science. Each of the prints contains ample evidence of zodiacal reasoning and the *autumnus* has a lunar aspectarium that enabled the medieval physician to accommodate the lunar influence on illness. The pregnancy volvelle in *autumnus* conceals a horoscope, the origin of which was traced to a Venetian publication of 1607. The left hand of the male figure in the same print shows several chiromantic symbols. Various schemes, tables and maps found on the prints thus show that the designer was deeply interested in and knowledgeable about cosmography and astrological medicine. The reproduced celestial hemispheres are based on sources printed in or shortly after 1592. This suggests that celestial and geographical information used was obtained from sources slightly earlier than the medical sources.

*The Four Seasons of Human Life* therefore affords us a glimpse into the medico-scientific world of a Renaissance scholar. The clinical medicine mentioned is still very much based on Graeco-Roman ‘rational medicine’, and Hippocrates rather than Galen. Perhaps surprisingly there are no contributions from the Golden Age of Islam. Post-Vesalian anatomy is prominently displayed, and updated to the early 17th century. There are no clear borders yet between scientific medicine (as we know it today) and the pseudo-sciences of alchemy, astrology, cosmography and chiromancy, and the designer scholar shows a fair grasp of them all. One asks oneself how wide his knowledgeable reader audience of the time would have been.

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**LETTER FROM PAKISTAN**

Life and medicine in the Islamic Republic of Pakistan

Peter Baillie

Outsiders view Pakistan as a dangerous place with frequent bomb blasts, a refuge for terrorists and the last place on earth they would want to visit. As usual the truth is very different from media-induced perceptions. The vast majority of Pakistanis are extremely friendly and indeed over-hospitable — I gained more than 9 kilograms in a few months. Fortunately the ban on alcohol has enabled me to lose it. A major cultural shock was that a meeting scheduled for 8 a.m. means any time after this but definitely not before. And driving in Karachi raises defensive skills to unimagined levels, as pointed out by the UK guide to expatriates.

Nevertheless, Pakistan is a battleground for the soul of Islam, and, as in much of the world, extremists tend to dictate the process. Western solutions do not take into account the differences between Islam and the West, as these are critical to the solution of the confrontation that is looming. There are three major areas requiring resolution — extremism versus moderation, Islamic democracy versus the Western version, and Sharia law versus Western law.

It is also important to realise that this resolution is dependent on the Islamic community (worldwide Umma) and not on Bush, Blair, Musharraf or Osama Bin Laden. This is already obvious in Afghanistan, Iraq and Pakistan, and the role of the West is to assist in this process of resolution, not to impose flawed Western solutions. The role of the Islamic Umma is to decide between an Islamic renaissance and continued extremism.

To understand these differences, the broad sweep of history is helpful. Islam is going through the process that the West encountered with the Renaissance and Reformation of the Christian church some 600 years ago, where feudalism, politicalisation of the church, and an unholy alliance between the rulers and the church kept people in ignorance and subjugation until the printing press spread enlightenment. It should also be

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remembered that the process of change only ended (with the French Revolution) after more than 300 years of astonishing savagery and the sacrifice of millions of lives to the religious orthodoxy of the time. Even the USA was founded by religious refugees.

Present-day problems and conflict are peanuts compared with that, but the confrontation is very real and Pakistan is a battleground for the heart of Islam. What should be learned from the West is that extremism is self-destructive in the end and that Musharraf is attempting to create a moderate society against the extremism of conservatives (read: equivalent of Spanish Inquisition).

The second important issue is that Western democracy is flawed both in practice and the tenets of Islam. The solution of the Western Reformation was to separate the church and state and evolve the culture of the individual that has culminated in Pax America. This has resulted in downgrading the family and religion as well as stimulating individual destructive activities such as shooting your schoolfellows. In addition, the political process concentrates on financing, television bites, pork barrels, political pressure groups and graft to circumvent democracy. This may be inevitable because of increasing complexity, as Plato’s ideal Republic only had 6,000 citizens and even then slaves were allowed and women had no rights. Whenever you introduce mankind into the equation, matters get out of hand.

Islamic democracy is potentially far superior because it is based on the Umma and not the individual. More importantly religion and social order (i.e. politics) are indivisible, and attempts to foist the tattered Western democracy on Islam will only strengthen the hand of the extremists who are the real issue, not Islam. Solutions to this dilemma are underway in Iran where the centuries-old dilemma of Islamic philosophers has united religious and social goals, albeit reluctantly.

Sharia law is also a major problem. The primary emphasis is on the family and its honour, followed by possessions and only thirdly by life itself, as this is merely a preparation for Paradise, unlike the West with its emphasis on the individual, where the reverse value order applies. This explains the in-comprehension in the West of suicide bombers and the persistence of feudal blood shedding for hundreds of years, long after the initial wrong had any relevance. These are negative points of Islam, which at its founding resolved many of the problems of Christianity at the cost of rigidity and difficulty with increasing complexity.

This, then, is the background to present-day Pakistan, where a moderate approach by Musharraf is confronted by religious conservatism and extremism. Clearly the best overall long-term solution is an Islamic renaissance of Umma harking back to Cordoba, which was the largest city in the world in AD 1000. Barbarians from England, France, Germany, Italy and even Russia flocked there for education, enlightenment and civilisation. Following this religious conservatism became the order of the day, as with the European dark ages.

This ongoing conflict is not apparent in everyday life to the individual, and I personally have almost always been dealt with in the politest possible manner — indeed, Pakistanis think it impolite to refuse a request, thereby creating other problems.

The other difficulty is that Pakistan is a developing society. This is interpreted as stressful by most people, thereby justifying self-serving behaviour or even outright corruption, although not at the same level as Nigeria, for example. This attitude is pervasive and includes at least some of the medical profession. A notable worldwide trend of a less ethical approach is also noticeable among our medical students. This is an inevitable consequence of complexity, as is the downgrading of medicine from a profession to a job.

The other problem is state medicine. In many developing nations too little of the national budget is spent on health education and social welfare, and Pakistan is worse off in this respect than its neighbours. The inevitable result from the government’s point of view is to demand more and more with less and less from the public sector. This results in too many inadequately trained medical students, and the public, who need the safety net of last resort, opting for treatment by traditional healers because they get a better service and some economic genius has dictated a nominal fee for treatment at government hospitals that these very poor people cannot afford. Of potentially more harm is the attitude to private practice. Developing countries often encourage private practice to finance health care and thus limit the amount that the government needs to budget. Unfortunately this practice is usually entrepreneurial and economically driven, as in America, with no interest in the health needs of the country. This state of affairs was obvious during my stay in the United Arab Emirates and is apparent in Pakistan where the contribution of the private sector is 75% of health costs rather than the 20 - 30% that would be more sustainable in a developing country. For this reason and because of low wages most doctors have two or three jobs, to the detriment of their public duties. Compounding the issue is a bureaucratised centralisation, so that a meeting of stakeholders to solve the problems actually means a meeting of those interested in maintaining the status quo rather than the real stakeholders. Medical education is caught up in this and warrants a separate discussion. The World Health Organization has pointed out very recently that developing countries can overcome these problems and an inadequate budget by transparent decentralised focused regulation and problem solving by the government, and Pakistanis who venture overseas always do well, so all is not lost and that unique human emotion, hope, springs eternal (together with a few good men and true).

Personally I am able to be far more eclectic than before and should have done this years ago. It is indeed an abiding pleasure simply to do the right thing.