During the spring and summer of 2010 persistent rumours regarding the failing health of Hosni Mubarak, then the president of Egypt, circulated throughout the Middle East (the current pictures of Mubarak on a stretcher behind bars in a Cairene court raise similar guesses). Mubarak, aged over eighty, was first hospitalised in March 2010 to undergo gall-bladder surgery and four months later entered hospital again without disclosing the exact nature of the malady, the course of treatment, or his general medical condition. This was fertile ground for rumours claiming that Mubarak was suffering from cancer and on his deathbed. These rumours in turn fuelled speculation regarding who would take over once he passed away, which affected the local stock market negatively. It is noteworthy that Mubarak chose a hospital far from his country: he was hospitalised in Germany. Footage, devoid of sound, showed him in his hospital room, dressed in a black robe, talking animatedly with his local physicians.

Mubarak’s choice is far from being unique for a political leader. Noted examples are Yasser Arafat, who passed away in a Parisian hospital, King Hussein of Jordan, who was treated in the Mayo Clinic in the US and returned to his homeland to die, or Ehud Olmert, the Israeli ex-Prime Minister, who also chose an American institution for his prostate cancer treatment.

This is clearly a recurring act. Why? Why would these leaders, who obviously could enjoy the best medical advice of their country, choose to go elsewhere? Why are foreign medicine and medical doctors so attractive to Middle Eastern leaders? This is the question posed by Ann Marie Moulin of Université Paris VII and director of research at the CNRS, whose publications on Muslim medicine (usually in the context of Egypt and modernisation) are numerous.

Moulin describes cases of physicians crossing many different physical and mental borders to practise at foreign courts. She starts with the mediaeval figure of Maimonides (d. 1204), the eminent Jewish rabbi, philosopher and physician. He escaped Muslim Spain to North Africa, lived for a while in the Holy Land, and eventually settled in Egypt where he served the Shi’ite Fatimid court, and later that of the Sunni Ayyubid. He was known to the Crusaders as well, and Amalric I of Jerusalem also consulted him. For the early modern period, Moulin chose to skip the familiar cases of Europeans at the Ottoman court in favour of examples like the Frenchman François Bernier (1625–88), who was the personal physician of the Mughal emperor Aurangzeb, and his younger contemporary Niccolo Manucci (1639–1714), a Venetian adventurer who served the Mughals as a physician as well as an artilleryman. Moulin ends with cases from the twentieth century: European physicians, including women, practising in Afghanistan and Yemen.

These case histories allow Moulin to deal with questions pertaining to the intersection of government and knowledge; the mobility of medical practice, texts, equipment and theories; the multi-layered services offered by a medical healer to his (or her) patron, such as conducting delicate diplomatic negotiations on his behalf (at times, medical services seems almost incidental to the many other tasks entrusted to these physicians). Moulin allots considerable space to nineteenth- and twentieth-century cases where she can rely on her previous work on the modernisation of Arabic medicine. Here, she describes the contribution of foreign physicians to the professionalisation, modernisation and
Westernisation of medicine since the nineteenth century.

To put Moulin’s narrative into perspective, it is worth noting that most physicians to Middle Eastern or Muslim rulers were, in fact, locals (an interesting question for a future study would be what ‘local’ meant in the context of vast multi-lingual, multi-ethnic, and multi-religious empires such as the Ottoman and the Mughal). Outside the courts of the élite, the presence of foreign physicians was even more restricted. Yet Moulin’s book – which culminates in modern cases – indicates that a foreign physician serving a Muslim leader is a resilient phenomenon well into our era.

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Navarre, one of Europe’s mediaeval kingdoms, was situated on both sides of the Western Pyrenees. In 1512, it was annexed by the Spanish monarchy but maintained its privileges and legislative capacities until 1841. This book deals with the regulation of the healthcare professions during the above period, a subject about which, up to now, we have had very little information due to the scarce documentary sources available.

The author states that until the fifteenth century there were no bibliographical sources for the control of healers, that there was no university in the kingdom, and that there were flourishing Jewish communities in the main enclaves, which leads us to believe that the healers were from many different places. In 1496, when Navarre was still an independent kingdom, the first healthcare guild was set up under the protection of Saints Cosmas and Damian, and was awarded the monopoly to issue licences for the practice of physicians, chemists and surgeons in Pamplona and seven leagues around the city. The institution enjoyed royal protection and was extremely powerful for almost four hundred years.

Since around 1430, the Protomedicato tribunal had existed in Castile; this institution was set up by royal decree to examine and license candidates for the healthcare professions. This tribunal hunted down professional quackery, imposed fines and sentences, and had legal responsibility on civil and criminal cases in which healthcare workers were involved due to their profession. Moreover, the members of the tribunal inspected the druggists’ and spice merchants’ stores. The author explains that the reasons behind the founding of the Protomedicato in Navarre (1525) were political: it was the only way for the Castilian authorities to intervene in the country, circumventing the complications of Navarrese law and the privileges of the Pamplona Health Guild.

This book by Julio Sánchez Álvarez was originally written as an academic work for the author’s doctorate in medicine; his research was directed by Professor Pedro Gil-Sotres, who has written the prologue for this edition. Its main achievement is the use of abundant manuscripts and unpublished documentary material from the General Archives of Navarra, one of the richest and best-organised archives in Spain. Sánchez Álvarez has made excellent use of the legal actions taken by the tribunal members and the Pamplona guild members over the centuries in his reconstruction of the Navarrese Protomedicato tribunal from its foundation, and step-by-step has followed the activity of the healthcare guilds in Pamplona, Tudela and Estella.

This work clearly and reliably describes the struggle for the different powers that the tribunal and guild members were not prepared to surrender; the conclusion is that the creation of the guilds in Estella and Tudela was a reaction to the Protomedicato tribunal; and it