



How to cite this article:

Rezaei, M. (2027). A Study of the Transmission and Transformation of Hospital Traditions from Byzantine Civilization to the Islamic World (Seventh to Twelfth Centuries CE). *Journal of Historical Research, Law and Policy*, 5(3), 1-11. <https://doi.org/10.61838/jhrp.373>



Article history:
Original Research

Dates:

Submission Date: 13 March 2026
Revision Date: 15 June 2026
Acceptance Date: 22 June 2026
First Publication Date: 01 July 2026
Final Publication Date: 01 May 2027

A Study of the Transmission and Transformation of Hospital Traditions from Byzantine Civilization to the Islamic World (Seventh to Twelfth Centuries CE)

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ABSTRACT

The present study examines the transmission and transformation of hospital traditions from Byzantine civilization to the Islamic world between the seventh and twelfth centuries CE. As a therapeutic, charitable, urban, and educational institution, the hospital emerged within the historical context of the Eastern Mediterranean and the Middle East, and its development resulted from interactions among diverse religious, medical, and administrative traditions. In Byzantine civilization, institutions such as the xenon, xenodochion, and nosokomeion were closely associated with Christian teachings and were responsible for providing assistance to the poor, the sick, travelers, and individuals with disabilities. Over time, some of these institutions acquired more systematic therapeutic functions. With the expansion of the Islamic conquests and the incorporation of regions such as Syria, Egypt, and Mesopotamia into Muslim territories, conditions were created for the transfer of certain Byzantine institutional and medical experiences to the Islamic world. Nevertheless, hospitals in Islamic civilization cannot be regarded merely as direct imitations of the Byzantine model. Rather, they emerged through the adaptation, reconstruction, and synthesis of Byzantine, Syriac, Greek, Persian, and Islamic traditions. The findings of this study indicate that during the Umayyad period, rudimentary forms of medical care and patient support existed; however, the institutional development of hospitals in Islamic civilization was realized primarily during the Abbasid period and subsequently in major cities such as Baghdad, Damascus, and Cairo. At this stage, the hospital evolved into a highly organized institution that, in addition to treating patients, played significant roles in medical education, pharmacy, the administration of charitable endowments (waqf), and the consolidation of urban and political authority. Therefore, the transformation of the hospital from Byzantium to the Islamic world was a gradual, multi-sourced, and creative process. This study argues that while the Islamic world benefited from the Byzantine legacy, it reinterpreted and reconstructed that legacy within the framework of the waqf system, Galenic-Arabic medicine, traditions of urban life, and Islamic religious values such as benevolence and the care of the sick.

Keywords: *Hospital, Byzantium, Islamic World, Islamic Medicine, Charitable Institutions, Middle Ages.*

Introduction

The history of the hospital in the Mediterranean world and the Middle East is not merely the history of the emergence of a therapeutic institution; rather, it reflects profound transformations in the relations among religion, the state, the city, medical knowledge, and charitable institutions. Between the seventh and twelfth centuries CE,



regions such as Syria, Egypt, Mesopotamia, and Asia Minor were exposed to extensive contact among Byzantine, Syriac, Persian, Greek, and Islamic traditions. In this context, the hospital emerged neither as an entirely new institution nor merely as a simple imitation of earlier models, but within a historical process of transmission, selection, adaptation, and transformation. Therefore, the study of the transmission and transformation of hospital traditions from Byzantine civilization to the Islamic world can provide an important pathway for understanding the relationship among medicine, charity, and administrative organization in medieval civilizations.

In Byzantine civilization, from the early Christian centuries onward, a range of charitable and therapeutic institutions emerged under names such as *xenon*, *xenodocheion*, *nosokomeion*, *ptochotropheion*, and *orphanotropheion*. Initially, these institutions were mostly associated with hospitality and support for the poor, the elderly, orphans, travelers, and the sick; however, over time, in some urban and monastic centers, they acquired more explicit therapeutic functions. Scholars such as Miller have shown that in the Byzantine Empire, especially from the fourth to the sixth centuries CE, the hospital developed as part of the Christian system of charity and ecclesiastical authority and, in some cases, possessed physicians, nurses, medicines, administrative regulations, and spaces specifically designated for patients. Nevertheless, Horden critically reminds us that not all these institutions should be equated with the modern meaning of the hospital, because in many of them the boundaries among shelter, almshouse, guesthouse, charitable center, and place of treatment were not entirely clear (1-3).

With the expansion of the Islamic conquests in the seventh century CE, important parts of the former Byzantine territories, including Syria and Egypt, entered the political and cultural structure of the Islamic world. This political transition created the conditions for Muslims to encounter the urban, ecclesiastical, administrative, and medical networks inherited from the Byzantine period. On the other hand, Christian physicians, Syriac-speaking scholars, and those familiar with Greek played an important role in transmitting Greek medical knowledge and earlier institutional experiences into the Islamic milieu. Alongside this factor, the Persian-Sasanian tradition and the scientific center of Jundishapur were also influential in the formation of medicine during the Abbasid period. Therefore, the origin of the hospital in Islamic civilization should not be reduced to a single source; rather, it should be understood as the outcome of the coexistence of several traditions: Christian-Byzantine charity, Greek-Galenic medicine, Syriac mediation, Persian administrative organization, and Islamic religious and social values concerning care for the sick, the poor, and the needy (4, 5).

In historical sources, al-Walid ibn Abd al-Malik, the Umayyad caliph, is sometimes mentioned as the founder of the first Islamic hospital in Damascus. However, recent scholarship has shown that this report must be examined with caution, because what is attributed to al-Walid was probably less a fully developed hospital in the sense of later Islamic *bīmāristāns* than a kind of care or segregation center for particular groups of patients, especially lepers and persons with disabilities. Michael Dols and, after him, scholars such as Lawrence Conrad and Ahmed Ragab have criticized this narrative and emphasized that the hospital in Islamic civilization, in its more advanced institutional sense, took clearer shape during the Abbasid period and later in cities such as Baghdad, Damascus, and Cairo. This point is highly significant for the present study, because it shows that the transmission of the hospital tradition from Byzantium to Islam was not a sudden event, but a gradual and multi-stage process (4, 6, 7).

With the establishment of the Abbasid caliphate and the scientific flourishing of Baghdad, the hospital in Islamic civilization, or the *bīmāristān*, gradually moved beyond a simple charitable center and became an urban, therapeutic, educational, and administrative institution. At this stage, hospitals were not only places for keeping patients, but also environments for examination, treatment, medical education, clinical observation, pharmacy, and,

at times, the recording of therapeutic experiences. In such a structure, the presence of specialist physicians, pharmacists, attendants, financial administrators, and sometimes the *waqf* system gave hospitals characteristics that distinguished them from many early forms of charity in Byzantium. Of course, this difference did not mean a complete rupture from the Byzantine tradition; rather, it indicated the institutional transformation of earlier traditions within the framework of the needs of Islamic urban society and its religious, legal, and financial systems (5, 7).

From the tenth to the twelfth centuries CE, with the expansion of hospitals in major Islamic cities, especially Baghdad, Damascus, Cairo, Rayy, and Nishapur, these institutions became part of the civilizational identity of the Islamic world. The Nuri Hospital of Damascus in the twelfth century was an important example of the connection among treatment, education, *waqf*, urban politics, and the legitimization of ruling power. In this period, the hospital was no longer merely a continuation of earlier traditions; rather, it became a new model for organizing medical care, one in which religious charity, medical knowledge, and urban administration stood alongside one another. For this reason, Ahmed Ragab regards the hospitals of medieval Islamic civilization not only as therapeutic centers, but also as parts of broader networks of charity, political power, and urban culture (7).

The significance of the present study lies in its attempt to move away from the simplistic view of “direct borrowing” and instead examine the issue of the transmission and transformation of hospital traditions within the framework of civilizational interaction. Byzantium provided the Islamic world with an important legacy of Christian charitable and therapeutic institutions, but the Islamic world reconstructed this legacy within a new context shaped by *waqf*, urbanism, Galenic-Arabic medicine, the patronage of caliphs and amirs, and the social needs of Muslim societies. Therefore, the main question is not whether the hospital in Islamic civilization was simply derived from Byzantine hospitals; rather, the more precise question is which elements of the Byzantine tradition were transmitted, which elements were transformed, and what new components the Islamic world added to this tradition. Answering this question can provide a clearer understanding of hospital studies in the fields of the history of medicine, the history of charitable institutions, and the history of cultural exchange between Byzantium and the Islamic world in the Middle Ages. The innovation of the article lies in the fact that it examines the hospital in Islamic civilization neither as an entirely independent institution nor as a direct imitation of the Byzantine model, but as the result of a process of transmission, adaptation, and institutional re-creation. Using a historical-comparative approach, the article shows that the Islamic world received certain charitable and therapeutic models from Byzantium, but transformed them within the framework of *waqf*, Galenic-Arabic medicine, Islamic urbanism, and the patronage policies of caliphs and amirs.

Research Method

The method of the present study is historical-analytical and comparative. The research data are collected through library study and the examination of historical sources and reliable studies in the history of medicine. In this article, Byzantine and Islamic hospitals are compared in terms of therapeutic function, religious support, administrative structure, the role of physicians, methods of financing, and educational status. The purpose of this comparison is to identify the extent of continuity, transmission, and transformation of hospital traditions from Byzantium to the Islamic world.

Hospital Traditions in Byzantine Civilization: From Christian Charity to Organized Treatment

The study of the transmission of hospital traditions from Byzantium to the Islamic world first requires an understanding of the nature of therapeutic and charitable institutions within the context of Byzantine civilization. In Byzantine civilization, care for the sick was not merely a medical matter; rather, it was directly connected to Christian theology, the virtue of benevolence, hospitality, and support for the poor. From the fourth and fifth centuries CE onward, institutions known as *xenodocheion*, *nosokomeion*, *ptochotropheion*, and *gerokomeion* emerged in various cities of the Eastern Roman Empire, each responding to a part of social, therapeutic, and supportive needs. The *xenodocheion* mainly referred to a guesthouse or shelter for strangers and travelers; the *nosokomeion* was closer to a place for the care of the sick; the *ptochotropheion* was designated for the poor; and the *gerokomeion* was a place for the care of the elderly. In practice, however, the boundaries among these institutions were not entirely clear, and many of them had combined functions; that is, they were places of residence, charitable centers, and, in some cases, places for the treatment of patients (1, 2).

One of the important examples at the beginning of the Byzantine hospital tradition is the charitable complex attributed to Basil of Caesarea in the fourth century CE, which is known in Christian sources and modern scholarship as the Basiliad. Gregory of Nazianzus, in his funeral oration for Basil, refers to a complex organized to support the poor, the sick, strangers, and the disabled. The importance of this complex lies in the fact that it shows that care for the sick in the Byzantine tradition initially emerged from religious and charitable institutions, not from a secular and independent medical system. Nevertheless, it should not be simply equated with the modern hospital, because at this stage medical treatment was only one of the functions of such centers, while social and religious support had a more prominent position (1, 8).

In later centuries, especially in Constantinople, some Byzantine institutions reached a higher level of administrative and therapeutic organization. A prominent example is the hospital attached to the Monastery of Christ Pantokrator in the twelfth century CE, which, according to the *typikon* or foundation charter of the monastery, had therapeutic wards, specified beds, physicians, assistants, pharmacists, and administrative regulations. This text shows that in later Byzantium, the hospital could move beyond the status of a general shelter and become an institution with spatial and professional divisions. Nevertheless, even this hospital operated within the framework of the monastery, religious endowment, and Christian charity; therefore, medicine and religion were not separated within it (1, 9, 10).

From this perspective, the Byzantine hospital tradition should be understood as having three fundamental characteristics: first, its connection with Christian teachings concerning love, benevolence, and care for the needy; second, its institutional dependence on the Church, the monastery, or imperial patronage; and third, its gradual movement from general charitable institutions toward more organized therapeutic centers. These very characteristics later became important in contact with the Islamic world, because Muslims in regions such as Syria, Egypt, and Mesopotamia encountered the remnants of these urban, religious, and medical networks.

Contexts for the Transmission of Medical and Hospital Traditions to the Islamic World

The Muslim conquest of Byzantine territories in the seventh century CE was not merely a political transfer of power; rather, it created a context for encounter and interaction among administrative, urban, religious, and medical traditions. Before the Islamic conquests, Syria and Egypt were important parts of the Byzantine realm, and networks

of churches, monasteries, religious schools, charitable centers, and Christian physicians were active there. The incorporation of these regions into the Islamic realm acquainted Muslims with earlier experiences in caring for the sick, maintaining the poor, and organizing urban services.

Of course, the transmission of the hospital tradition from Byzantium to the Islamic world should not be understood as the simple and direct transfer of a single model. Historical evidence shows that Islamic medicine in the first centuries of its formation was the product of the connection among several traditions: Greek-Galenic medicine, the Syriac tradition in translation and education, the Persian-Sasanian legacy, the experience of Jundishapur, and also part of Indian pharmaceutical and therapeutic knowledge. Syriac-speaking Christian physicians, especially during the Abbasid period, played an important role in translating Greek medical texts and transmitting practical medical knowledge into Arabic. On the other hand, Jundishapur, as one of the important pre-Islamic medical centers, is presented in historical narratives as a point of convergence for Greek, Persian, Syriac, and Indian traditions (5, 11-14).

In this process, the House of Wisdom in Baghdad and the translation movement of the Abbasid period played a special role. The translation of Greek, Syriac, Middle Persian, and Indian works into Arabic provided the theoretical foundations required for the expansion of Islamic medicine. However, the hospital in Islamic civilization was not merely the product of translating books; rather, it resulted from the combination of theoretical knowledge with administrative experience, political patronage, urban needs, and the religious tradition of benevolence. For this reason, in examining the origin of the hospital in Islamic civilization, one should not rely solely on Byzantium or solely on Jundishapur. It is more accurate to understand the hospital in Islamic civilization as the result of “civilizational convergence”; that is, as an institution nourished by several historical pathways that ultimately acquired a new form within the framework of Islamic society (4, 5, 15).

The Beginnings of the Hospital in Islamic Civilization: Critiquing the Narrative of al-Walid ibn Abd al-Malik

In many general writings, al-Walid ibn Abd al-Malik, the Umayyad caliph, is introduced as the founder of the first hospital in Islamic civilization. According to this narrative, he established a center for the sick, the blind, the disabled, or lepers, and allocated stipends and care for them. This report is very famous in the history of Islamic medicine, but modern scholarship has shown that it must be approached with caution. The main issue is whether the center attributed to al-Walid was truly a “hospital” in the sense of an organized therapeutic institution, or whether it was rather a type of care and social support center for particular groups.

In his classic article on the origin of the hospital in Islamic civilization, Michael Dols criticizes this narrative and shows that there is insufficient evidence to prove the existence of a complete hospital during al-Walid’s period. Lawrence Conrad, in an independent article, also examines the question “Did al-Walid found the first Islamic hospital?” from a critical perspective and concludes that the reports concerning al-Walid are closer to the care of lepers and persons with disabilities than to a hospital in the institutional sense comparable to Abbasid and Ayyubid *bimāristāns* (4, 6).

This point has methodological significance for the present article. If every form of charitable care or maintenance of patients is called a hospital, then the distinction among charitable institutions, hospices, leprosaria, and hospitals disappears. But if the hospital is understood as an institution possessing physicians, an administrative structure, a place of treatment, pharmaceutical facilities, financing, and sometimes an educational function, then the formation of the hospital in Islamic civilization should be sought primarily in the Abbasid period and thereafter. Therefore, the

Umayyad period should be regarded as a preliminary and transitional stage, not as the stage of the institutional maturation of the hospital.

The Abbasid Period and the Formation of the Hospital as an Urban-Medical Institution

The Abbasid period was a turning point in the transformation of the hospital in Islamic civilization. Baghdad, as the capital of the Abbasid caliphate, became a center that attracted physicians, translators, theologians, philosophers, and scholars from various regions. Persian and Christian families, Syriac-speaking physicians, translators associated with the House of Wisdom, and physicians trained in the Jundishapur tradition all played roles in the formation of Baghdad's medical environment. In such an atmosphere, the hospital moved beyond scattered charitable support and became an urban, therapeutic, and administrative institution.

According to the reports of biographical sources on physicians, including Ibn Abi Usaybi'ah's *'Uyūn al-anbā' fī ṭabaqāt al-aṭibbā'*, during the Abbasid period prominent physicians were active not only in the courts of the caliphs but also in hospitals. There is also a well-known report about al-Razi, according to which, in order to choose the most suitable location for a hospital, he placed pieces of meat in different parts of the city and determined the healthiest location by observing where they decayed latest. Although this report also has a narrative and symbolic aspect, its significance lies in showing the attention of Islamic physicians to environment, urban health, and practical empiricism (12, 16).

In this period, the hospital gradually came to be recognized through several characteristics: the presence of specialist physicians, the division of duties among staff, access to medicines, the admission of patients from different social classes, financial support through rulers or endowers, and a connection with medical education. The hospital in the Abbasid period was not only a place of treatment; it was also a space for clinical experience, observation of disease, transmission of knowledge from master to student, and the expansion of practical medicine. These characteristics distinguished it from many Byzantine charitable institutions, even though its charitable and caregiving roots were comparable to earlier traditions.

The Adudi Hospital of Baghdad and the Consolidation of the Hospital Model in Islamic Civilization

One of the most important examples of the development of the hospital in Islamic civilization was the Adudi Hospital of Baghdad, established in the tenth century CE by order of Adud al-Dawla al-Daylami. This hospital occupies a special position in the historical and medical sources of the Islamic period, because it represents the consolidation of the hospital as an urban, official, and specialized institution. Ibn Abi Usaybi'ah's report concerning the selection of physicians for this hospital shows that hospital work required scholarly and professional competence and that not all physicians were permitted to serve there. Some reports state that a large number of physicians were examined and only a group of them were selected to work in the hospital (4, 12).

The importance of the Adudi Hospital lies in the fact that it clearly demonstrates several essential features of the hospital in Islamic civilization. First, this hospital was built in the heart of a major city and in connection with political power. Second, its administration required financial and administrative organization. Third, physicians had a defined position within it, and their activity took place within an institutional framework. Fourth, the hospital was connected with education and the transmission of medical experience. In other words, the Adudi Hospital can be regarded as an example of the transition of the hospital in Islamic civilization from the stage of religious charity to the stage of a specialized urban institution.

Nevertheless, this transformation did not mean the disappearance of the religious or charitable element. Hospitals remained connected with the concepts of benevolence, almsgiving, *waqf*, and the social responsibility of rulers. Their main difference from many Byzantine examples was that these religious charities in the Islamic world, through the support of the *waqf* system and urban administration, acquired greater institutional continuity and capacity for expansion.

The Nuri Hospital of Damascus and the Transformation of the Hospital in the Twelfth Century

In the twelfth century CE, the Nuri Hospital of Damascus was one of the outstanding examples of the hospital in Islamic civilization. This hospital is attributed to Nur al-Din Zangi and occupies an important place in historical and travel-writing sources. Ibn Jubayr, the Andalusian traveler, mentioned this hospital during his journey to Damascus and regarded it as one of the city's important and remarkable buildings. Ibn Jubayr's account of the Nuri Hospital is highly significant because it speaks from a kind of direct observation and shows that the hospital in the twelfth century was a recognized and visible institution within the urban fabric of Damascus (17).

The Nuri Hospital was not merely a place for the hospitalization of patients; it was also connected with medical education and the activities of physicians. Here, the hospital became part of the scientific network of the city. Damascus in this period was one of the important centers of learning, hadith, jurisprudence, medicine, and education, and the Nuri Hospital, alongside madrasas, mosques, and scholarly centers, formed part of its urban and civilizational character. This point shows that by the twelfth century the hospital was no longer a marginal institution; rather, it was located at the heart of Islamic cities and was connected with the political, charitable, and scholarly prestige of rulers (7).

The Nuri Hospital is especially significant for the subject of the present article because it stands at the temporal boundary of the twelfth century CE; that is, at a time when Byzantine, Syriac, Persian, and Islamic traditions had been combined with one another over several centuries, and the outcome of this combination had become visible in the form of urban, educational, and endowed hospitals. If in Byzantium the hospital was often defined in connection with the monastery and the Church, in twelfth-century Damascus the hospital acquired meaning in connection with *waqf*, the city, government, and medical education in Islamic civilization.

A Comparative Analysis of the Byzantine Hospital and the Hospital in Islamic Civilization

A comparison between the Byzantine hospital and the hospital in Islamic civilization shows that there was both continuity and rupture between these two traditions. The continuity lies in the fact that both traditions understood care for the sick in relation to religion and charitable ethics. In Byzantium, this care was formed on the basis of Christian love and the institution of the Church; in the Islamic world, it was based on benevolence, almsgiving, *waqf*, and the responsibility of the Muslim ruler toward his subjects. In both traditions, the hospital was initially associated with support for the poor, the disabled, and the sick, and medical treatment grew out of this charitable framework.

The differences, however, are also important. In Byzantium, many therapeutic and charitable centers operated within the framework of the Church and the monastery, and their therapeutic function was intertwined with residence, hospitality, and social support. In the Islamic world, especially from the Abbasid period onward, the hospital gradually acquired greater institutional independence and was organized in the form of an urban, endowed, and educational *bimāristān*. Moreover, in Islamic civilization, the role of physicians in the hospital became more

prominent, and the hospital became an environment for clinical education, free or semi-free treatment, pharmacy, and the observation of disease.

An important difference is also evident in terms of financing. In Byzantium, the support of the Church, the monastery, the emperor, or religious elites was significant; however, in the Islamic world, the *waqf* system allowed the hospital to become a more stable institution. The *waqf* linked the hospital to specific properties, revenues, staff, and regulations, thereby contributing to its continuity. Therefore, although the religious idea of caring for the sick was shared by both civilizations, its institutional form underwent a new transformation in the Islamic world.

The following table shows these differences and connections:

Table 1. Differences and Connections

Component	Byzantium	Islamic World	Type of Relationship
Religious foundation	Christian love, Church, monastery	Benevolence, almsgiving, <i>waqf</i>	Religious continuity accompanied by institutional transformation
Type of institution	<i>Xenodocheion</i> , <i>nosokomeion</i> , monastery-hospital	Urban and endowed <i>bīmāristān</i>	Transmission and reconstruction
Function	Maintenance, hospitality, treatment, support for the poor	Treatment, education, pharmacy, maintenance, free care	Expansion of function
Management	Church, monastery, emperor	Ruler, endower, trustee, physician	Administrative transformation
Position of the physician	Present, but more limited in some centers	More organized and specialized	Strengthening of the medical profession
Medical education	Present in some examples	Became prominent, especially in major hospitals	Islamic innovation and development
Urban connection	Important, but often within a religious framework	Very prominent in Baghdad, Damascus, and Cairo	Urbanization of the hospital institution

Discussion: Transmission, Adaptation, or Re-Creation?

The main issue of the article is whether the hospital in Islamic civilization was a continuation of the Byzantine hospital or an entirely independent institution. The precise answer is that neither explanation alone is sufficient. On the one hand, the role of Byzantium cannot be ignored, because the Islamic world took control of parts of the former Byzantine realm and encountered its urban, charitable, and therapeutic traditions. In addition, Christian and Syriac-speaking physicians who had developed in Byzantine and post-Byzantine environments played a role in transmitting medical knowledge and therapeutic experience to the Islamic world. On the other hand, the hospital in Islamic civilization cannot be considered merely an imitation of the Byzantine hospital, because the *waqf* structure, educational status, role of physicians, translation networks, and combination of Greek, Syriac, Persian, and Indian traditions gave it a new identity.

Therefore, the appropriate concept for explaining this process is “institutional re-creation.” The Islamic world received various elements from earlier traditions: from Byzantium, the model of therapeutic charity and the institution of care for the sick; from the Syriac tradition, the intermediary language and the transmission of Greek medical texts; from Iran and Jundishapur, the experience of medical education and administrative tradition; and from India, part of pharmaceutical and therapeutic knowledge. However, these elements were combined in a new way in the Islamic world and appeared in the form of the urban-endowed-educational *bīmāristān*.

On this basis, the hospital in Islamic civilization was not the product of a single civilization, but the result of civilizational interaction. This institution shows that the history of medieval medicine cannot be explained through rigid religious and ethnic boundaries. Christian, Muslim, Jewish, Persian, Syriac, and sometimes Indian physicians played roles in the formation of medicine in Islamic civilization, and the hospital was also the product of this

multilingual, multireligious, and multicultural environment. Within such a framework, the transmission from Byzantium to the Islamic world was not simple “copying,” but a historical process of adaptation, selection, adjustment, and innovation.

Conclusion

The study of the transmission and transformation of hospital traditions from Byzantine civilization to the Islamic world shows that the emergence of the hospital in Islamic civilization cannot be explained through a single origin. The Byzantine tradition, especially through charitable-therapeutic institutions such as the *xenodocheion* and *nosokomeion*, had provided the Eastern Mediterranean world with a model of religious care and support for the sick, the poor, travelers, and the disabled. These institutions were formed within the context of Byzantine Christianity and with the support of the Church, monasteries, and at times imperial power, and in some examples, especially in Constantinople, they reached a level of therapeutic organization. Nevertheless, these centers should not be simply equated with the hospital in its full institutional meaning in later periods, because many of them simultaneously functioned as almshouses, guesthouses, charitable centers, and places of medical care.

With the Islamic conquests in the seventh century CE and the incorporation of regions such as Syria, Egypt, and Mesopotamia into Muslim territories, the possibility of direct contact with the Byzantine, Syriac, and Hellenistic legacy was created. This transmission was less the direct transfer of a ready-made model than a civilizational encounter with a set of medical, charitable, and administrative traditions. Christian and Syriac-speaking physicians, scientific and therapeutic centers inherited from earlier periods, and the translation of Greek and Syriac texts into Arabic played important roles in the formation of medicine in Islamic civilization. Alongside this Byzantine-Syriac context, the Persian-Sasanian legacy, Jundishapur, and part of Indian medical and pharmaceutical knowledge also influenced the formation of the scientific and therapeutic environment of the Islamic world. Therefore, the hospital in Islamic civilization was not, from the beginning, the product of a single linear path, but the result of the coexistence of several historical traditions.

In the Umayyad period, there are reports concerning the measures of al-Walid ibn Abd al-Malik in support of the sick, lepers, the blind, and persons with disabilities; however, from a historical perspective, these reports are not sufficient to prove the establishment of the first hospital in Islamic civilization in the sense of a complete institution. What is attributed to al-Walid is closer to a center of care and social support than to a hospital with a clearly defined therapeutic, educational, and administrative structure. Therefore, the Umayyad period should be regarded as an initial and preliminary stage in the formation of the tradition of organized care in the Islamic world, not as the stage of the hospital's full development.

The main turning point in the transformation of the hospital in Islamic civilization was the Abbasid period. During this period, Baghdad became a center of translation, medical education, the activity of Christian, Persian, Syriac, and Muslim physicians, and the formation of organized therapeutic institutions. At this stage, the hospital moved beyond a merely charitable center or a place for keeping patients and became an urban, therapeutic, educational, and administrative institution. Hospitals such as the Adudi Hospital of Baghdad show that in the Islamic world, the treatment of patients, the presence of specialist physicians, the selection and evaluation of medical practitioners, pharmacy, financing, and practical medical education came together within a coherent institution.

From the tenth to the twelfth centuries CE, the hospital in Islamic civilization reached a stage of consolidation. In cities such as Baghdad, Damascus, and Cairo, hospitals were not only therapeutic centers, but also parts of urban,

scholarly, charitable, and political networks. The Nuri Hospital of Damascus in the twelfth century is a clear example of this transformation, because in it treatment, *waqf*, political prestige, medical education, and the presence of physicians were connected within an institutional structure. This stage shows that the Islamic world did not merely receive earlier traditions, but re-created them in a new form suited to its own social, religious, and urban order.

The main conclusion of the study is that the relationship between the Byzantine hospital and the hospital in Islamic civilization should be explained on the basis of the concept of “transmission and re-creation,” not according to the simple binary of “imitation” or “complete independence.” On the one hand, the Islamic world was not uninfluenced by Byzantine experiences in therapeutic charity, care for the sick, and the organization of supportive centers. On the other hand, in Islamic civilization, the hospital acquired features in its *waqf* structure, educational status, role of physicians, connection with the city, and administrative organization that distinguished it from earlier models. Therefore, the hospital in the Islamic period should be understood as the product of the creative transformation of Byzantine, Syriac, Greek, Persian, and Indian legacies within the framework of Islamic civilization.

Accordingly, the present article shows that the history of the hospital in the Middle Ages is not the history of the simple transfer of an institution from one civilization to another, but the history of institutional transformation within the context of interactions among civilizations. The hospital in Islamic civilization, between the seventh and twelfth centuries CE, emerged from these very interactions and became an institution in which medicine, charity, education, *waqf*, and urban politics stood alongside one another. From this perspective, the hospital in the Islamic period is one of the important examples of the capacity of the Islamic world to absorb the legacy of earlier civilizations and transform it into a new, stable, and influential institution in the history of world medicine.

Acknowledgments

We would like to express our appreciation and gratitude to all those who helped us carrying out this study.

Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

All ethical principles were adhered in conducting and writing this article.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

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