

THE PHILOLOGICAL RENDERING OF ARABIC MEDICAL TEXTS INTO MODERN WESTERN LANGUAGES

In order to better understand the problems that arise when accessing and interpreting medieval Arabic medical texts, it is helpful to discuss the origins of the texts themselves. When the Islamized Arabs set out in the seventh century to conquer the lands bordering the Arabian peninsula, they encountered peoples whose cultures were more developed than their own. At first, for political reasons, the administrations of these conquered regions were left completely untouched, and all contact with the native populations was avoided. Only military camps were founded, although these grew nonetheless in the course of time. Only after about one hundred years did Arabic become the administrative language, it having taken the native populations that long to acquire it as a colloquial language.¹ The common speech that developed in this way had a great influence on the written Arabic in which medical texts were then written. Today, when we speak of "Arabic medicine," it is only because the texts were written in that language, not because they were an independent creation of an Arabian or Islamic culture. The cultural envoys who used this language were themselves the Hellenized scholars of conquered peoples: Christians, Jews, and Persians.² Hellenistic tradition – in local raiment – was thus of decisive importance for Islamic learning.

Even after the Arabization, scholarship did not lie in the hands of the Muslims. The decisive contributions continued to be made primarily by Christians, Jews, and Persians. At first, these contributions consisted in transferring the texts of their own Hellenistic tradition into the new language. No Islamic scholarship was begun: rather, texts from the Hellenistic tradition were translated and repeated. Concurrently, they were summarized and newly structured, usually in a more easily conceivable form. These translations, compilations of the ancient Greek authors (especially Galen and Hippocrates), became then also a standard for Muslim scholars, who no longer knew the source languages of the translated texts: Greek or Syrian-Aramaic. Their works differed little in form and content from the translations. Because of this, Islamic medicine was the area least accessible to Islamization. Except for a few general flowery religious phrases, we find little Islamic influence in the medical texts of the great authors. Islamic orthodoxy stood in opposition to the sciences, which it considered heathen. Although the prophet Mohammed had sanctioned the art of medicine, religious circles nonetheless had doubts about its practice, regarding it as an interference in the counsels of God. It is therefore not surprising that the most meaningful achievements in medicine were completed in the early period of Islam, and that later there were signs of decline and decadence.

All this predicts the conditions of Arabic medical texts. Throughout them can be found Greek and Persian words, Greekisms, Syrianisms, and borrowed Greek translations. They were written in the above-mentioned new colloquial language, which is termed Middle Arabic³ in distinction to Classical Arabic, the language of the Qur'an, of distinguished theological education, etc. Islamic scholars have never recognized this language as a distinct entity; rather, they refer to Middle Arabic (a term of European origin) as defective or incorrect Arabic, particularly since the variations from Classical Arabic are considerable. Many modern scholars from Islamic cultures still have this orientation, which was unfortunately shared by European and other occidental scholars for quite a long time. Only after the First