl F. Petry, *The Civilian Elite of Cairo in the Later Middle Ages* (Princeton: Princeton University Press, 1981), p. 330.
25. Doris Behrens-Abouseif, “The image of the physician in Arab biographies of the post-classical age”, *Der Islam: Journal of the History and Culture of the Middle East*, 66 (1989): 336.
26. Al-Sakhāwī (*al-Daw' al-lāmi'*, 10: 128) insists in particular on the pious aspect of Ibn al-Amshāṭī's career as a practitioner, while al-Suyūṭī (*Naẓm al-'iqyān fī a'yān al-a'yān*, p. 174) mentions his position as *ra'īs al-aṭibba'*.
27. Doris Behrens-Abouseif, *Fath Allāh and Abū Zakariyya: Physicians under the Mamlūks*, Supplément aux annales islamologiques (Cairo: Institut français d'archéologie orientale, 1987), pp. 5–6.
28. Al-Sakhāwī, *al-Daw' al-lāmi'*, 10: 129.
29. See Ziriklī, *al-A'lām*, 7: 136; al-Shawkānī, *al-Badr al-tālī'*, p. 811; al-Karmalī “Maḥmūd 'Antāby and Ibn Sāni'”, 259; Ḥājji Khalīfa, *Kashf al-Zunūn* (Beirut: Dar Ihyā' al-Turāth al-'Arabī, reprint from 1941–43), 2: 1900; al-Bābānī, *Hadiyyat al-'arifin*, 2: 411.
30. Al-Sakhāwī *al-Daw' al-lāmi'*, 10: 129; Ḥājji Khalīfa, *Kashf al-Zunūn*, 2: 1561; al-Bābānī, *Hadiyyat al-'arifin*, 2: 411; Ziriklī *al-A'lām*, 7: 136; al-Shawkānī *al-Badr al-tālī'*, p. 811; al-Karmalī “Maḥmūd 'Antāby and Ibn Sāni'”, 259. See also Brockelmann, *History of the Arabic Written Tradition*, Supplement Vol. 2: 97. According to some sources, Ibn al-Amshāṭī also authored a compendium of Hanafi law, the *Sharḥ al-Nuqāya*, which further developed an earlier commentary written by his teacher al-Shamannī on *al-Nuqāya fī furū' al-fiqh al-ḥanafī*, a selection from the different branches of *ḥanafī* law compiled in 806/1403 by the jurist 'law al-Wāḥid al-Sirāmī. Al-Sakhāwī, *al-Daw' al-lāmi'*, 10: 129; al-Shawkānī, *al-Badr al-tālī'*, p. 811; al-Bābānī, *Hadiyyat al-'arifin*, 2: 411. On the *Al-Nuqāya fī furū' al-fiqh al-ḥanafī*, see Kaḥḥāla, *Mu'jam al-mu'allifin*, 6: 211.
31. Al-Karmalī “Maḥmūd 'Antāby and Ibn Sāni'”, 259–260; Ziriklī *al-A'lām*, 7: 136; al-Bābānī, *Idāḥ al-maknūn* (Beirut, Dar Ihyā' al-Turāth al-'Arabī), 2: 249; and *Hadiyyat al-'arifin*, 2: 411.
32. Ibn al-Amshāṭī, *Al-Qawl al-sadīd*, ed. Muḥammad 'Aīsā Ṣālahiyya, p. 31. See also Brockelmann, *History of the Arabic Written Tradition*, Supplement Vol. 2: 175.

50. In the MS folio 4 recto, lines 3–13:
السفر في الحر مضر يحدث أمراض ردة ويؤدي إلى ضعف القوة لأن الحرارة محللة للرطوبات وإذا اتحللت ضعفت الحرارة الغريزية إذ هي مركبها فتضعف القوة لأن الروح المتولد عن الحار الغريزي مركبها وحينئذ ضعفت الحركة واشتد العطش فاستدعت الطبيعة شرب الماء للتطبيب والتبريد وتشديد ما يتحلل من الرطوبات، و يكثر شرب الماء إن وجد إليه سبيل وذلك سبب لأمراض كثيرة، وإن لم يوجد الماء وكوبد العطش أدى إلى ضرر بين وأيضاً ربما أضرت الشمس بالدماغ، فأورث صداعاً وحمى بوسطة اليبس لأفراط التحليل، لاسيما في المزاج الحار اليابس والأبدان الضعيفة ومن لم يعتد الحركة في الحر".
51. Bashar Saad and Omar Said, *Greco-Arab and Islamic Herbal Medicine: Traditional System, Ethics, Safety, Efficacy, and Regulatory Issues* (New Jersey: John Wiley, 2011), p. 124.
52. In the MS folio 4 recto, lines 14–15: "والقننوسة أو القننوسة" و صدره بالعمامة أو القننوسة".
والمناديل والجباب لنلا يصيبه حر الشمس".
53. In the MS folio 7 recto, lines 6–9: "ويزن الأرنب أو" 9-6: "ويزن الأرنب أو" غير، ثم تلف الرجل بالكاغد بالمعجمة المفتوحة والدادل المهملة وهو الورق الفارسي معرب، ثم يلبس عليها الجوارب وهي اللقائف ثم الخف".
54. In the MS folio 3 recto, lines 4–8: "فإن كان ممن يريد السفر ماشيا ولم يكن له عادة بالمشي فليرو (و)ض نفسه" 8-4: "فإن كان ممن يريد السفر ماشيا ولم يكن له عادة بالمشي فليرو (و)ض نفسه" بالمشي قبل ذلك ويعودها قليلا قليلا ويزيد في مقداره على التدرج كل يوم حتى تألف ذلك ويهون على الطبيعة حمله، وإن كان عازما على السفر راكبا فيرتاض قبله بالحركات وركوب ما سيعاني ركوبه في السفر".
55. In the MS folio 6 recto, lines 2–4: "فإن المسير في" 4-2: "فإن المسير في" النهار يهون نكاية البرد لحصول حرارة الشمس في ه".
56. In the MS folio 6 recto, lines 5–6: "فالأولى بالمسافر أن يستريح فيه ويأوي إلى كن نفيه البرد" 6-5: "فالأولى بالمسافر أن يستريح فيه ويأوي إلى كن نفيه البرد"
57. In the MS folio 6 verso, lines 5–7: "مستورا عن الريح،" 7-5: "مستورا عن الريح،" منحرفا عن ممر السيول، وأن يجعل الدواب يقرب القسطاط ليسخن بكثرة النفس".
58. In the MS folio 8 verso, lines 7–8: "إختلاف المياه يوقع المسافر في أمراض أكثر من إختلاف الأغذية" 8-7: "إختلاف المياه يوقع المسافر في أمراض أكثر من إختلاف الأغذية"
59. In the MS folio 9 recto, lines 12–17: "إن" 17-12: "إن" معه من طين بلده ويخلطه بكل ماء ورد عليه ويخضضه ويتركه حتى يصفو ثم يشرب منه لأن مياه بلد الإنسان قد ألفها وطبعه أقبل لها لأنه نشأ عليها ورطوبة بدنه أشبه بها".
60. Ullmann, *Islamic Medicine*, p. 99.
61. In the MS folio 5 recto, lines 9–10: "وجعل غذاؤه من البقول الباردة كالاسفاناخ وبقلة الحمقاء والقرع والخس" 10-9: "وجعل غذاؤه من البقول الباردة كالاسفاناخ وبقلة الحمقاء والقرع والخس" وما شاكل ذلك".
62. In the MS folio 6, verso, lines 10–13: "التوابل الحارة كالثوم" 13-10: "التوابل الحارة كالثوم" والجوز والخردل والحلتيت والبصل والفلفل والدارصيني والدارفلق والزنجبيل ونحو ذلك".
63. In the MS folio 6 verso, lines 3–4: "السوسن والزنيق والخروج والبابونج ونحو ذلك" 4-3: "السوسن والزنيق والخروج والبابونج ونحو ذلك".
64. In the MS, this pill is described on folio 3 verso, line 11–14.
65. In the MS, this remedy is described on folio 8 verso, lines 3–6.
66. Efraim Lev and Leigh Chipman, *Medical Prescriptions in the Cambridge Genizah Collections* (Leiden: Brill, 2012), pp. 9–10.
67. Saad and Said, *Greco-Arab and Islamic Herbal Medicine*, p. 137.
68. M.A.H. Ducros, *Essai sur le droguier populaire Arabe de l'Inspectorat des Pharmacies du Caire* (Cairo: Imprimerie de l'Institut français d'archeologie orientale, 1930).
69. In the MS folio 11 recto, lines 4–6: "الفصل الثاني فيما يصحب معه من الأشربة والربوب والمعاجين والحبوب" 6-4: "الفصل الثاني فيما يصحب معه من الأشربة والربوب والمعاجين والحبوب" والشيفات والأقراص والسفوفات والأكحال وشيفات العين والأدهان والمرامح والزوروات والسن ون".
- The *rubūb* are made of "inspissated juice of ripe fruit, obtained by evaporation of the juice over a fire until it acquires the consistence of a syrup". The *ma'ājīn* are "pasty mass composed of a medicine, usually in powder form, mixed in a palatable medium, as syrup, honey, or other sweet substance". The *safūfāt* are "a compound medicinal powder sprinkled externally" and the *marāhim* "a liquid or semifluid preparation that is applied to the skin as an anodyne or a counterirritant". See Leigh Chipman, *The World of Pharmacy and Pharmacists in Mamlūk Cairo* (Leiden: Brill, 2010), p. 281.
70. On the circulation of these formularies in the Mamlūk Sultanate, see Ragab, *Medieval Islamic Hospital*, p. 215. These collections of remedies represent two milestones in the development of Islamic pharmacology, a medical field in which the Arabs excelled and that reached its zenith in the seventh/thirteenth century, after a plethora of new drugs had

been incorporated to a century-old tradition. On the development of pharmacology in the ninth/thirteenth century, see Chipman, *World of Pharmacy and Pharmacists*, p. 123, and Lev and Chipman, *Medical Prescriptions in the Cambridge Genizah Collections*, p. 9.

71. On the presence of these elements in the recipes of *al-Aqrābādihīn*, see Oliver Kahl, *The Dispensatory of Ibn at-Tilmīd* (Leiden, Brill 2007), pp. 27–28.

72. In the MS folio 13 recto, lines 4–10 (for the translation of the herbs' names, see Ducros: *Essai sur le droguier populaire Arabe*): "معجون الخيار شنبر للقولنج الحار والعلل الصفراوية والبلغمية من الأحشاء: "يؤخذ من البنفسج الإصفرهاني والتريد من كل واحد أربعون ومن الملح الهندي سبعة دراهم ونصف، ومن بزر الرازيانج والانيسون والمصطكى من كل واحد خمسة دراهم، ومن رب السوس أربعة عشر درهماً، ومن السقمونيا خمسة عشر درهماً ومن فلوس الخيار شنبر مائة درهم، يوزن هذه الأدوية متحولة ويجمع مع لب الخيار شنبر مائة درهم فانيذ ومائة درهم عسل، وتجمع الأدوية بها والشربة من خمسة دراهم إلى عشرة".

73. Kahl, *Dispensatory of Ibn at-Tilmīd*, pp. 164, 116.

74. Kahl, *Dispensatory of Ibn at-Tilmīd*, pp. 33–34; and Chipman, *World of Pharmacy and Pharmacists in Mamlūk Cairo*, pp. 89–92.

75. In the MS folio 14 recto, lines 8–15: "وأما الشياقات الحارة المحتاج إليها في القولنج البارد وتسخين الظهر: "إسهال البلغم فأشرفها الصابون الذي من الزيت إذا خرط منه شياقه وأحمل بها أو جمعت مع الفانيذ أو العسل على النار ويذّر عليها الملح المسحوق والبورق والتريد والزنجبيل وشحم الحنظل والسقمونيا ونحوها من الأدوية المسهلة أو المحللة للرياح مثل الشونيز والكمون والجندبستر، ويجمع هذه مع الصموغ الحارة كالجاشير والسكبينج".

Disclosure Statement

No potential conflict of interest was reported by the author.