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THE STATE AND MADNESS IN MEDIEVAL ISLAM

> They said I was mad; and I said they were mad;
> Damn them, they outvoted me.
>
> —Nathaniel Lee[1]

Michael W. Dols's posthumously published *Majnun: The Madman in Medieval Islamic Society* (Oxford, 1992) is a magnum opus, a voluminous enterprise, and a piece of meticulous research that equals—if not surpasses—Dols's earlier work on plagues in medieval Islam. Dianne E. Immisch, Dols's long-time research assistant who took up the job of seeing the manuscript to the press, briefly points out in her Foreward the richness of topics dealt with in the book. Indeed, writing about madness in a particular society involves the history of medicine, law, and other subfields, but it is above all a study in the history of culture, certainly from the perspective of the present, when there is increased interest in the formation of categories of deviancy. The attitude of a society toward madness and its mad people is a crucial cultural topic—a "big issue," as one reviewer has put it.[2]

The more than half a dozen reviews of *Majnun* that have appeared in the years since its publication have been extremely generous, and to a large extent, justifiably so. One praised Dols for "achieving beautifully" his "ambitious objectives"—that is, placing the subject of insanity and examining its significance not only within such fields as medicine and theology, but also "within the social milieu."[3] Criticism was slight and marginal, pertaining, for example, to the analysis of medical texts.[4] And yet, the topic itself—that is, madness—and Dols's particular conception of it have far from gained the attention they most likely deserve. No major issue that emerges out of the book has truly been taken up and debated. My aim here is to reconsider briefly some of those issues, of which the state and its treatment of the mad is a particular example.

A major problem in *Manjun* is Dols's inability—perhaps, his ambition in the first place—to decide what precisely is medieval Islamic "insanity" or "madness" (*junūn*) (p. 2). A comparison of Dols's Introduction and Conclusions clearly reveals that, despite the more than 400 pages separating the two sections and the massive amount

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of information contained in them, no progress has been made in this regard. The author's starting point is that, even today, we possess a very imperfect understanding of insanity, and mental illness is still a controversial subject. Some would argue that it is neither mental nor an illness (pp. 2–3). Indeed, Dols objects to "the modern tendency to label all unusual behaviour medically" and emphasizes the "inadequacy of the term 'illness' . . . in dealing with insanity in the past" (p. 4). Further, in medieval Islam, just as in other cultures, insanity "was largely a social and not a clinical decision" (p. 4). Dols thus insists on the social and cultural determination of what constitutes insanity. In other words, insanity is a relative designation. One is tempted, Dols states, "to define madness as any form of persistent behaviour that is judged by a social group at a specific time and place to be abnormal or highly unusual. . . . Insanity can only exist against the background of an accepted standard of normal behaviour" (p. 5). At the end of the book, Dols takes up this approach once more: "[t]he sane could . . . be accused of madness when they posed a threat to 'law and order' or simply to convention. . . . It was quite natural for some men to call the unconventional, unacceptable, or offensive behaviour of other sane men 'mad,' particularly for religious deviancy" (p. 465).[5] Without explicit reference to Foucault, Dols is tempted to be Foucaldian.[6]

As it turns out, Dols resists the temptation. Instead, when he deals with historical—that is, real—"madmen" rather than literary characters such as the "romantic fool," he opts for a contradictory and confusing resolution as he employs the term *majnūn* as "a convenient name for a person who today would generally be considered to be 'mentally ill'" (p. 3).[7] His initial objection notwithstanding, Dols now conflates the medieval *junūn* with modern, medically diagnosed insanity. Marshalling the "benefit of recent controversies about psychiatry and the clearer definition of mental illness," Dols adopts three principal interpretations of mental illness as a framework for his study. They are mental illness as a pathological condition, specifically as a dysfunction of the brain; the deviation model, which considers mental illness as a social issue or a divergence from normative behavior; and the intelligibility model, which interprets mental illness as a deprivation of rationality. Dols believes that the combination of these interpretation "affords an adequate set of criteria for describing mental illness in the past" (pp. 5–6). This seems to me a highly questionable model that lumps together the clinical and the socio-cultural and thus returns insanity to its ambiguous status.

Small wonder that, when it comes to the test, the model does not work. Al-Nasir Ahmad, the Mamluk sultan who reigned in 1342, appears to Dols as "mentally disturbed," but two pages later he is depicted as someone whose mental condition "it is impossible to determine" (pp. 152, 154). Dols concludes his book with no less than the oxymoron of "rational or sane [*sic*] 'madness' " (p. 465). Madness, he admits on one of the very last pages of his book, is "still a very complex and highly idiosyncratic phenomenon," a concept whose meaning eludes us and that has been prone to varied and often perplexing interpretations and social responses (p. 475). We are back to square one. This, incidentally, is the sort of futile journey that Foucault, almost thirty years before Dols, was able to avoid. For, at least as a critical reader sees it, Foucault never defines madness; for him, it is a variable that changes through time: "Foucault never treats madness except as a functional reality."[8] Most recently, in a study of

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madness in Renaissance Germany, H. C. Erik Midelfort urges us to take notice of the specific ways in which different cultures create and structure madness.[9] He rightly objects to the temptation to translate medieval and Renaissance diseases into modern technical terminology, for madness "resists specification and defies the subtle professional euphemisms and refinements provided by medicine, law, theology, psychoanalysis, and modern social theory."[10] Past madnesses, he says, "are not petrified entities that can be plucked unchanged from their niches and placed under our modern microscopes."[11]

The gulf that may have separated medieval *junūn* from a modern psychiatric case is manifested first and foremost in medical writing. Dols reproduces in about one-fourth of his massive book medical opinions on a host of mental and emotional problems, especially melancholia, and some problems of a more folkloristic nature (e.g., the passionate lover and his "medical" treatment), and how they can be cured ("The victim should be given a moist regimen, including bathing, moderate exercise, message, and beverages, and he should travel" [p. 69]). Medical madness, a concept about which Dols expresses uneasiness in his Introduction, here reigns and is the heading chosen for the fourth chapter (pp. 62–103). How did so-called professionals establish "medical madness"? A careful reader who struggles through the occasional tedious reading that this section of the book makes would notice the cavalier method of diagnosing *junūn* that was employed by medieval Muslim experts. "If the melancholic could not sleep and there were much ravings, lovesickness, reclusiveness, and restlessness, it is an indication that the illness is from the burnt yellow bile. Then it is said to be madness (*junūn*)," wrote the medical expert al-Majusi at the end of the 10th century (p. 67). For Ibn Sina, symptoms of madness were irritation, jumping about, and "sparks flying before the eyes," together with melancholia. In *junūn*, reality is replaced by fantasy (pp. 74–80). In fact, the 9th-century, Ibn ʿImran frankly admitted the difficulty involved in diagnosis and confessed that doctors "do not have an exact knowledge of the illness because of the variety in the symptoms of the soul" (p. 73).

As for treatment, Ibn ʿImran suggested the "usual treatment" of purging the black bile (p. 72). Ibn Sina proposed increasing the body's moisture and restraining the patient by binding his limbs; in cases of mental confusion, the patient had to be bled, slapped with a sharp blow, and have a broth made of trotters poured on his head. If nothing else was effective, the patient's head had to be cauterized, burning it in the shape of a cross (pp. 74–80). Yahya ibn Said al-Antaki (980–1066), a physician contemporary of Fatimid al-Hakim and author of an account on this enigmatic ruler, offered a medical diagnosis of the caliph's mental state by comparing him to none other than the ancient Nebuchadnezzar. To al-Antaki it was clear that al-Hakim was melancholic and that "[h]e needed to be treated with such things as sitting in oil of violets and his body moistened with it." Wine drinking should have helped to improve his character and to moisten the temperament of his brain (p. 150). And Maimonides, one of the personal physicians of al-Afdal, Salah al-Din's eldest son, wrote a letter to his patron who allegedly suffered from bouts of melancholia. The Jewish sage advised the ruler on his condition, recommending that hemorrhoids be allowed to bleed to remove the bad blood, and that wine be drunk because it moistened the body (p. 139).

In medieval Islam, medical literature on the subject of madness was wanting. It was not superior to classical medicine, which, as Foucault observed, had been based

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on images rather than observable phenomena. "Humors," "spirits," and so on provided images that formed "a perceptual structure . . . not a conceptual system," and perceptions shifted unscientifically until modern times.[12] But with respect to insanity, medieval Islamic medicine was not inferior to 16th-century German medicine, for example. Medical treatment of madness in Germany was not yet part of a rigorous academic tradition, and physicians' writings on the subject had "a vulgar or popular tone." They appeared superstitious and incoherent even by the professionally esoteric standards of the 17th century.[13]

Dols himself admits that Islamic medical texts are largely non-clinical regarding insanity. In other words, they are—at least, for the modern reader—of cultural import only and can hardly convince readers of their scientific value. A reviewer of Dols's book is even more blunt: with a touch of irony, he characterizes the medical notions of madness as "crazy."[14] Indeed, how can Razi's (following Hippocrates') etiology of madness ("jumping about, quick and vigorous movements, insomnia, and persistent mental confusion" [p. 59]) or al-Majusi's "much raving, lovesickness, reclusiveness, and restlessness" (p. 67) be seriously considered as scientific certificates, so to speak, for the sake of confinement (to be discussed later)? Is not Ibn Sina's definition of *madness* as a state in which "reality is replaced by fantasy" (p. 75) so broad as to include rather too much under the term? And that is not all. Dols's detailed exposition of medical writing and the manner in which "medical madness" is presented in his book create a false impression that dealing with madness was closely tied to medical expertise. There is the serious question, however, about how much weight one needs to ascribe to medical opinion in the practical handling of madness in a medieval Islamic context. We will return to this point.

Before we do, however, let us note that it is not only the medical texts that are problematic as far as *junūn* goes. In his treatment of the attitude of the *shariʿa* toward insanity, Dols draws the conclusion that, not unlike the case in the Greco-Roman, Jewish, and Christian legal traditions, Muslim jurists "dealt with insanity in a brief, indirect, and often cursory manner; the legal notion of insanity is itself quite imprecise and ambiguous." Judgment of insanity was flexible and made on an ad hoc basis. To medieval Islamic law, insanity is "a catch-all expression for various forms of unusual behaviour" (p. 452).

Al-Sarakhsi (d. 1090), the Hanafi, simply states that *majnūn* is "one who is lacking in reason (*ʿadīm al-ʿaql*)." For Ibn Qudama (d. 1223), the Hanbali, as Dols points out, "there is little difficulty in deciding whether or not someone is insane. Insanity does not require any great intellectual effort (*ijtihād*) to discover, for it is obvious. . . . [N]o ruling by a judge is necessary." One could possibly characterize Ibn Qudama's method as intuitive. The Malikite school, while requiring the judge to decide in a given case whether a person is insane, does not provide the qadi with any guidelines to that end (pp. 436–38). And although (to anticipate the discussion of some information that will follow) the "insane were generally not culpable for religiously proscribed crimes in Sunni law" (p. 442), the same was not true in Malikite law: in matters of blasphemy, madness did not save one from the death penalty (p. 447).

Thus, among legal scholars there is a failure to define insanity, and at the same time, there is disregard for medical "expertise." Medicine is virtually ignored in the Muslim legal discussion, and doctors "are never mentioned as specialists in the deter-

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mination of insanity" (p. 451).[15] Once again, the medieval Islamic world was no exception in this respect. It has been argued that in the Renaissance medical discourses were also muted and secondary compared with the legal apparatus. In England, for example, before the mad were segregated into specialized institutions, the medical approach was ignored or forced to compete with theological or demonological perspectives. Few medical men took any active interest in the treatment of madmen; physicians were placed in charge of Bethlem (Bedlam) Hospital only at the end of the 16th century. Because none of them published any books on insanity or made any claims to provide effective therapy, their impact was minimal.[16] It was only in the early 19th century that those known as "mad doctors" first acquired a monopolistic power to define and treat lunatics.[17]

Although Dols wrote an extremely rich book that has much to offer on religious healing, "Majnūn and Layla," and many other topics—at times, not directly related to the main concern—he leaves no doubt that his project was conceived as "an extended essay in social history" (p. 4). Yet this conception is watered down as the book progresses. In other words, the "social" attribute of the history at hand is to a large extent pushed to the side for other, more distant concerns. When Dols finally turns to the awaited chapter "The State and the Insane," the discussion turns out to be a general and fragmentarily documented "general context" of the lack of public institutions in medieval Islamic society and the absence of government responsibility for public welfare (pp. 456–62, 468–69, but contrast 468, n. 50). The more immediate context is Caliph al-Nasir's (1180–1225) notable attempt to create a "theocratic welfare state" in the shrinking Abbasid domain and the state's direct care of the poor (p. 462, n. 34).

It is in this context that Dols presents detailed accounts of "two madmen" detained in Cairo in 1352. One came to the notice of the Mamluk regime following the claim, which the man voiced in the Palestinian village of Hattin, that he was Sultan Abu Bakr al-Mansur, the son of Muhammad ibn Qalaʾun, who had reigned in 1340 and had been executed in that year. In the course of the investigation, the man's mother testified that "he had been attacked by madness (*junūn*) for years."[18] Subsequently, he was chained and sent to Cairo. Further details in the account need not detain us here, except one: the man was imprisoned, and his tongue was cut out.

The second account from Cairo in the same year concerns a man known as Waddah "the tailor" (*al-khayyāt*), who claimed to be a prophet. As proof of his extraordinary abilities (*muʿjiza*) he predicted that he would marry a woman who would give birth to a male infant who, in turn, would proclaim his father's prophethood. When he was told that he was a false prophet (*innaka la-bʾis al-nabī*), the man replied, "But this is for you being a false community (*la-bʾis al-ʾumma*)." Waddah was imprisoned; his case was investigated, and it was discovered that twelve days earlier he had left the madmen (*mamrūrīn, majānīn*) at the hospital (*māristān*), that he had been confined (*ʾukhidha*) a few times, and that "he was mad (*majnūn*)." Thus, he was hospitalized once again.[19] Another version adds details of the vision that influenced Waddah: while neither fully asleep nor completely awake he heard a voice commanding him to proclaim that he was God's messenger. This version also has it that Waddah was pressed day in and day out to repent, which he finally did. His life was thus spared.[20]

Dols implies that the two madmen considered here were medically diagnosed and that we should see them as objectively mad. He repeats the wording of the historical

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sources that the case of the self-proclaimed sultan "was seriously investigated by provincial officers, and it was found that he had a long history of insanity" (pp. 463–64). Note that this "long history of insanity" is based on rather dubious evidence, such as a mother's testimony.[21] As for the "prophet," he was examined, "presumably by a judge, and it was learned that he was a madman who had frequently left the *māristān* [hospital]" (p. 464). Dols adds that both men were "considered dangerous" (p. 463) and "a potential threat to internal peace and harmony" (p. 462). The "sultan's" claim was apparently taken seriously because of its popular appeal and because it posed a potential threat to the unstable government. Dols also speculates that the self-proclaimed prophet attracted popular attention and "probably caused a disturbance" (pp. 463–64). He goes on to support the Mamluk policy in the two instances with the speculation of a "communal mischief that a lunatic might cause," loosely adducing an example from the rather remote 17th-century Istanbul (pp. 464–65).

In taking such an attitude, Dols appears to err twice. First, he wants us to believe that insanity here is a credible diagnosis, even when determined by provincial officers and judges, although earlier in the book he himself had said that legal texts (and medical texts, as well) were completely non-clinical. On what, then, was the decision based? It is certainly plausible that the investigation and examination that Dols tends to trust were intuitive (as one legal text, remember, called on the judge to be), not "scientific." What etiology of insanity was available in the two cases? There is nothing here that resembles even, for example, descriptions preserved for medieval England about the physical and mental state, the "breakdown" of the supposedly insane.[22] Second, Dols allows himself to be trapped by the state's interest in equating the madman with danger. He justifies confinement and imprisonment as "proof" that the insane were seriously disturbed and probably harmful to themselves, to others, or to the state (e.g., p., 13, anticipating the last section of the book).[23] It does not even occur to him that *control* of the "insane" could have been at stake. Had he been more reflective, he might have doubted the ability of ten peasants (the number specified as supporters of the self-proclaimed sultan) to pose a serious threat to the Mamluk regime. Is it not possible, reversing Dols's own formulation, that a "potential threat to internal peace and harmony" (a common political pretext, to be sure) was preferably presented as madness?

Thus, confinement of madmen is not presented as even an unavoidable wrong. On the contrary, Dols acclaims the special provision for the insane as "a remarkable aspect of medical practice in medieval Islamic society" (p. 112). To him, it is evident that medieval Islamic society "permitted a much wider latitude to the interpretation of unusual behaviour than does modern Western society and much greater freedom to the disturbed, non-violent individual" (p. 4). More specifically, the "freedom of thought and action" as regards the causes of madness "may have resulted from the almost total absence of government control of the mentally disturbed," unlike the case of modern society (p. 6). To Dols, the accounts of the two Egyptian madmen indicate the care the state exhibited before taking action (p. 464). He sees hospitalization as manifesting a special concern and as part of a benevolent project of "the preservation of the mind" (p. 476). Dols speaks of the "remarkable amount of personal freedom" enjoyed by the insane, together with the poor, maimed, and infirm, and of "the lack of restrictive governmental legislation directed toward 'public health' and of public institutions . . . [that] allowed the madman his considerable freedom" (pp. 473–74).[24]

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From such a position about the freedom of the prisoners the way is short to claiming that the "deranged were assimilated" (p. 4) and that "the madman was accommodated" (p. 14), rather than separated and excluded. Contrasting the madman in medieval Islamic society with the insane in modern bedouin society,[25] Dols insists that the former could be a man not without honor, a result of the pluralism of healing, the Qurʾan's view of the *majnūn* as a divinely excited individual, and the imperative of personal charity to the infirm (pp. 477–78). This kind of assessment has earned him explicit approval from one of his reviewers.[26]

Thus, Dols disregards the cruelty displayed toward the confined. Note that in the cases of the two "madmen," one lost his tongue, and the other rescued his life only after repenting. Elsewhere, Dols cites an account from about 1160–70 as evidence for "the provision of the insane"—a notion to which I will return—but glosses over the part of the report that says, "they chain each of them [the insane afflicted in the heat of the summer] in iron chains until their reason is restored to them in the winter time" (p. 119). Chains are featured in about a dozen of the available accounts, mostly factual, of the confinement of the insane in the Islamic world. These reports stretch chronologically between the days of the Egyptian ruler Ibn Tulun in the late 9th century to the early 17th century and pertain to locations such as Cairo, Damascus, and Istanbul. Dols himself provides the information but does not make much of it. Let us reconsider a few instances.

In al-Naysaburi's (d. 1016) *ʿUqala ʾal-majanin*, the "wise fool" ʿUlyan is bound and shackled to a large rock; another madman is chained to a wall; and a third man is chained, as well. The third man proclaims that "madmen in the hospital have two things: manacles and fetters." Other tales in the same collection feature chained madmen (pp. 360–61). In *I costumi et la vita de Turchi* (1551), by Giovanni Antonio Menavino of Voltri (near Genoa), we read about an institution in Istanbul, founded by Beyazid,

> where mad people could be taken and confined to prevent them from acting foolishly in the city. . . . The warders go around the city with staffs, searching for mad people and when they find one they put iron chains on his neck and wrists, and beating him they convey him to the hospital where they apply stronger chains to the neck, fixed to the wall and the bed. In this way they are all chained in bed, isolated from one another, more than forty altogether.[27]

In the second half of the 16th century, Evliya Chelebi reported that the insane at Cairo's Mansuri Hospital were "bound like lions with chains around their necks" and that the attendants to the physicians, "with the temperament of executioners, . . . beat some of them with cherry switches" (pp. 123–24; see also Dols's somewhat cynical comment on pp. 125–26). During an imperial procession in Istanbul, Evliya saw 200 keepers of bedlam (*timārkhāneh*) "lead from two to three hundred madmen in golden and silver chains. . . . Some of them are naked, some cry, some laugh, some swear and some attack their keepers, which puts the spectators to flight" (pp. 126–27). In an album made for Sultan Ahmed I (r. 1603–17) there is a miniature of a scene inside a hospital where three ("violent," according to Dols) madmen are chained around their necks; two of them are nearly naked, and their genitalia are exposed (p. 130; see further examples on pp. 117, 127, 131–32, 393). More instances of beating and chaining will be mentioned later.

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Is it possible to deal with the state and insanity, no matter where, as Dols does it, almost thirty years after Foucault's *Madness and Civilization*? Dols believes that Foucault's "popular [*sic*] interpretation"—namely, his idea of the "great confinement" in early modern Europe[28] is irrelevant to the history of the Islamic asylum (pp. 128–29). To back up his opinion, he stresses, perhaps justifiably, the relative small number ("only a few dozen") of insane that were confined at one time in Islamic hospitals. Thus, although he maintains that there is no place for Foucault's ideas in the medieval Islamic context, it is only in terms of chronology that one can suppose a positive relationship to Foucault. Dols, underscoring the tolerance allegedly manifested in medieval Islam toward the mad, should at least have sympathized with Foucault's similar picture of the medieval West, for both provide a "Tory" history of madness, a romantic chronicle of decline from pre-modern tolerance to modern cruelty.

The irony, of course, is that similarity does exist between Foucault and Dols but not in the way just supposed. What is common to both is that their chronicle of madness is simply off the mark. Foucault's historical flaws are certainly not the issue to pursue in this discussion. Suffice it to note that subsequent research has shown that confinement was not so "great."[29] Even more relevant to our concern is that confinement was not an invention of the absolutist state, and thus Foucault's image of a benevolent Middle Ages, which he erroneously symbolizes in the "ship of fools," does not really stand up to scrutiny.[30] Starting in the late Middle Ages, many a madman was confined in a small cell or jail, or even in a domestic cage. It appears that whenever a mad person was considered a threat to others, or to himself or herself, he or she was restrained and even chained.[31] This sounds a lot like what Dols tells us about Muslim madmen. Incidentally, this may be the time to note that students of late medieval and early modern Europe see the hospitals and the confinement of the mad as an Arab invention.[32]

It is confinement of the "insane" in the medieval Islamic world that must now be given further attention. Unlike Dols, I want to stress the similarity in Islam to some of Foucault's ingenious concepts rather than to his admittedly mistaken chronology. To begin with, one may recall that Foucault starts his book by arguing that, around the end of the 16th century, on the outskirts of European towns, empty leprosariums started to function as asylums under "repeated formulas of exclusion."[33] Whatever was the case in Europe, one cannot disregard the attitude toward the invalids and the lepers as we come across it in the Mamluk state. We have two significant reports about attempts at their exclusion in Mamluk Egypt. In 1265–66 the sultan ordered that all invalids (*aṣḥāb al-ʿāhāt*) in Cairo be assembled and transferred to al-Fayyum. We are told that they were confined in a separate town (*ʾufridat lahum balada*) and received the necessary provisions. They did not stay there for long, however, and were scattered, many returning to Cairo.[34] In 1392, the sultan decreed that no leper (*majdhūm ʾabraṣ*) or invalid (*ʾaqṭaʿ*) could stay in Cairo and that any who disobeyed would be severely punished.[35] To these two reports one can add another by the 11th-century geographer al-Bakri, who reported that the people in northern Morocco did not allow the physically defective to dwell in their country because it corrupted their progeny (p. 21). Exclusion (certainly not assimilation) of the physically (and "mentally") handicapped is the common denominator. It is certainly worthy of notice that in most legal matters, the condition of the Muslim leper "seems to be particularly close to that of the

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mentally ill," especially with regard to marriage and divorce, but in other instances, as well.[36]

I will now add to the two minutely discussed cases of madmen in the Mamluk era half a dozen cases not mentioned by Dols. In 1379, a man (some add that he was a *faqīr*, poor? Sufi?) claimed to be none other than Muhammad (in another version, a prophet who received a Qurʾan, saw in a vision several angels, including Gabriel, and his mission was to fight the infidels). He was confined and interrogated. Then he retreated from his original claim and issued another, saying that he was only the successor to the Prophet in order to confirm his law and that he had been promised government. The physicians of the (*Manṣūrī*?) hospital testified to his insanity. He was imprisoned (according to another version, he was also beaten), then released after renouncing his claim. The chronicler reports that he saw the man a considerable time later. By then he was, or had returned to be, a beggar and denied any connection with the incident.[37]

In the same year, a soldier who had confessed to the Maliki *qāḍī* to be an apostate (*murtadd*) was brought before the *muḥtasib*, was beaten, and, following a medical testimony of his insanity, was confined.[38] In 1416, a non–Egyptian (Persian? *ʿajamī*), who had many followers and claimed to have had daily ascended to Heaven and conversed with the Creator, was brought to trial by the sultan. Ibn Hajar al-ʿAsqalani, the renowned scholar who witnessed the process, says that the Maliki qadi demanded a death sentence for the crime of infidelity (*kufr*). However, doctors testified to the man's insanity. He was confined and released only after the sultan's death five years later.[39] In 1433, a beggar murdered a merchant after being denied alms. It was established that the beggar was mad; hence, he was confined.[40] In 1472, a man who "had gone mad" (*mutajannin*) went to the sultan to discuss a theological issue, implying the sultan's error in inclining to this world (*ḥubb fīʾl-dunyā*). He asked the sultan to chain the beggars and confiscate their property and to hold discussions with the ulema. The reaction to his plea was first to put him off; then he was confined in the Mansuri hospital.[41] In 1488, Abu al-Fath al-Manufi, the governor of Jedda and a former friend of the sultan (who later, it was claimed, betrayed him), was imprisoned for insanity (*makhwiliya [?] wa-ṭaraf junūn*). He was confined to the hospital. During his interrogation in the sultan's presence, he responded "like a madman" and was beaten. Then some emirs and officials testified once again to his insanity. He was sent on foot to the hospital, naked and bareheaded with a chain around his neck, to be counted with the insane (*yadʿuhu ʿinda al-majānīn*). Some days later, an intercession came on his behalf, and he was returned to the "higher echelons" (*ṭabaqāt al-ẓimām*).[42]

What conclusions can be drawn from the details of these cases and the two cases discussed by Dols? The majority of those accused of insanity were involved in religious scandals, either claiming prophecy or some extraordinary religious experience or confessing to have gone astray to commit apostasy. Was insanity the right diagnosis in all these cases? We do not know. It is noteworthy that, although medical doctors were on occasion those who "diagnosed" insanity, in other cases no medical certification was involved.[43] In neither case can mental illness be taken for granted. It has been suggested that where there is a formidable force of religion that could encourage religious experiences—such as visions—that would surely suggest psychosis today, it does not make full sense to see these "symptoms" as evidence of illness—that is,

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madness of physical origin.[44] One could perhaps argue that, in contrast to modern times when the apparatus that produces insanity falls within the mold of pathology, in most cases presented here theology was the mold.

Once again, it can be noted that "religious madness" is a phenomenon of a wide context, and in the Christian West, up to modern times, mental disorder was viewed as caused by demonic possession or religious experience.[45] This is occasionally the case in contemporary Islamic countries.[46] Some of those "possessed," however, were more fortunate than others. In his chapter "The Holy Fool," Dols introduces ʿAbd al-Qadir al-Naqqad, a pious 13th-century Alexandrine shaykh seized by mystical experiences. Under the influence of his "holy madness" (*walāh*) he said such astonishing things about these experiences that local jurists had him confined to the hospital. His spiritual state, however, became more accentuated in confinement (p. 405). Now, recall the fate of the *faqīr* who in 1379 told of his visions, underwent the odyssey of prison and corporal punishment, and ended up as a beggar. Compare him with al-Naqqad, who, when one of his peers visited him in the hospital and witnessed his spiritual state, was declared a "servant of the almighty God" (p. 405). Confined on the charge of being a lunatic by order of the *fuqahāʾ*, he was later exonerated by a Sufi shaykh, his sainthood proved. Incidentally, this theme of the insane person as a Sufi in disguise (*fīʾl-bāṭin min al-muḥibbīn wa-fī al-ẓāhir min al-majānin*) who is released from confinement recurs elsewhere—for example, in a collection of Sufi sermons that date to the Mamluk period.[47] Obviously, madness could have been a relative diagnosis.

All this is a far cry from the romantic picture painted by Dols. I find more similarity with what is known about the European case than Dols knew or was willing to admit.[48] The sources that we have for the medieval Islamic world do not provide a happier picture: "insanity" could have been—and in many cases, probably was—a tool manipulated by the state. The treatment of the Muslim *majnūn* was far from benevolent; confinement at the *māristān* frequently involved harsh measures. Madness as an extremely broad socio-cultural category that "could be seen as medical, or moral, or religious, or, indeed, Satanic" is a definition that would seem to apply to a large extent to Mamluk Egypt and perhaps to other Islamic regions, as well, no less than to early modern Europe. No generally recognized, clear-cut boundaries between clinical insanity and peculiarities of behavior existed. Just as in medieval Christian regions, in the medieval Islamic world, the language of madness served not merely to diagnose disturbed individuals but also to establish religious and political norms. Where there is a "manufacture of madness,"[49] it ought to be seen as of human making and as a cultural creation, not necessarily as an objective phenomenon.

NOTES

Author's Note: An earlier version of this article was read in November 2000 at a seminar held at Sophia University, Tokyo. I thank Professor M. Kisaichi and the participants who commented on my presentation. This article is dedicated to the memory of Roy Porter, a leading scholar on the history of madness.

[1]Nathaniel Lee (a Restoration poet confined to London's Bethlem Hospital), as quoted in M. Byrd, *Visits to Bedlam* (Columbia, S.C. 1975), 75.

[2]Carl F. Petry, review in *Journal of the American Oriental Society* 117 (1997): 388.

[3]Fady Hajal, review in *International Journal of Middle East Studies* 26 (1994): 544.

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[4]David Waines, review in *al-Qantara* 16 (1995): 187.

[5]To demonstrate the point, Dols discusses at some length Ibn Taymiya's trial.

[6]Michel Foucault, *Folie et deraison: Histoire de la folie a l'age classique* (Paris, 1961). An English translation of an abridged version (1964) appeared as *Madness and Civilization: A History of Insanity in the Age of Reason* (New York, 1965). Dols's view of Foucault will be discussed later in this article.

[7]But contrast, for example, pp. 10, 216–20, for the view that "from the inception of Islam, *majnūn* was a familiar but ambiguous term."

[8]Roland Barthes, "Taking Sides," in *Critical Essays* (Evanston, Ill., 1972), 164, as cited in Pamela Major-Poetzl, *Michel Foucault's Archaeology of Western Culture: Toward a New Science of History* (Chapel Hill, N.C., 1983), 116.

[9]H. C. Erik Midelfort, *A History of Madness in Sixteenth-Century Germany* (Stanford, Calif., 1999), 31–32.

[10]Ibid., 11.

[11]Ibid., 49.

[12]Major-Poetzl, *Archaeology*, 129–30.

[13]Midelfort, *Madness*, 141.

[14]Robert Irwin, review in the *Times Literary Supplement* (15 January 1993): 6. See also Ihsan Al-Issa, "Mental Illness in Medieval Islamic Society," in *Al-Junūn: Mental Illness in the Islamic World*, ed. Ihsan Al-Issa (Madison, Conn., 2000), 68. I owe this reference to Juan Cole.

[15]See, however, the incidents discussed later.

[16]Andrew T. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (New York, 1979), 125.

[17]Idem, "From Madness to Mental Illness: Medical Men as Moral Entrepreneurs," *Archives Européenne de Sociologie* 16 (1975): 218.

[18]A modern image of madness is that of the megalomaniac who imagines himself to be Alexander the Great, Christ, or some other world-historical figure: see Midelfort, *Madness*, 302.

[19]Maqrizi, *al-Suluk li-mʿarifat duwal al-muluk*, 4 vols. (Cairo, 1934–73), 2:866–67; Ibn Taghri Birdi, *al-Nujum al-zahira fi muluk Misr waʾl-Qahira*, 16 vols. (Cairo, 1929–72), 10:269–70; Dols, *Majnun*, 462–63.

[20]Ibn Habib, *Tadhkirat al-nabih fi ayyam al-Mansur wa-banih*, 3 vols. (Cairo, 1976–86), 3:166.

[21]In England, as late as the 19th-century, medical practitioners issued certificates for incarceration partly based on the testimony of family members: see David Wright, "The Certification of Insanity in Nineteenth-Century England and Wales," *History of Psychiatry* 9 (1998): 282–88.

[22]Basil Clarke, *Mental Disorder in Earlier Britain* (Cardiff, 1975), 143–206.

[23]For the same opinion, see Al-Issa, "Mental Illness," 56, 66.

[24]Dols dubiously quotes R. I. Moore (*The Formation of a Persecuting Society* [Oxford, 1987]) here.

[25]For insanity in modern bedouin society as a reflection of "the commonly shared expectations of social behaviour" and as "a form of social criticism," see Lila Abu-Lughod, *Veiled Sentiments: Honor and Poetry in a Bedouin Society* (Berkeley, Calif., 1987), 91, as cited in Dols, *Majnun*, 478, n. 7.

[26]Hajal, review, 545.

[27]Paolo Peloso, "Hospital Care of Madness in the Turk Sixteenth Century according to the Witness of G. A. Menavino from Genoa," *History of Psychiatry* 9 (1998): 37–38.

[28]Foucault describes how medieval toleration of madness, as well as poverty, at the edges of society withered and the time of concealment arrived.

[29]For the small number confined in 18th-century England, see Roy Porter, *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (London, 1987), 8. As far as the English case goes, this rejects Foucault's "great confinement."

[30] See, for example, Midelfort, *Madness*, 229–30. "Stultifera Navis" is the title of Foucault's first chapter: see esp. Foucault, *Madness*, 7–13.

[31]For criticism of Foucault's chronology and his gracious attitude toward the Middle Ages, see H. C. Midelfort, "Madness and Civilization in Early Modern Europe: A Reappraisal of Michel Foucault," in *After the Reformation; Essays in Honor of J. H. Hexter*, ed. Barbara C. Malament (Manchester, 1980), 247–65; Andrew Scull, *The Most Solitary Afflictions: Madness and Society in Britain 1700–1900* (New Haven, Conn., 1993), 5–7. For the chaining of madmen in medieval England, see Clarke, *Mental Disorder*, 57, 79. For 15th- and 16th-century Germany, see Midelfort, *Madness*, 95, 98, 129, 154, 160, 170–71, 192,

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221–22, 285–86, 288–89, 295, 300–301, 312, 320–21, 335, 356, 360–61, 369–70, 383. For the 16th-century English Bedlam, see Porter, *Mind*, 5, 10. Porter asserts the credibility of the "horror stories of lunatics chained in underground dungeons in France, whipped in Germany, and jeered by ogling sightseers in London's Bedlam"—in short, the image of the dehumanized mad. As late as 1852, Charles Dickens lamented the state of lunatics and noted that they could be chained: see Scull, "From Madness," 225, n. 22.

[32]Midelfort, *Madness*, 352.

[33]Foucault, *Madness*, 3–7.

[34]Maqrizi, *Suluk*, 1:553; ʿAyni, *ʿIqd al-juman fi taʾrikh ahl al-zaman* (Cairo, 1987), 428; Baybars al-Mansuri, *Zubdat al-fikra fi taʾrikh al-hijra* (Beirut, 1998), 106.

[35]Ibn Furat, *Taʾrikh* (Beirut, 1942), 310; Ibn Iyas, *Badaʿiʾ al-zuhur fi waqaʾiʿl-duhur* 5 vols. (Cairo, 1960–75) I/2:454. Dols, who studied leprosy in medieval Islam, does not mention these two reports. Yet on the basis of the existence of leper houses and quarters at the end of the Middle Ages, he reaches the tentative conclusion that "lepers were segregated in the medieval Middle East": see Michael W. Dols, "The Leper in Medieval Islamic Society," *Speculum* 58 (1983): 915. His conclusion (p. 916) about the lack of any governmental regulation of lepers is to be questioned in light of the information presented earlier.

[36]Dols, "Leper," 897–99.

[37]Ibn Hajar al-ʿAsqalani, *Inbaʾ al-ghumr bi-abnaʾ al-ʿumr*, 3 vols. (Cairo, 1969–72), 1:196; Ibn Iyas, *Badaʿiʾ*, I/2:249; Maqrizi, *Suluk*, 3:368–69; Ibn Qadi Shuhba, *Taʾrikh* I/3 (Damascus, 1977), 10.

[38]Asqalani, *Inbaʾ*, 1:198.

[39]Ibid., 3:163; Ibn Iyas, *Badaʿiʾ*, 2:28–29.

[40]Ibn Iyas, *Badaʿiʾ*, 2:147.

[41]Al-Sayrafi, *Inbaʾ al-hasr bi-abnaʾ al-ʿasr* (Cairo, 1970), 481–82.

[42]Ibn Iyas, *Badaʿiʾ*, 3:252–53.

[43]For a brief comment on a similar situation in the early Ottoman Empire, see Miri Shefer, "Insanity and the Insane in the Ottoman Empire, 15th–17th Centuries," in *Being Different: Minorities, Aliens and Outsiders in History*, ed. Shulamit Volkov (in Hebrew) (Jerusalem, 2000), 194–95, 197–98. As late as the 19th-century in England "local medical practitioners with no formal schooling in insanity, no requirement to consult or cite textbooks on mental disease, and no background in the institutional treatment of disordered behavior were required to devise means of legitimating the incarceration of alleged lunatics and idiots." Their certificates incorporated, among other things, the old tradition of "interrogation" derived from legal texts and a contemporary social definition of behavior based partly on testimony of family members. There was no requirement to refer to "textbooks" on insanity or to invoke expertise, and not one of 400 certificates studied refers to a medical source: Wright, "Certification of Insanity," 282, 285, 288.

[44]Porter, *Mind*, x.

[45]Midelfort draws attention to the fact that in 16th-century Germany, "theorists of demonic possession were working out the dynamics of a mental disorder that had no organic or physical basis. Christian culture, like many other cultures, invented and has preserved the idea and fundamental structures of *mental* illness—that is, of an illness not driven by heredity, hormones, humors, nerves, or cerebral malfunction." In his *Liber de lunatics*, the 16th-century German Renaissance physician Paracelus, saw (no less than Luther) a clear connection between madness and theological deviance. Thus, "anyone who abandons his creator must be crazy, mad possessed . . . and even madder than he who lies in chains who has no reason." He "specifically identified what he called 'mental illness' (*Geistkrankheit*), disease of the soul or spirit that had no organic basis." Even at the universities, around 1600, we find only a feeble attempt at keeping medicine and theology apart: see Midelfort, *Madness*, 9, 83–97, 129, 162. For the construction of "religious madness" and the turning of popular religious experiences into "pathological entities" in 19th-century Germany, see Ann Goldberg, *Sex, Religion, and the Making of Modern Madness* (New York, 1999), esp. 36–37.

[46]See the discussion of modern medical treatment in M. Z. Azhar and S. L. Varma, "Mental Illness and Its Treatment in Malaysia," in *Al-Junun*, 178–84.

[47]*Al-Rawd al-faʾiq fiʾl-mawaʿiz waʾl-raqaʾiq* (Cairo, n.d.), 23, 60–61, 117, 192, 226–27. The work is ascribed to Shuʿayb Al-Hurayfish, whose identity is uncertain, and dates to either the 14th or the 16th century.

[48]This applies also to Al-Issa, "Mental Illness," 56, and Fereydoon Mehrabi et al., "Mental Health in Iran," in *Al-Junun*, 144, who makes a false distinction between the religious hospital in the West and the secular hospital in Islam and between the burning of madmen in Europe and the care of madmen in the East.

[49]Porter, *Mind*, x.

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