The Torn-off Veil

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The hero of our story, Gibril ibn Bahtishú († 827) came from a large and famous family of doctors – his father and grandfather had both been directors of the legendary clinic of Gondeshapur, the first clinic in history. It was at his father's recommendation that Gibril was accepted at the Baghdad court of Amin and Ma'mún. Although his rich oeuvre is almost entirely lost (only a few fragments survive in the works of ar-Razi and al-'Arabi), his varied life, half imprisonment, half fame and glory, survives through a number of anecdotes that circulate in the Arab world. From the beginning of Gibril's career, for example, the following curious story is to be read.

> In those days, Errashid's concubine, while tossing and turning during love-making (inter jactandum se funibus[1]), raised her arm, was seized with a cramp so that she was not able to lower it any more. Since neither the compresses nor the ointments of the physicians could help, Errashid said to Dzhafar, 'This is the end, she will never recover!' Dzhafar, however, answered, 'I have a very experienced physician, he is the son of Bahtishú. Let's summon him here and tell him what has happened to the girl. Perhaps he might find some remedy to her trouble.' Indeed, Errashid did summon the doctor and when he arrived, he asked him what his name was.
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> 'Gabriel,'[2] answered the doctor.
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> 'And what do you know of medicine?' Errashid asked him.
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> 'I can turn hot into cold and cold into hot, and likewise dry into wet and wet into dry,' the young man answered.
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> 'Is that all there is to healing?' laughed the caliph and related the story of the girl to the doctor.
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> 'If thou, the Lord of Muslims, will not grow wrathful,' said Gabriel, 'I have an idea of how I could cure the girl.'
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> 'And what is that?', asked Errashid. But all Gabriel would answer to this was, 'Let the girl stand in front of us all so I can do to her whatever I want to do with her, but I must request of you, Caliph, to restrain yourself and not to be overcome by sudden anger.'
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> At Errashid's summons the girl appeared shortly. When Gabriel saw her, he walked up to her hurriedly and, pulling her head back, tore off her veil (fimbria) as though he were trying to rip her naked. Overcome with embarrassment and shame the girl raised her hands and gripped hold

1 As clearly revealed later, this definitely refers to the sexual act. The exact translation of the phrase 'inter jactandum se funibus manum suam sustulisset' is debatable. Perhaps it means that throwing herself around, the girl hung on to the ropes of the bed. It is unlikely for the caliph to have tied up his concubine before love making. It is possible, however, that we are facing a plain mistranslation or textual corruption.

2 The Christian name is no error – Gibril or Gabriel was indeed a Nestorite Christian – according to his biography he was buried in Medain, in the monastery of Saint Sergius.

of the bottom of her veil at the same time. At this point Gabriel declared, 'Behold, Lord of all Muslims, the girl is cured.' Errashid then ordered the girl to stretch her arms out left and right. The girl obeyed him, to the amazement and wonder of all the onlookers. The Ruler had 500 thousand Drachmas given to Gabriel and made him his own doctor as well as the head of all other doctors. When asked what may have been the cause of the illness, Gabriel answered in the following fashion. 'Movement and the expanding heat caused a slight moisture to circulate into the girl's arm. When she suddenly stopped the movement of lovemaking, this moisture became trapped inside her muscles so that only some similar motion was able to release it thence. This is why I made use of a trick which allowed the heat to spread evenly in the body again and allowed the superfluous liquids to be released from their captivity' (Freind 1735: 340–341).[3]

Although this is just one of the stories circulating about Gibril ibn Bahtishú[4] (it is mainly the famous historian of science and biographer, ibn abi Usai'bia (1203–1270) who relates similar incidents), it offers a great deal of interesting ideas for the historian of culture as well as the historian of medicine. In contemporary terms, the anecdote is about a psychosomatic disease and, what is more important, about psychosomatic therapy. The reason why this is odd is that psychosomatics as a branch of medicine is the product of the twentieth century – one whose scientific foundations were laid, among others, by the Hungarian Mihály Bálint. This direct, causal connection between the illness and the psyche was rather far removed from the attitudes of the medicine practiced in the days of Gibril.[5] The justification of the therapy is also remarkable. Although Gibril was by all accounts right in recognising that the case was not one of dislocation or simple paralysis (had it been otherwise, he would not have used the trick he did, nor would the girl have recovered under the effect of the shock), yet his explanation of the success of his therapy is based on the classical medical study of the humours, the so-called humoural pathology which was, ultimately, developed by Galen. Humoural pathology whose theoretical roots go back originally to Greek Presocratic philosophy or perhaps even further, was at Gibril's time the unquestionable foundation of medicine. According to the assumptions of the humoural theory, the body of human beings and animals in general contain four types of fluids – blood (haima), bile (chole), black bile (melanchole) and lymph (phlegm). The fluids and the pairs of qualities associated with them (dry and wet, hot and cold) are responsible both for the individual's bodily constitution and for the state of health. The proportion of these humours determines chrasis (in Latin, *temperamentum* or *complexio*) which plays a primary role in the emergence of the disease. The desirable balance of the humours (synchrasia) results in health, their imbalance (dyschrasia) in illness. It is a logical conclusion of the above that therapy must aim at restoring the

3 The eighteenth-century British Royal protomedicus, John Freind published Gibril's biography in the mediaeval Latin translation of Salomon Negri. The present English translation from the Latin is mine. The biography, even if its credability is doubtful, is the most detailed biography of Gibril I know. At the end we read a list of the major fees Gibril earnt and of his works which were lost or survived in fragments. I failed to find an Arabic original for the biography. Regarding Gibril we find a brief biography and list of works in *The Encyclopaedia of Islam* (1979: Vol. 1., 1298). Let me also note that, similarly to Gibril, Freind himself spent a part of his life in royal courts and another in dungeons – his famous medical history was also written in prison.

4 Regarding the tradition surrounding him, see Ullmann 1970: 109. The stories about Gibril (Gabriel) and his father get confused in the tradition. They were both the doctors of caliphs. The works of 'our' Bahtishú are listed by ibn abi Usaibi'a – almost all of them have been lost. For more on Gibril, see Graf 1948: 110.

5 It is true, that psychosomatics has had its predecessors before our century, see Unzer, J. A. (1746): *Gedanken vom Einfluss der Seele in ihren Körper.* Halle; Marat, J. P. (1776): *De l'homme ou de principes et des loix de l'influence de l'âme sur le corps et du corps sur l'âme.* Amsterdam; Ruland, T. A. (1801): *Medicinisch-psychologische Betrachtungen über die Begriffe von Gemüthskrankheiten und den Einfluss des Gemüths auf den menschlichen Körper.* Würzburg; Stakebrand, F. G. (1819): *Dissertatio… exponens physicas morborum causas.* Vratislaviae, for instance.

balance of humours and qualities, which can be achieved by employing the opposite humour or quality to the one that has gained undue predominance. (This principle is summarised by the concise rule: *contraria contrariis curantur* which means, in free translation, all things are cured by their contraries.) As we have mentioned, humoural pathology was rooted in the Presocratic philosophical theories of the original elements.

As a physiological and pathological theory it is somewhat more recent. Some of its elements can be identified in the Hippocratic Corpus of the fifth-fourth centuries BC. Yet it only received its final form in the period between the second century BC and the second century AD, as a result of the synthesising work of Galen, whose work also found a great number of translators and followers among the Arabs. The humoural theory has proved the most persistent and successful medical theory in history which was only marginalised by chemistry, the foundations of which were laid by Paracelsus in the sixteenth century, and then by seventeenth century Jatromechanics and by Vitalism which was complementary to the former. It finally went out of fashion by the middle of the nineteenth century. Thus it is no accident that on his introduction Gibril is keen to emphasise that his only art is that of classic therapy, all he can do is turn dry into wet and cold into hot. (This was a clear reference to Galenic qualities and to humoural pathology. The theory began to spread in the Arabic world at precisely the end of the eighth century as an effect of the fresh flow of translated literature.) 'Shock therapy'[6] was thus only suitable for Gibril to eradicate the local dyschrasia which was the direct cause preceding the paralysis. Thus the story is not aimless – it is a narrative which is important, and probably deliberately designed to assist, in the understanding of the mentality of medieval Arabic and contemporary Christian medicine. It is a clear illustration of the way in which the Arab doctor of those days constructed his knowledge – how he built his individual modes of therapy on the natural scientific and physiological theoretical foundations inherited from the Greeks and how he found scientific justification for these in Galenic humoural pathology. This is, however, only one of the morals of our story, one which is important for reasons of medical history. But, like all good, and, as we shall later see, successful stories, our anecdote is richer than to be called a mere didactic medical fable. It was only in its individuality that the above described therapy could be successful. The 'patient's' environment, her upbringing and sex were equally important in choosing the remedy that Gibril applied. The 'humiliation' applied as therapy could only have a shocking effect on a woman, and only on one who was brought up among Muslim traditions and lived in a Muslim society. But we shall return to all this later.

Before we go into the further analysis of the story, we can demonstrate its importance by different means, by describing its popularity and its long-term existence. The description of the incident crops up in places other than in Gibril's biography. Without naming his source, Abdul Ali, a Pakistani researcher, attributes an almost literally identical story to Ibn Sina, who is none other than Avicenna[7] (Ali 1992). This is in spite of the fact that the person most clearly authorised to judge the question, i.e. Avicenna, declared that it did not happen to him. Avicenna himself (980–1037) wrote lengthy commentaries to the story in the tenth chapter of his book *Al-Mabda wal-Maad* (The Beginning and the End) (Ibn Sina 1984). He

6 We can only use the phrase shock therapy with certain restrictions here: as far as it is known, the word 'chock' was first used in the medical sense in the nineteenth century by Charcot, while the physical (electro) shock therapy was only introduced in the 1930's by two Italian researchers, Cerletti and Bini. In other words, in this case we are only talking about a psychological shock induced by a therapy and not about the retrospective projection of a far later concept.

7 Avicenna's full name was Abu 'Ali al-Husain ibn 'Abd Allah Ibn Sina.

says he had known the anecdote 'from hearsay,' and his explanations are also the same as those we can read in Gibril's biography, even though he attributes the therapy to a doctor from Khorezm who was in the service of the Samanids but is not identified more closely. This proves that by the tenth-eleventh centuries the anecdote existed in numerous variants throughout the Arabic world (Browne 1921).

It is owing to none other than Avicenna that the same motif, that of shock therapy through the tearing off of a patient's veil, crops up (as pointed out in a dissertation by the Iranian M. A. Zafari, 1990) in one of the stories in *Chahar Maqala*, a work containing four conversations, written by the Persian author Nizami Aruzi who probably came from Samarkand and lived from circa 1090 to 1160.

> The following story is related by Sheik Rais Abu Ali Ibn Sina, the Supreme Principle, in his book 'The Beginning and the Return' (sic!), at the end of the chapter on the possible existence of curious things.
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> I once heard that a doctor appeared in the court of the Samanids who was so highly respected that he had free entry into the harem and was allowed to touch the pulse of severely secluded and veiled women. One day he was sitting with the king at a place in the harem where no male persons were allowed. The ruler ordered some food to be brought to them. The servant women brought in the food. One of them, who was in charge of laying the table, lifted up the little table and then bent down to place it before them. When she wanted to straighten her back again, she could not, because a large lump had formed in her joints. The king said commandingly to the doctor, 'One way or another you must cure this girl instantly.' Yes, but he could not apply any form of medicine that would affect the patient's body as there were no medicaments handy. Therefore he decided to resort to a treatment of the soul. He ordered the veil to be taken off the girl's head and her hair to be freed. Thus she would be overcome by shame and would move in order to free herself from the hateful condition by covering her hair and face. Since this method proved ineffective, the doctor decided to take an even more daring step. He ordered the girl's pants to be removed. The feeling of shame created a great heat within the girl's body and dispersed the lump. The girl straightened up and stood firm again, having regained her health. If the doctor had not been so inventive and clever, he would not have arrived at this recognition, his cure would have failed and, trying in vain to heal a patient, he would have lost the padishah's favour. Thus we can see that the understanding of the things of nature and theories regarding natural beings have been given ample emphasis in this book[8] (Aruzi 1984).

Aruzi's version is slightly more daring – perhaps in the eleventh-twelth-century Persian setting a veil was not such an indispensable prop of chastity as in Baghdad three hundred years earlier or perhaps it was the Persian literary tradition that demanded the story to have another twist to it. At any rate the motif of psychological shock therapy, i.e. the motif of psychosomatic therapy remains unchanged and, what is more important, the Galenic explanation also survives unchanged. The paralysis was caused by condensed phlegm[9] while the recovery was a result of an effect on the soul, causing heat to dissolve the phlegm. It is also interesting to note that the doctor only resorted to the psychological method for want of anything better – this refers to the unusual and, according to contemporary judgement, unscientific nature of like procedures. (Let us remember that today's official psychiatry feels more comfortable with pharmacotherapy than with other methods which are stamped 'unscientific.')

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8 The English text is a translation from the Hungarian.

9 Zafari quotes a different version of the Aruzi text, in which we read about condensed fluid – this is also supported by the mode of treatment, the use of 'heating,' which shows that we are talking about a sort of 'phlegmatic' clot (Zafari 1990: 26–27).

Later on the same story raised the interest of a fifteenth-century Persian poet, Djami (1414–1492) who put the incident to verse with the following title, 'The History of that Famous Physician who Healed a Patient without Instruments and Freed Her of Her Illness without Giving Her Medicines' (Zafari 1990: 66, 118). Djami's text, a translation of which I sought in vain, is also said to contain the returning motifs of the original Gibril anecdote.

Naturally, the story of the torn-off veil also occurs in later European medical anecdotal literature. I found one of the first mentions in an eighteenth-century German collection of anecdotes (*Medicinisches Vademecum* 1977 [1795]: 61–62). Here the unknown author identifies his source not in Avicenna or Aruzi but in the English doctor John Freind who published Gibril's biography in Latin translation (quoting the anecdote in an abridged version but faithfully to the text of the biography). And the latest reference to our anecdote is surprisingly fresh – it comes from a collection of short stories published in Budapest in 1998! (Magyar 1998).

To return to our original story, we are clearly dealing not with a mere curiosity but with a multi-layered narrative which was meant to communicate a great many instructive ideas. This is indicated by, among other things, the fact that the Arabic medical tradition contains other 'psychosomatic' therapies which find a similar explanation, i.e. are based on humoural pathology. It is in connection to none other than Gibril's son, Bahtishú ibn Gibril (†870) that the above mentioned thirteenth-century historian of science and biographer Ibn abi Usai'bia relates the following: Al-Mu'tazz Billah the young prince falls ill and refuses to eat anything. His doctor, Bahtishú ibn Gibril involves him in talking and notices that the prince has taken a fancy to his beautifully ornamented cloak – he offers him the cloak if in return he will eat an apple. The prince accepts the offer and the doctor, gradually, at the cost of his clothing, induces him to eat a few more apples, thus breaking the power of depression over his patient (Hajal 1982). What is particularly interesting to us is that the explanation of the therapy attached to the text is still based here on the indirect restoration of the balance of the humours.

We find cases of similar psychosomatic therapy or shock therapy in Rhazes (Browne 1921: 82–83), in Avicenna (see Settler 1974, Ammar 1969, Schultheisz 1997) and in Maimonides who, though Jewish, also belonged to the Arabic cultural sphere and wrote largely in Arabic (see Muntner 1964, Simon 1974). (Some psychiatrists suspect similar psychosomatic illnesses (hysterical paralysis) behind miraculous recoveries following religious or other cathartic events. See Dorcus 1945.) Avicenna and Maimonides recommend 'psychosomatic' tricks in relation to sorrows and melancholy of an amorous nature. According to their recommendations, patients suffering from hopeless love, having lost their appetite, suffering from depression, and visibly losing weight must be overwhelmed with information which may be calculated to disillusion them regarding the object of their adoration, for instance, the bodily, emotional and intellectual defects of the loved one as well as other repulsive or unattractive features must be dwelt upon. It is worth looking at the case of Rhazes (Abu Bakr Muhammad ibn Zakariyya ar-Razhi, cca. 865–930), since it describes a truly ingenious trick and is, incidentally, an amusing anecdote.

> Rhazes, the famous doctor, was ordered to Transoxany to the Emir Mansúr who was suffering from rheumatic pains which appeared incurable. When Rhazes reached the river Oxus he saw in terror that the river was flooding and the little rowing boat used for crossing was small and fragile. So he told the Emir's men that he had changed his mind and was not going anywhere. But the Emir's men simply got hold of him, tied up his arms and legs, threw him into the boat and rowed him across the river. All the time they were politely apologising to him for the way they had handled him. On reaching the opposite shore Rhazes assured them that he bore no ill feeling toward them. He told them that he had only refused to undergo the crossing because he

knew that while several thousand people cross safely year by year, if he had drowned then people might say, 'What a fool Rhazes was to cross the river voluntarily for that caused his ruin.' This way, however, being carried across by force, no one could blame him for negligence.

Reaching Bokhara, Rhazes soon set to curing the Emir. He tried this and tried that but with very little success. Finally, he said to the Emir, 'Tomorrow, oh glorious Emir, I am going to try out on you a very special remedy but for this you have to pay with the best horse and the fastest mule in all your stables.' The Emir had no choice but to agree and hand over to the doctor the required animals. The next day Rhazes had a very hot bath prepared for the Emir outside the town and tied the horse and the mule, saddled and bridled, outside the bathing house and then entered the house alone with his patient. Inside, he splashed the Emir with hot water for a while then stretched his limbs with a machine 'until all the liquids in the joints were ripe enough' – as the narrator tells us. Then Rhazes went out of the bathing house, dressed himself, packed his luggage and, holding a knife, returned to the Emir who was resting within, stood before him, and said, 'You had me dragged here in ropes, you risked my life with your selfishness. But if I don't kill you for it right now, I shall never be called Muhammed ibn Zakariyya.' In his anger and fear, the Emir jumped to his feet, while Rhazes ran out of the bathing house, jumped on to the horse which was tied up outside the door, his servant jumping onto the mule, and he never stopped until he reached the city of Merv on the far side of the Oxus. From here he sent the following letter to the Emir.

'May Allah grant the Glorious Emir a long and healthy life. As I promised, I gave you the best treatment according to my abilities. But there was not enough natural heat in your body for recovery so that the treatment would have been far too lengthy. For this reason I resorted to psychotherapy ('ilay-i-nafsani) – when under the effect of the hot water the diseased fluids grew sufficiently ripe, I angered you deliberately in order to increase the natural heat of your body, thus giving it enough strength to disperse the fluids which had been previously softened. The cure worked but I believe it is wiser if I do not meet you face to face in the near future, oh Glorious Emir' (Browne 1921: 82–83).

Let me just make two remarks about the story of Rhazes. One is that it is clearly visible that yet again we are dealing with a psychosomatic type illness and therapy and, similarly to the Gibril story, with a type of shock therapy. (In the Emir's case of course the doctor 'adapted' the treatment by 'shocking' his patient at the two most sensitive points of any ruler – at his cowardice and his vanity.)

There are also cases of the deliberate shock therapy of dumbness in the Talmud which probably had a hysteric or psychological origin (Preuss 1911) and of the involuntary shock therapy of the same in the Roman Valerius Maximus (first century AD, Variarum historiarum libri 1.8.4.) and also in Aulus Gellius (second century AD, Noctes Atticae 5.9). The Talmudic story, told as an explanation to one verse of the Torah by Rabbi Jehuda with reference to Rabbi Chama, is also similar to the story of Gibril in that a girl is submitted to a therapeutic assault before a large public – this is what brings along the shock and the recovery:

> Once there was a king who had only one daughter. But the girl unexpectedly went mute. One day the king had his men gathered together in a field by means of his heralds and, pretending to be robbers, they pounced on the girl at a signal from the king. The girl began to scream 'Father, father, help, save me!' Then the king said to her, 'If I had not done this to you, you would never have spoken to me' (Preuss 1911).

Let us now return to our original story which still offers further points of interest. My experience has been that similar stories usually have ancient antecedent precedings. In our case, however, an important motif suggests that the story can only have had its conception in the Muslim world: the motif of the veil which Bahtishú tried to tear off the diseased girl with such spectacular success. The veil is a piece of clothing of singular importance in the world of Muslim – the more general *hidjab* or the *litham* or *lifam* which covers the lower

part of the face are not only a sign and proof of the lady being adult or married but, according to the tradition, also protects them from evil eye, from unwanted looks and also from flies and thus from disease (*The Encyclopaedia of Islam* 1986: Vol. 5, 769–770). (According to some theories, the original function of the veil must have been the latter – the eye disease called trachoma made maidens unsaleable and the veil covering the whole face was meant to prevent this illness. Strangely, the veil later 'slid down' and left uncovered exactly the originally covered eyes.) Beside these, the veil also has a vital function in the Muslim religion, as is proved in a number of places in the Koran (*The Encyclopaedia of Islam* 1979: Vol 3, 358–360). Removing the veil is the symbol of taking the woman's virginity or, in some cases, of rape. The same meaning attaches to the gesture among European peoples. Tearing off the veil after the dance of the bride was a custom widespread in Prussia, Russia and even Hungary (Bächtold-Stäubli 1987).[10]

The motif of tearing-off the veil is also significant because it draws attention to one or two more interesting features in our anecdote. The story does not mention what went on in Gibril's head while he listened to the caliph's account but there is reason to suspect that he would have acted differently had the patient been of the male rather than the female sex. In establishing his diagnosis he must have believed that if a female person falls into such a mysterious disease which withstands any medication, it must be a simulation, a type of hysteria. (In the common mind, and even in medical consciousness, hysteria is closely associated with simulation – even today many consider hysteria as simply an 'unjustified' 'pretend' complex of symptoms.) On the basis of the therapy chosen, we have reason to believe, and this is not refuted by the later humoural pathological explanation, that Gibril considered the disease of the lady from the harem faked and considered it so partly because the patient was a woman. The close connection of women and pretence and of women and hysteria is self-evident in almost all male societies. (The word hysteria itself comes from the Greek word *hystera* meaning womb.) Simulation is usually the last resort of people who are otherwise forced into some undesirable activity, indicating that they are in a subordinated position – and women in our culture, and even more so in Islamic culture, have grown into veritable symbols of subordination. (It is no accident that the first study on simulated diseases was written by Galen about a slave.) The purpose of the veil as well as of hysteric and simulated illnesses generally and in this particular case, is protection against the powerful, against the world of men. (The concubine in the story, again according to my assumption, stiffened into a cramp in order to avoid further sexual contact with the caliph.) As far as the doctor is concerned, he made a judgement, whether consciously or not, whereby he was facing a typical feminine disease and thus chose a typical masculine therapy: he symbolically raped the concubine in front of a masculine audience, by tearing off her veil or, in the later version, even more blatantly by pulling off her trousers. The doctor shocked the patient through her femininity because he identified her illness with her femininity. This woman's psychotherapy, like all good psychotherapy, was, as it were, culturally well founded and adequate in this case, too.

Gibril's process was justified by posterity. There are several dissertations and communications from the seventeenth and eighteenth centuries on the therapeutic effect of fright, including one by Georg Wolfgang Wedelius (1645–1721) who was a medical professor in Jena titled *Dissertatio de terrore* (1697). (For other literature see Ploucquet 1809.) Two

10 Curiously, another example – with a different meaning – is also mentioned by Bächtold-Stäubli for the anti-cramp effect of veils (!) in the 'Handwörterbuch:' 'In Erzgebirge gibt die Mutter, wenn ein Kind am Krämpfen leidet, ihren Breutschleier auf dessen Bett.'

centuries later, in his classic work on hysteria, Otto Binswanger writes the following, 'The mode of eradicating hysterical paralysis is also remarkable. Even in their most persistent form they can come to a sudden end, which sometimes [may happen] under the effect of some fresh emotional agitation' (Binswanger 1904: 399, see also Kretschmer 1927). There is plenty of Hungarian data as well for psychosomatic shock-therapy similar to Gibril's. In his book called *Psychological Cures* (Lelki Gyógymódok), co-written with Károly Dési, Pál Ranschburg (1870–1945) calls attention to a female patient 'Markst H…n aged 35' who turned up at his clinic in 1897 because she had lost the ability to speak. Ranschburg gives the following account of his therapy:

> I turned to the patient saying that "we are going to cure her instantly." Then I got out of the drawer the big magnet (a large, horse-shoe shaped magnet, L. A. M.), made the patient sit down and suddenly approached her throat with the corners of the magnet, suggesting there was a buzzing sensation in the area in question. The patient, who probably took the magnet for some sort of a surgical tool, began to cry and protested in agitation against the approach of the object. Using her state of agitation I gave my suggestions in rapid succession (…) (Ranschburg and Décsi 1900: 210–212).

As an effect of the 'suggestion,' the patient quickly regained her voice and when Ranschburg told her 'now you can speak, go home and have a nice lunch,' she left happy and cured and probably had indeed a very nice lunch. The interesting factor in the story is that the doctor himself considered this a suggestion therapy even though its success was obviously based on the shocking psychological effect of the frightful looking magnet. He thought more or less along the same lines as his colleague from long ago, Gibril ibn Bahtishú who also tried to integrate his simple and wise therapeutic trick into a system which he considered scientific.

The long and the short of it is that Gibril's therapy is still acceptable and recommendable in similar cases today, even if its physiological and psychological explanation has changed, since it displays all the characteristics of successful therapy – it is logical and inventive, it takes into account the particular circumstances and, what is most important – it is practically feasible, quick and, last but not least, cheap.

Summarising the above, we can see that the history of the curious therapy applied by Gibril is a story with a long history. It owes its wide ranging popularity to a number of factors – partly to its instructive nature and to the fact that it was well-founded both from a medical and from a cultural point of view, partly to the fact that it was linked to the name of a famous family which often figured in the wealth of anecdotes of their culture. But its slight piquancy may also have played a part in its success as well as the fact that it showed a therapeutic path which was extremely efficient in the treatment of mainly hysteria-type ailments which is equally close to the attitude and practice of Arabic medicine.

Our readings may also lead us to slightly more general conclusions. We have seen the doctor in our story make a correct evaluation and diagnosis of the case in hand and choose the therapy accordingly. He adjusted it precisely to the cultural and individual circumstances. Since however he stood on 'theoretical grounds,' i.e. the thought inside a scientific system, he made a detour of a kind by inserting his individual case into the paradigm in which he believed. Then he used the same scientific paradigm to justify in retrospect the therapy which he had clearly chosen independently earlier. Gibril thus did not arrive at a correct explanation in an attempt to justify an incorrect system as did, for example, Copernicus, but simply justified a correct conclusion, retrospectively with an incorrect hypothesis in order to prove the scientific nature of his procedure. A very similar attitude is to be observed, I believe, in Hahnemann or Freud who sought for retrospective scientific

explanations for established functional therapeutic processes, since, in spite of their revolutionary innovative attitude they wished at the same time to be in harmony with the value system of their own time and since they also wanted to avoid creating an unscientific impression of charlatanism. This is because the appearance of successful practical solutions existing independently outside a canonised scientific system either means that the entire system needs to be questioned, which few have the courage to do, or an attempt needs to be made to fit the discovery into the system even if this necessitates a belated logical detour. Gibril, Rhazes and the others chose this latter solution. At any rate we may establish that it proves the persistence of a theoretical system – in this case that of humoural pathology – that is capable of assimilating facts which contradict it without causing major damage to the prestige or logic of the system.

I believe that even after the present article there are a number of veils covering the story untorn, yet I hope that in the above few pages I managed to raise some interest in an interesting anecdote and the further secrets which it still conceals.

Translated by Orsolya Frank

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