A. presents Ibn Sinâ as the physician who invented psycho-somatics. For Ibn Sinâ, according to A., emotional responses are due to differences in cardiac spirit, and cardiac health is influenced by psychophysiological factors. Very brief mention is also made of the groups of cardiac drugs, which are discussed by Ibn Sinâ. Of limited value.


A. stresses that Ibn Sinâ, in his Qânînîn, mentions Paul of Aegina’s definition of phrenitis. However, things become complicated when Ibn Sinâ, in a passage which is not devoid of Galenic reminiscences, places the two notions of qurântis and sirdâm side by side. Moreover, Ibn Sinâ himself refers to the complexity of the topic of phrenitis by distinguishing between a popular and a technical sense of sirdâm, whereby each of them gives rise to different senses. Finally, Ibn Sinâ was mistaken in his explanation of the origin of the two notions of sirdâm and barsâm, insofar as he did not remark that both equally mean phrenitis (although indicating a different seat for this disease). After having dealt with Rhazes’ views, A. observes that Ibn Sinâ’s doctrine of phrenitis is in some respects inferior to that of his famous Arabic predecessor, but in other respects clearly superior to it. Acc. to A., Ibn Sinâ’s greatest novelty is his theory of the reparation of signs which indicate the location of the disease in the brain. A. concludes that whereas Rhazes was probably more interested in patients, Ibn Sinâ preferred to deal with diseases.

A very fine, and stimulating paper.


A. presents Ibn Sinâ, besides inter alia Hüsnâyn ibn Irshâq, the famous 9th. cent. translator and Mu'min ibn Muqâbil, a 15th. cent. Ottoman physician, as one of the major authorities in the Islamic world on the topic of eye diseases in all its basic aspects, i.e., prevention, diagnosis and treatment. A. convincingly shows how the three mentioned authors had many ideas in common in their doctrines of ophthalmology, but also points to specific affirmations in each of them.

Valuable, although one wonders whether A. does not interpret some of the mentioned doctrines in a too modern way?


A. insists that Ibn Sinâ, notwithstanding his acceptance of the new “Galenic” anatomy, remained a genuine Aristotelian, as can best be illustrated by his concept of the female semen, to which he assigns the same role which Aristotle had ascribed to menstrual blood, as well as to his outspoken cardiocentrism. A. moreover notes that this position of Ibn Sinâ was largely accepted by later Aristotelians, but was strongly opposed, not only from Galenic quarters, but also from Islamic religious sources.

Valuable observations.


575. SAEED, AFTAB, Physiopathological Identification and Explanation of sawdâ‘ (Black Bile), in: Hamdard Med., 334 (90), 78 - 89.

Regarding Ibn Sinâ, A. notes that sawdâ‘ is considered by him to be the sediment in the liver, and constitutes a physiological humour. Moreover, for Ibn Sinâ there do exist several types of sawdâ‘ in the urine, and there also exists an “altered and extremely hot” sawdâ‘, which is linked with hepatic jaundice, and has lethal varieties.

The paper is written in a very poor English.

A’s basic observations regarding Ibn Sinâ’s conception of black bile seem to be correct, but one gets the impression that he interprets them in a (too?) modern way.


Based on Qânînîn, b. IV, F. 7, A. summarizes Ibn Sinâ’s major medical views regarding the topic of physical appearance, including such items as hair- or skin-diseases, and emaciation. Although A. bases his study on the 19 th-cent. Turkish translation of the Qânînîn, he always deals in a very carefull matter with Ibn Sinâ’s terminology, and thereby avoids misunderstanding it in a far too modern way. Only when there do exist serious indications that an old term can genuinely be replaced by a more modern one, A. presents such an identification, e.g., Ibn Sinâ’s “dry”, resp. “moist vapor” is understood by him as almost synonymous with actual testosterone,
resp. estrogen. But A., on other occasions, e.g. in the discussion of khebâ, notes that he is unable to specify the clinical tables of the various skin-diseases which are discussed under its title. In the conclusion, A. formulates several important remarks, among which I may mention: 1. different classifications are used in the Qīnūn (e.g. according to symptoms, or according to organs); 2. drugs are classified according to their effects; 3. some obscurities in the terminology are probably due to their being embedded inside a humoral theory; 4. some definitions, or descriptions are still worth noting in respect of their similarity with today's medical knowledge. A., at the end, adds a basic list of technical terms.

Most valuable.


Based on the Basel, 1556-edition of the Latin translation of the Qīnūn, A. observes that the notion of calor innatus, despite the absence of any definition, functions among the basic concepts of the physiology of the Qīnūn. In fact, innate heat guarantees the self-preservation of the organism. As far as its substrate is concerned, one only finds vague indications, dispersed among different sections, and not infrequently hard to combine with each other. But it is certain that for Ibn Sīnā there is a close connection between calor innatus and hamisdud radicale, as comes to the fore from several passages. It has to be noted that A., in this context, mentions Ibn Sīnā's (medically interpreted) metaphor of the lamp, a metaphor which he also uses in his exposé on hectic fever, but he then seems to refer to calor extraneus. Doubtful, on the contrary, is the very fact that innate heat is either a primary or a complex quality, as is rather convincingly shown by A. As to the functioning of innate heat, a particular role seems to be ascribed by Ibn Sīnā to the "Cholerodex", the "Dator Formarum", i.e., the Agent Intellect. Then, based on the De medicinis cardialibus, A. deals with the notion of spiritus innatus, which refers to an entity of a material nature, as well as to Ibn Sīnā's distinction between a complexio prima and a complexio secunda. Although for the latter concept some indications can already be found in Galen, Ibn Sīnā by his understanding undoubtedly opened the way to a radical new interpretation, which implies the radical rejection of an "eductio formarum ex potentia materiae". In his conclusion, A. seriously questions the so-called "systematic" form of the Qīnūn.

A very valuable case-study, although it may be regretted that no use whatsoever has been made of the Arabic original.


Among A.'s most important observations regarding Ibn Sīnā, I may cite:
- on several occasions, Ibn Sīnā accuses Galen of having misunderstood Aristotle
- Ibn Sīnā ascribes to Aristotle the affirmation of the existence of a kind of female semen, but, from the factual point of view Ibn Sīnā's own conception is rather Galenic
- Ibn Sīnā's "two semens" theory seems to have had influence in both the East (e.g., Ibn al-Qalqashand), and the West (e.g., Albert the Great)
- Ibn Sīnā follows Galen's bladder theory, but reformulates it in Aristotelian terms
- acc. to A., Ibn Sīnā is the only physician of his time who explicitly deals with factors of heredity (although not in his Qīnūn, but in the K. al-hayawān of the Sīhā)
- for Ibn Sīnā it is impossible on the only basis of empirical data to determine precise periods regarding pre-natal development. Some very valuable observations.


A. summarizes some of the most essential elements of Ibn Sīnā’s exposé on urine in book 1 of the Qāmūs. He thereby shows a clear tendency to interpret Ibn Sīnā’s explanations in a (too) contemporary way.

Introductory.

C. INFLUENCES


A. observes inter alia that the medieval Latin physicians, when dealing with pestilence, were strongly influenced by Ibn Sīnā’s distinction between remote, celestial causes, on the one hand, and, near, terrestrial causes, on the other hand. Regarding the terrestrial cause of pestilence, both the Paris masters and Gentile da Foligno took as their authority Ibn Sīnā, but the former related mechanistically a particular cause to an universal cause, whereas the latter only mentioned an extensive range of possible manifest causes. A. also states that Alfonso de Córdoba derived from Ibn Sīnā the idea that compound drugs have specific properties resulting from fermentation, and that Jacme d’Agnanmont, in agreement with Ibn Sīnā, recommended a seventy-two hours waiting before burying a victim of Black Death.

Some interesting observations.

588. DE ASÚA, M., El De Animalibus de Alberto Magno y la organización del discurso sobre los animales en el siglo XIII, in: Patristica et Mediaevalia, 15 (94), 3 - 26, esp. 7 - 19.

A. points to the presence of Galenic materials in Albert the Great’s De Animalibus. They are directly derived from Ibn Sīnā’s Qāmūs, and concern such topics as: the origin of veins and arteries, the female sperm and the “complecixio” of the humours. Regarding this latest doctrine, A. notes that Albert derived his definition from Ibn Sīnā’s De Animalibus, not from the Qāmūs.


Useful, but one wonders whether Ibn Sīnā’s influence on Albert, at least in this context, was not more profound than A. suggests?


A. notes the presence of an anti-Arabism in the late Middle Ages in Italy, which included a strong rejection of Ibn Sīnā. Then, he deals with the situation in Germany in the first half of the 16th century. There, one finds two diametrically opposed tendencies: on the one hand, the ”medici Arabistae”, who considered Ibn Sīnā to be the princeps medicorum, exemplified by L. Fries and B. Unger; on the other hand, the ”humanist” physicians, among whom L. Fuchs severely criticized Ibn Sīnā’s ideas on therapy, and J. Cornarius even characterized Ibn Sīnā as an uneducated man, in spite of his quoting him on several occasions. A. posits that the anti-Arabism of the Humanists was based on formal philological grounds, although it was basically due to a will to resort ad fontes, and, in fact, to simplicity.

An interesting case-study.

590. ERDEMIR-DEMIRHAN, A., The Views of Ibn Sīnā on Certain Drugs, and Their Importance in Turkish Folk Medicine, in: Acts (Ankara), 327 - 332 (Transl. J. BEARY); Bildiriler, 357 - 363, 364 (Tu. and Engl. Summaries).

A. briefly presents Ibn Sīnā indications concerning the characteristics and the use of seven drugs, which are still in use nowadays, or, at least, till recent times in Turkish folk medicine. A. always points to some striking similarities between the former and the latter, but never oversimplifies the issue.

A very interesting case-study.

591. GARCIA-BALLESTER, L., A Marginal Learned Medical World: Jewish, Muslim and Christian Medical Sources in Late Medieval Spain, in: Practical Medicine..., 353 - 394, passim.

Among A.’s remarks, I may cite: -Ibn Sīnā’s Qāmūs and Poem of Medicine figured among the standard texts of the medical teaching in the (Arabic) madrasa of 15th, cent. Zaragoza.
-although the Ḍawūr had not been well received in Andalusia, it nevertheless became very popular, at least from the beginning of the 14th cent., among the Jews in Christian Castile, Provence and Catalonia-

the above mentioned popularity of the Ḍawūr among Jews shows itself in several works (still in manuscript), containing extracts from it, but, above all, in the anonymous Arabic Book of Regal Castilian Medicine, which stresses e.g., the extraordinary value of Ibn Sinā’s antidotarius-among the Catalanian Jews an Hebrew version of the Ḍawūr circulated in the 1350s.

Valuable observations, but still in need of further elaboration.


A. states that the introduction of Ibn Sinā’s Ḍawūr opened a second stage in the medieval literature on phlebotomy, covering the second half of the 13th cent. as well as the first quarter of the 14th cent. Typical of this stage was the insistence on the medical rather than on the surgical aspect of phlebotomy (Ibn Sinā having placed its description in the theoretical part of his work). Henry of Winchester and G. Argiliones may be considered to be the first representatives of this new current. Jean de St. Amand, for whom Ibn Sinā offered the key for interpreting Galen’s works, adhered to the same line of interpretation. Still later, Arnoldus de Villanova and Bernard of Gordon combined the Avicennian inspired idea of phlebotomy as a form of evacuation with an emphasis on its surgical nature. Regarding pilosity, the Latin Middle Ages followed Galen’s opinion, which Ibn Sinā also had sustained and which favoured a revulsive phlebotomy. As to the practice of blood-letting, A. notes that Arnoldus de Villanova, following Ibn Sinā, was using a phlebotome having a hook. As to the size of incision to be applied, most physicians in this period agreed with Ibn Sinā’s views.

A very valuable case-study of Ibn Sinā’s influence on the West in a particular medical domain.


A. indicates that Martin Kröl of Zasawica (15th cent.), in his commentary on Peckham’s Perspectiva, has used the Ḍawūr as one of his major sources as far as the anatomical description of the eye is concerned. A. moreover insists that the Ḍawūr was an obligatory reference book for medical students at the University of Cracow in the 15th cent. This fact is evident by the presence of parts of the Ḍawūr or comments on them, in the Jagellone Library (a brief list of which is offered by A.).

A. also mentions the presence of other—most of the time medical—Avicennian works, extant in Cracovian manuscripts dated from that period.

Interesting, but in need of more detailed development.

594. MCVaUGH, M., Medical Knowledge at the time of Frederick II, in: Micrologus, 2 (94), 3 - 17.

In the first half of the thirteenth century, the medical “masters”—although A. judiciously remarks that medicine was not yet established as an academic discipline—had to cope with many new medical texts, among which Ibn Sinā’s Ḍawūr, in its Latin translation by Gerard of Cremona. Notwithstanding the highly technical, and sometimes entirely “new” terminology of Gerard, these masters were captured by the latter work, much more than e.g., by Galen’s works. This “Avicennizing” tendency shows itself in the increasing use of models of (mechanical) causation, and in such different fields as physiology (things acting spontaneously through their specific forms as well as mechanically through their primary qualities), pathology (by the fusion of humoral medicine with Ibn Sinā’s systematic faculty psychology one arrived at a pathological mechanical account for the amor heroicus) and therapeutics (phlebotomy being explained in terms of a mechanistic physiology). A. in all this is referring to five major physicians of that period, i.e., Gerard of Berry, Peter of Spain, Walter Aglion, Cardinalis and Theodoric Borgognoni. A. concludes that these Latin physicians, by using the medical instrumentalum of the Ḍawūr, arrived at sufficient intellectual sophistication in order to break away from the Ḍawūr itself.

A most valuable case-study regarding the very first receptione of Ibn Sinā’s Ḍawūr in the West.


A. indicates the significance that Ibn Sinā’s Ḍawūr had for Caselli, and more specifically the latter’s Lexicon.

An interesting observation, but in need of development.

596. RICHTER-BERNBÜRG, L., Avicenna gegen Pockenimpfung. Iranische Reaktion auf die Einführung westlicher Medizin, in: T.

A. argues that during the 18th. cent., and even in the very beginning of this century, the Iranians remained faithful to the Galenic tradition, as present in Ibn Siná's Qánín. A. illustrates this basic thesis by a concrete example, i.e., the problem of the (non-)utility of a vaccination against smallpox. According to A., the Iranian reluctance to accept modern Western medicine was inspired both by a profound admiration for Ibn Siná and by a -not totally unjustified- suspicion of Western motives.

A valuable case-study, showing that not only scholarly purposes play a role in the continuing success of an author.


A. observes that the tradition that academic medical instruction in Western Europe during the later Middle Ages and early Renaissance made extensive use of the Qánín is well founded on fact. A. notes that in the 15th. century much attention was paid to the theoria/practica distinction, and that preference was given to the former over the latter. Although even after 1500 an interest in the Qánín remained, some changes in its approach clearly came to the fore. One of the latter concerned the proper organization and structure of medical knowledge. This is illustrated by A. on the basis of the views of three Italian physicians, i.e. Da Monte, Costeo and Augenio, on the organizing principles of the first book of the Qánín.

Valuable, but it has to be noted that many of the ideas here expressed have been incorporated in A.'s Avicenna in Renaissance Italy. Princeton, New Jersey, Princeton Univ. Press, 1987 (Bibl., 338).


A. insists that in 13th. cent. Northern Italy, one finds two types of books on surgery. One reveals a dominantly theoretical character, while the other is more practical oriented. The former can be exemplified by Del Garbo's Comment on b. IV of Ibn Siná's Qánín, while da Saliceto's Cyrgia illustrates the latter. However, A. convincingly shows that one has to avoid oversimplification. In fact, del Garbo's (broad) definition of surgery was not only based on Ibn Siná's exposé, but also on practical requirements. Moreover, del Garbo sometimes dismissed authoritative opinions, and carried out much of his analyses by means of scholastic questions (Ibn Siná being in no way his sole authority). And da Saliceto, on his side, was not unaware of the technical literature (among which probably Ibn Siná's Qánín), as is shown from some of the examples he is giving.

A very valuable case-study.


A. discusses in detail the introduction of Ibn Siná in 15th., as well as the beginnings of 16th. cent. Italy. A. detects in it an explicit reaction against Ibn Rushd. A. also briefly refers to the anti-Avicennists of that period.

A valuable introductory outline, but A. ignores Siraisi's important studies (Bibl., 338 - 339) regarding this issue.

601. ÜÇER, M., Medicaments Recommended by Ibn Siná, and Their Effect on the Traditional Folk Medicine, in: Acts (Ankara), 369 - 374; Bildiriler, 399 - 404.

A. points to the fact that mother's milk and rose water are used in folk medicine for the treatment of some eye diseases, and that one may find indications in this respect in Ibn Siná. Several aspects of Ibn Siná's view on eye diseases are briefly discussed at the end.

Rather introductory.

Although most 17th cent. English physicians were willing to write rather in an empirical than in a rationalistic way, some of them, as e.g., Ph. Barrogh and W. Harvey, still hold the classical authorities, among whom Ibn Sīnā, in high esteem. But A. notes that there was in general a growing hostility against Avicennian (and Galenic) medicine, as can be illustrated by the case of N. Bigga.

A valuable case-study.


A. concentrates in this paper on the way in which Albert the Great, in his De Animalibus, has received Ibn Sīnā's "medical" ideas, especially regarding the issues of the periods of prenatal development and the female contribution to conception. Regarding the former doctrine, A. shows how Ibn Sīnā tried to harmonize the quite different ancient theories regarding the periodisation of the early development of the foetus. A. notes that Albert follows Ibn Sīnā in his De Animalibus, but adapts in his Quaestiones super De Animalibus the Pythagorean scheme (perhaps influenced by Augustine). Giles of Rome tries to explain away as far as possible the apparent differences between Augustine's and Ibn Sīnā's conceptions. Moreover, as far as the Hippocratic formula for the different periods of pregnancy is concerned, it was rightly reconstrued by Ibn Sīnā, but his wording, especially in his K. al-baywān, is somewhat vague, and was not correctly understood in the Latin Middle Ages. Albert the Great and Giles of Rome tried to interpret Ibn Sīnā's so-called "new" theory, but rather complicated than solved matters (Jacopo da Forli modified Hippocrates' rule according to the "Avicennian" respective). Regarding the female contribution to conception, A. insists on Ibn Sīnā's "synthesis" between Galen and Aristotle, i.e., Galenic elements are placed inside a fundamentally Aristotelian framework. Also Albert the Great was in favour of such a "synthesis", and he found a major source of inspiration in Ibn Sīnā, but without being a slavish follower of the latter. A. stresses that Albert saw at the basis of the differences between Galen and Aristotle semantic difficulties, and was, generally speaking, a little more reluctant than his Arabic predecessor. A. ends with a brief reference to the three bladder-theory, and how a mistake in the Latin translation of the K. al-baywān gave rise to a "new", although unusual and rather surprising idea in Albert.

As usual with A., a very fine study.

CHAPTER XVII

VARIA


A booklet for older children and young adolescents.

Of no real importance.


A Russian novel, using Ibn Sīnā as a major figure.


A. offers the description of a Russian stamp, issued at the occasion of the Unesco 1980-Millenary Remembrance of Ibn Sīnā.

One wonders why a philatelic communication was incorporated into a medical journal?


A. offers the Polish translation of two Persian tales on Ibn Sīnā.

This book has nothing to do with Ibn Sinā, but concerns the great contemporary Egyptian scholar N. A. Fā’id.


A drama in Turkish language on Ibn Sinā.


The Avicenna of this novel has nothing to do with the historical Ibn Sinā.

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