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A study on chapters related to nephrology in *Qıṭā'ātu neqāve fī tercemeti kelimāti Boerhāve* by Şubhî-zāde 'Abd al-'Azîz Efendi in the eighteenth century

OBJECTIVE: Şubhî-zāde 'Abd al-'Azîz Efendi (1735–1783), a chief physician, translated the famous Dutch physician Hermann Boerhaave's (1668–1738) *Aphorisms*, known as *Aphorismi de cognoscendis et curandis morbis in usum doctrinae domesticae digesti*, into Turkish as *Qıṭā'ātu neqāve fī tercemeti kelimāti Boerhāve* (1769). Turkish medical historians have found this work important because it is one of the “first complete translations of European medicine” for Ottoman medicine. This study aims to identify and evaluate the topics related to nephrology in *Qıṭā'ātu neqāve fī tercemeti kelimāti Boerhāve*. **METHOD:** In this study, manuscripts of *Qıṭā'ātu neqāve fī tercemeti kelimāti Boerhāve* registered in Süleymaniye Manuscript Library, Esad Efendi Collection, nr. 2462 and Beyazıt State Library, Veliyüddin Efendi Collection, nr. 2484 were examined. First, sections on nephrological diseases were identified, and then Turkish texts written in Arabic letters were transliterated into the contemporary Turkish alphabet. English translations of Boerhaave's *Aphorisms* were used for comparison. **RESULTS:** The subjects related to nephrology in this work are examined under the headings of “kidney pain” and “urolithiasis”. The section on “pain of the kidneys” or “nephritis” consists of 14 aphorisms (993–1006), explaining the causes, signs, symptoms, and treatments of nephritis. The section on “urolithiasis” contains 26 aphorisms (1414–1439), elaborating the causes, signs, symptoms, treatments, and interventional methods, e.g., lithotomy, for kidney and bladder stones. **CONCLUSIONS:** *Qıṭā'ātu neqāve fī tercemeti kelimāti Boerhāve* on the approach of European medicine to nephrological diseases was almost immediately transferred to Ottoman medical literature. In this book, Latin and Greek medical terms, such as nephritis, pelvis, ureter, calculus, and a surgical intervention called lithotomy by Europeans, are probably used for the first time in Ottoman medical literature.

1. INTRODUCTION

During the period known as *Understanding and Translating Western Medicine* (1730–1827) in the Ottoman Empire, some physicians who knew a foreign language, such as 'Omar Shifā'ī (d. 1742), 'Alī Munshī (d. 1733), and 'Abbās Vesīm (d. 1760), tried to follow European medicine by translating some Western works into Turkish. One of these physicians was Şubhî-zāde 'Abd al-'Azîz Efendi (1735–1783), who translated *Aphorisms*, a seminal work of the famous Dutch physician Hermann Boerhaave, into Turkish.^{1–3}

Hermann Boerhaave (1668–1738), who used the knowl-

edge and concepts of iatrochemists and iatrophysicists, was a pioneer physician in Europe in the eighteenth century. He studied medicine at the University of Leiden. In 1701, he was elected chair of theoretical medicine and soon became an eminent clinician in Europe. His concept of medicine was entirely Hippocratic, the main purpose of which is to cure the patient. Boerhaave, who was Hippocratic in teaching and writing, made valuable observations and treatment rules as short aphorisms.⁴ Gerard van Swieten (1700–1772) and Anton de Haen (1704–1776), the leaders of the Old Vienna School, and Hieronymus David Gaubius (1705–1780), Albrecht von Haller (1708–1777), John Prin-

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Σπουδή των κεφαλαίων με νεφρολογικό ενδιαφέρον στο *Qıṭā'ātu neqāve fī tercemeti kelimāti Boerhāve* γραμμένο από τον Şubhî-zāde 'Abd al-'Azîz Efendi στον 18ο αιώνα

Περίληψη στο τέλος του άρθρου

Key words

Aphorisms
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gle (1707–1782), and William Cullen (1710–1790) were his famous pupils.⁵ His works *Institutiones Medicae* (1708) and *Aphorisms* (1709) were translated into many languages and published several times.^{4,5}

The Ottoman chief physician Şubĥī-zāde 'Abd al-'Azīz Efendi, who was the son of Meĥemmed Şubĥī Efendi, the *vaq'a-nuvīs* (historian), graduated from the madrasa and became a *müderris* (professor) at a young age. He was appointed as court physician^{6,7} and was one of the early physicians who studied medicine in Vienna.⁸ He worked as a chief physician between February and December 1776.^{6,7} He was appointed the *qādī* of Üsküdār (the judge of Scutari) by the end of 1782⁷ and was then deported to Istantkōy (Cos) in January 1783, where he passed away in September 1783 at the age of 48.⁶ He was a poet and musician. He knew Arabic, Persian, Latin, Italian, and French.^{7,9,10}

Şubĥī-zāde 'Abd al-'Azīz Efendi's work *Qıṭa'ātu neqāve fī tercemeti kelimāti Boerhāve* (excellent verses in the translation of Boerhaave's words) is the Turkish translation of Boerhaave's *Aphorismi de Cognoscendis et Curandis Morbis in Usum Doctrinae Domesticae Digesti*.^{2,3,6,7} In the preface of his work, Şubĥī-zāde states that a copy of the book, written in 1135 AH/1722–1723 AD by Boerhaave (likely printing date of his copy), who was famous among European physicians, was brought to Istanbul in 1180 AH/1766–1767 AD. During the reign of Sultan Muşţafā III, the physicians who knew Latin suggested that the Turkish translation of this book would benefit the general public. Thereupon, Şubĥī-zāde, one of the court physicians, was appointed by the Sultan to translate the book into Turkish. He used the interpretations of Gerard van Swieten, Boerhaave's student.^{3,11,12} Herbert, the Austrian embassy's translator, assisted Şubĥī-zāde with the translation.^{10,13} The work was completed on Muĥarram 10, 1183 AH/May 16, 1769 AD.^{3,11,12}

Emine Atabek¹⁰ reports that Şubĥī-zāde translated "aphorism" into Turkish as "kelime," meaning "word" or "sentence," and named the work "kelimāt," meaning "words" or "sentences," because it consists of 1495 aphorisms or words or sentences. Şehsuvaroĝlu et al⁹ explain that the original work contains 1495 "faşl," meaning "chapter," or "qıṭ'a," meaning "verse"; and the word "qıṭa'āt" in the title of the work represents this as a plural. The work was found in the first half of the twentieth century and introduced to Europe by Ord. Prof. Dr. Akil Muhtar Özden (1877–1949), who later on received a medal from the Dutch State.^{9,10}

This study aims to identify and evaluate the topics related to nephrology in *Qıṭa'ātu neqāve fī tercemeti kelimāti Boerhāve* and its importance in relation to the history of Turkish medicine.

2. MATERIAL AND METHOD

Manuscripts of *Qıṭa'ātu neqāve fī tercemeti kelimāti Boerhāve* registered in Istanbul's Süleymaniye Manuscripts Library, Esad Efendi Collection, nr. 2462¹¹ and Beyazıt State Library, Veliyüddin Efendi Collection, nr. 2484¹² were examined.

Hermann Boerhaave. *Aphorismi de Cognoscendis et Curandis Morbis in Usum Doctrinae Domesticae Digesti* (1737),¹⁴ *Boerhaave's Aphorisms: Concerning the Knowledge and Cure of Diseases With Useful Observations and Explanations* by J. Delacoste M.D. (London, 1715),¹⁵ and *The Commentaries Upon the Aphorisms of Dr Herman Boerhaave Concerning the Knowledge and Cure of Several Diseases Affecting Human Bodies* by Gerard Van Swieten M.D. (Vol. X, London, 1765 and Vol. XVI, London, 1773)^{16,17} were used for comparison.

First, the sections on nephrological diseases were identified, and then the Turkish texts written in Arabic letters were transliterated into the contemporary Turkish alphabet and compared with the English translations of Boerhaave's *Aphorisms*.

3. RESULTS

The subjects related to nephrology in *Qıṭa'ātu neqāve fī tercemeti kelimāti Boerhāve* are examined under the headings of "Maqāle' rabī'a - Bāb ḥādī 'aşar veca' kilyeteyn beyānındadır/The fourth section - The eleventh chapter declares kidney pain" and "Maqāle' sādise - Bāb thāmin ḥaşāt beyānındadır/The sixth section - The eighth chapter declares the stone".

3.1. Nephritis

The section on "kidneys pain" or "nephritis" or "inflammation of the kidneys" consists of 14 aphorisms (993–1006), explaining the causes, signs, symptoms, and treatments of nephritis.

Şubĥī-zāde 'Abd al-'Azīz Efendi says that when there is an inflammation in the kidneys, called nephritis in Europe and *vecā' külā* in our [Turkish] terminology, the following symptoms occur: a burning, pungent, acute, and inflammatory pain of the places where the kidneys are, an acute continual fever, scarcity and frequency of urine, numbness, or pain of the leg on the affected side, painful groin and testicle on the same side, iliac pain, nausea, and continual hiccups.^{11,12}

There are four causes that contribute to nephritis. The

first includes inflammatory causes, such as blows and bumps, wounds, abscesses, swellings of the kidneys and the adjacent parts, having to lie on the affected side, being forced to lift an object, and the occlusion of the arteries of the kidneys due to stones. The second cause constitutes everything that prevents passing the urine attracted by the kidneys to *vi'ā' bevllyye*, called pelvis by the Europeans, and then into the bladder in two ways, called *berābikh* in our terminology and ureter in Europe. The third cause concerns all the reasons for sending coarse pieces of blood to the urinary tracts of the kidney (e.g., during intense running and riding). The final cause points to the continuous contraction of the urinary tract.^{11,12}

When a great phlegmon occurs in the urinary tracts that encircle the kidneys, the urine is often trapped, or sometimes a very little, transparent and thin urine can pass, which is one of the worst signs. Furthermore, when the aforementioned phlegmon occurs, it often irritates the adjacent nerves, causing a contraction in the stomach, mesentery, intestines, and ureters, followed by hiccups, nausea, vomiting, diarrhoea, ileus, hard urination, numbness in the legs, and low back pain.^{11,12}

Sometimes nephritis is resolved by the help of nature or avoided by maturing and discharging, which nature accomplishes in two ways: first, by a great quantity of red and thick urine before the 7th or 14th day and, second, by nosebleed at the outset of the disease.^{11,12}

Non-natural/human-made treatment is limited in four ways: (a) the treatment of inflammation; (b) the preparation and frequent use of emollient decoctions for inflammation; (c) the preparation of clisters, fomentations, and baths of the same kind; and (d) the continuation of a moist, soft diet, and rest while avoiding the heat of the bed, especially when lying on the back. If the pain and contractions exacerbate, opiates become appropriate, and if vomiting occurs, warm water mixed with honey is suitable. This method is also beneficial for nephritis resulting from the obstruction of stones in the kidneys and the urinary tract.^{11,12}

If the causes of the nephritis are severe and the inflammation is neither resolved nor cured, and if it exceeds the 7th day, it is feared that it may turn into an abscess. The occurrence of an abscess can be inferred through the calming of the pain, an increase in throbbing, repeated stinging, and heaviness and numbness in the affected place. The signs and symptoms of an abscess include severe throbbing and inflammation and the prolongation of the affected site, to which pus-like, stinky, salty, and putrefied urine can be added. When an abscess is diagnosed, maturing and softening medicines should be immediately admin-

istered, and once purulent urine emerges, diuretics (e.g., whey of new milk or mineral water) and balsamic should be prescribed.^{11,12}

If suppuration continues, the cavities of the kidneys will be eaten up and become dreggy in the form of a useless bag; this characteristic fragmentation will also spread to all organs. If the inflammation causes scirrhus, then flaccidity and numbness or palsy or lameness of the affected leg will follow, which cannot be cured. However, if a small portion of the inflamed matter is coagulated and trapped in some of the smallest secretory ducts of the kidney, it forms a basis on which the sandy portions of the leaking urine gradually adhere to one another, forming a solid body (i.e., stone), which will be explained in the stone section, if Allah wills. Furthermore, this inflammation sometimes causes gangrene; its symptoms include the sudden abatement of pain without any cause, cold sweating, a weak and intermittent pulse, hiccups, urinary retention or black urine if not retained, with streaks in it resembling hair, stinking with blackish pieces of flesh, and a sudden and entire loss of strength.^{11,12}

Nephritis has diverse types and causes, and apart from those that arise from the stone, the rest require almost the same treatment.^{11,12} Nonetheless, no disagreement exists over the treatment methods, and often one treatment is appropriate for the others. The occurrence of nephritis with fever is usually caused by the urinary excretion of the fever substance when cooked, which is immobilized in the kidneys due to its thickness and density, resulting in phlegmon form. Urinary retention is also caused by diseases of the kidneys and ureters.^{11,12}

3.2. Urolithiasis

The section on "urolithiasis" or "the stone" contains 26 aphorisms (1414–1439), explaining on causes, signs, symptoms, treatments, and some interventional methods (e.g., lithotomy) concerning bladder stones.

Şubhî-zāde 'Abd al-'Azîz Efendi says that an insoluble object in the human body leads to the formation of a layer that surrounds and adjoins the said object, which will gradually gather another layer to turn into a stone. In the kidneys, especially at the end of the renal arteries, if the supply of blood dries up, a petrified substance similar to sand appears, known as *calculus* in European terminology and *ḥaşāt* in our terminology. The original petrified material is always red, with layers that are red, white, and black. These colours are indicative of the degree of insolubility. This situation is familiar for those who know the art of chemistry (i.e., iatrochemists).¹²

The formation of the stone chokes the kidneys, obstructs their ways, and consumes their flesh. As a result, dregs come out of the bladder in the form of flesh and pieces of skin. The whole kidney gradually begins to decay. The urine becomes bloody, purulent, and fetid. Occasionally, inflammation also occurs, especially in the adjacent decayed parts. The symptoms of a kidney stone include the feeling of obtuse pain in the aforementioned location, urination of blood when the patient takes a walk on the stone ground or becomes tired by a carriage and other means, and sometimes the discharge of small objects such as sand, stones, pieces of flesh, and yarn-like materials.¹²

When the stone departs from its place and reaches the *viā' bevlīyye*, known as *pelvis* by the Europeans, it prevents the flow of the urine and causes an inflammatory pain from there to the bladder through two ways, called *berābīkh* in our terminology and ureter in Europe. When the stone crosses the two ways and reaches the bladder, it either goes out or stays in the bladder and begins to grow. When the stone reaches the bladder, it causes inflammation accompanied by itching, ulcerations, purulent urination, stranguries, obstruction of the urethra, no urination except in supine position, and hectic fever and consumption. Sometimes the stone enters the urethra and stays there. The symptoms of bladder stones include pain during, before, and after urination, urination with dribbles, white urine with a mucous, thick, heavy sediment in a great quantity, itching at the glans penis, and tenesmus while passing water. The bladder stone is also felt by introducing a finger into the anus or by probing with catheter.¹²

Physicians can treat kidney stones by (a) lessening the petrified matter, (b) expelling it, or (c) reducing it to a state that will cause minimal damage to the kidneys. Kidney stones can be lessened by moist, soft, and moderately salty food and beverages and by medicines helping the vital powers. Kidney stones can be expelled by relaxing the vessels with baths, clysters, and oleaginous liniments and making the passages slippery with moistening emollients and soft, gentle oily medicines; diuretics can be used to drive the stones on by a gentle motion, and opiates can be used to mitigate pain. Kidney stones can be reduced to a safe state by preventing inflammation by bloodletting and applying appropriate remedies, such as anodyne emulsions and oleaginous, saponaceous, and glutinous medicines to deal with rough stones. Some caution is required as that claimed to be a specific dissolver for stones is not true and has not been tested yet. Hence, the author [Hermann Boerhaave] warns against the arbitrary use of objects introduced as the true medication for stones. As noted earlier, given the limited time available to understand the origin of the

stone and seek a solution through experience, especially to understand what is required with respect to the location of the stone, it is not appropriate to arbitrarily prescribe an object to the sufferer.¹²

When the stone has reached the pelvis, then clysters, fomentations, and phlebotomy can be effective. When the stone falls through the ureters into the bladder, then it is essential to immediately expel it by oleaginous baths, clysters, and the injection of oil lest the stone staying behind grow larger and cause greater detriment.¹²

When the stone leaves the kidneys and enters the bladder in two ways, known as *berābīkh*, relief in kidney inflammation symptoms and ureteral pain is observed. As a result, before it grows and becomes noxious, it is necessary to immediately expel it by oleaginous baths, clysters, and injections while externally applying appropriate oils.¹²

If the stone enters the urethra and obstructs the pathway (this is only known after being investigated by a gold probe), it is necessary to remove it by oily injections, fomentations, baths, suction, gentle pressure, or opening the penis or the perineum using a special tool. If the stone is too large to be extracted by the aforementioned means, the operation known by Europeans as lithotomy becomes essential. Lithotomy is most effective when it is attempted with the most appropriate route [*Apparatus magnus*], although the safety of the patient may be compromised. Sometimes the stone is easily extracted by dilating the urethra without cutting it. However, when the stone is deep in the neck of the bladder and prevents the passage of urine, it is convenient to push back the stone into the bladder by inserting a catheter into the urethra.¹²

4. DISCUSSION

In the seventeenth century, Sāliḥ b. Naṣr-allāh (d. 1669) introduced a new medical system (i.e., iatrochemistry), of which Paracelsus (1493–1541) made alchemy the basis, to the physicians of the Ottoman Empire by his work called *Tibb Cedid al-Kimyāvi*. This new system influenced Ottoman physicians such as 'Omar Shifā'ī (d. 1742) and 'Alī Munshī of Bursa (d. 1733) in the eighteenth century.¹⁸ 'Alī Munshī of Bursa translated Hadrian Mynsicht's, or Adrian Mintsicht's, (1603–1638) *Thesaurus et Armamentarium Medico-Chymicum (Qrabādīn Tercemesi or Qrabādīn Mirāb)*, Michael Etmüller's (1644–1683) *Epitometius Medicina Institutiones Chymian Rationalem (Qurāḍat al-Kimyā)*, and Rhazes' (865–925) *Kitāb al-Tajārib (The Book of Experiences)* into Turkish.¹⁹

During the reign of Sultan Muṣṭafā III (r. 1757–1774), Muṣṭafā Efendi of Tokat translated Ibn Sīnā's *al-Qānūn fi al-*

Tıbb into Turkish from Arabic for the first time (1761–1766). Although *Qānūn* was extensively used by physicians, it was not translated until the eighteenth century.¹⁸ At the same time, Şubhî-zāde translated *Aphorisms* of the Dutch physician Hermann Boerhaave into Turkish from Latin (1769).¹⁹ These translations illustrate that this era was a period of transition when both classical and contemporary medical works were translated into Turkish.

Turkish medical historians have ranked *Qıfā'ātu neqāve fī tercemeti kelimāti Boerhāve* as a seminal work because it is the first complete translation of a European medical book for the Ottoman medicine.^{6,7,13} Şubhî-zāde 'Abd al-'Azīz Efendi also used many Latin terms in this work. It is also important because it contains William Harvey's (1578–1657) explicit descriptions of blood circulation in 1628, which would be introduced to the Ottoman medical world more than a century later.¹⁸

The chapters on nephrology examined in this study show that Şubhî-zāde kept some Latin terms intact in his Turkish translation (tab. 1), for example:

*Faşl 993. When an inflammation occurs in the kidneys, the Europeans call it nephritis, which is called vecā' külā in our terminology, its symptoms are...*¹²

*Faşl 1417. When the stone departs from its place and reaches the viā' bevlīyye, which the Europeans call the pelvis...*¹²

*Faşl 1435. If the stone is too large to be extracted by this method, the operation called lithotomy by Europeans becomes necessary.*¹²

He also used many Turkish/Arabic medical terms for Latin in his translation (tab. 2). Şubhî-zāde made a few changes in his translation of the aphorisms, for instance:

Faşl 1434. If the stone enters the urethra and obstructs the

Table 1. Some Latin terms preserved in the Turkish translation of Boerhaave's *Aphorisms*.¹²

Turkish terms in <i>Qıfā'āt</i>		Latin terms in <i>Qıfā'āt</i>		Latin terms in <i>Aphorismi</i>	English terms in <i>Aphorisms</i>
وجع کلی	Veca' külā	نفریطس	Nefrītis	Nephritis	Nephritis
وعاء بولیه	Vi'ā' bevlīyye	پلويس	Pelvis	Pelvis	Pelvis
برایبخ	Berābīkh	اورتر	Uvretet	Ureteres	Ureters
حصاة	Ḥaşāt	قالقولوس	Qālqūlūs	Calculus	Stone
		غنغرنیا	Ghanghranyā	Gangræna	Gangrene
		لیطو طومیا	Liṭōṭōmiyā	Lithotomia	Lithotomy
		ایلاوس	Īlāvus	Ileus	Iliac passion
		سقیروس	Seqīrūs	Schirrus	Schirrus

Table 2. Some Turkish medical terms and their Latin and English equivalents in Boerhaave's *Aphorisms*.¹²

Turkish terms in <i>Qıfā'āt</i>		Latin terms in <i>Aphorismi</i>		English terms in <i>Aphorisms</i>
فلغمونی	Felghamūnī	Inflammation	Inflammation	Inflammation
حماء حادة دائمی	Ḥummā' ḥādde' dā'imī	Febre acuta continua	Acute continual fever	Acute continual fever
بول	Bevl	Urina	Urine	Urine
کلی	Külā	Rene	Kidneys	Kidneys
معدہ	Mi'de	Stomachum	Stomach	Stomach
ماساریقا	Māsārīqā	Mesenterium	Mesentery	Mesentery
امعا	Em'ā	Intestina	Intestines	Intestines
فواق	Fuvāq	Unde ructus	Belchings	Belchings
غثیان	Ghaseyān	Nausea	Nauseousness/sickness	Nauseousness/sickness
قیء	Qay'	Vomitus	Vomiting	Vomiting
خدر ساقین	Khader sāqeyn	Crurum stupor	Numbness of the thighs and legs	Numbness of the thighs and legs
تنشج	Teshennūc	Convulsionis	Convulsions	Convulsions
حقنه لر	Ḥuqneler	Clysmata	Clysters	Clysters
کمادات	Kimādāt	Fomenta	Fomentations	Fomentations

pathway – this is only known after being investigated with a [gold]* probe...¹²

*Faṣl 1438. [In women,]** the stone is extracted by dilating the urethra without cutting it.*¹²

He also added some comments where appropriate. For instance, in *Faṣl 1428*, Şubhî-zāde translated Boerhaave's aphorism into Turkish under "tenbîh" or "warning" and then tried to explain it to the reader:

*"1434. For as to any true dissolver or specific for the stone, none as yet deserves any credit."*¹⁵

*"Sect. MCCCCXXVIII. For no certain dependance can be placed on the specific Lithontriptics hitherto discovered."*¹⁷

*"Faṣl 1428. It should be known that what is claimed as being a specific dissolver for the stone is not true and has not yet been tested. Hence, the author warns against the arbitrary use of objects introduced as the true medication for the stone. As noted earlier, given the limited time available to understand the origin of the stone and seek a solution through experience, especially to understand what is required with respect to the location of the stone, it is not appropriate to arbitrarily prescribe an object to the sufferer."*¹²

Atabek¹⁰ states that it is not possible to compare the numbers of Turkish "kelimât" with the numbers of "aphorisms" in Latin since the order of chapters is not followed in the Turkish translation. However, the aphorisms on kidney pain and stones and their numbers are consistent with Boerhaave's *Aphorisms* in the same way that are the numbers in his book and Latin²⁰ and English editions of Gerard van Swieten's commentaries.^{16,17}

We may conclude that *Qıṭa'ātu neqāve fî tercemeti kelimâti Boerhāve* on the approach of European medicine to nephrological diseases in the eighteenth century was almost immediately transferred to the Ottoman medical literature. In this book, Latin and Greek medical terms such as nephritis, pelvis, ureter, calculus, and a surgical intervention called lithotomy by the Europeans are probably used for the first time in the Ottoman medical literature.

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ΠΕΡΙΛΗΨΗ

Σπουδή των κεφαλαίων με νεφρολογικό ενδιαφέρον στο *Qıṭa'ātu neqāve fî tercemeti kelimâti Boerhāve* γραμμένο από τον Şubhî-zāde 'Abd al-'Aziz Efendi στον 18ο αιώνα

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ΣΚΟΠΟΣ: Ο Şubhî-zāde 'Abd al-'Aziz Efendi (1735–1783), επικεφαλής ιατρός, μετέφρασε τους Αφορισμούς του διάσημου Ολλανδού ιατρού Hermann Boerhaave (1668–1738), γνωστοί ως *Aphorismi de cognoscendis et curandis morbis in usum doctrinae domesticae digesti*, στα Τουρκικά ως *Qıṭa'ātu neqāve fî tercemeti kelimâti Boerhāve* (1769). Οι Τούρκοι ιστορικοί της Ιατρικής βρήκαν αυτό το έργο σημαντικό επειδή είναι μια από τις «πρώτες ολοκληρωμένες μεταφράσεις της ευρωπαϊκής Ιατρικής» για την οθωμανική Ιατρική. Σκοπός της μελέτης αυτής είναι να εντοπίσει και να αξιολογήσει τα θέματα που σχετίζονται με τη Νεφρολογία στο *Qıṭa'ātu neqāve fî tercemeti kelimâti Boerhāve*. Υλικό-Μέθοδος: Σε αυτή τη μελέτη, εξετάστηκαν τα χειρόγραφα του *Qıṭa'ātu neqāve fî tercemeti kelimâti Boerhāve* που βρίσκονται στη Βιβλιοθήκη Χειρογράφων Süleymaniye, Συλλογή Esad Efendi, αρ. 2462 και στην Κρατική Βιβλιοθήκη Beyazit, Συλλογή Veliyüddin Efendi, αρ. 2484. Αρχικά, εντοπίστηκαν τα τμήματα που αφορούν στις νεφρολογικές παθήσεις και στη συνέχεια τουρκικά κείμενα γραμμένα με αραβικά γράμματα μεταγράφηκαν στο σύγχρονο τουρκικό αλφάβητο. Χρησιμοποιήθηκαν αγγλικές μεταφράσεις των Αφορισμών του Boerhaave προς σύγκριση. Αποτελέσματα: Τα θέματα που σχετίζονται με τη Νεφρολογία εξετάζονται υπό τις επικεφαλίδες «νεφρικό άλγος» και «ουρολιθίαση». Το τμή-

* Included by Şubhî-zāde.

** Excluded by Şubhî-zāde.

μα σχετικά με το «νεφρικό άλγος» ή τη «νεφρίτιδα» αποτελείται από 14 αφορισμούς (993–1006), που εξηγούν τα αίτια, τις ενδείξεις, τα συμπτώματα και τις θεραπείες της νεφρίτιδας. Το τμήμα σχετικά με την «ουρολιθίαση» περιέχει 26 αφορισμούς (1414–1439), που μελετούν τα αίτια, τις ενδείξεις, τα συμπτώματα, τις θεραπείες και τις επεμβατικές μεθόδους, π.χ. τη λιθοτομία, για τις πέτρες στα νεφρά και στην ουροδόχο κύστη. Συμπεράσματα: *To Qıfâ'ātu neqāve fi tercemeti kelimâti Boerhāve* αναφορικά με την προσέγγιση της ευρωπαϊκής Ιατρικής στις νεφρολογικές παθήσεις μεταφέρθηκε σχεδόν αμέσως στην οθωμανική ιατρική βιβλιογραφία. Σε αυτό το βιβλίο, λατινικοί και ελληνικοί ιατρικοί όροι όπως η νεφρίτιδα, η πύελος, οι λίθοι και ο ουρητήρας, καθώς και μια χειρουργική επέμβαση που ονομάζεται από τους Ευρωπαίους λιθοτομία, χρησιμοποιούνται πιθανώς για πρώτη φορά στην οθωμανική ιατρική βιβλιογραφία.

Λέξεις ευρητηρίου: Αφορισμοί, Boerhaave, Νεφρολογικά προβλήματα, Qıfâ'ātu neqāve fi tercemeti kelimâti Boerhāve, Şubhî-zāde 'Abd al-'Aziz

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