ORIGINAL ARTICLE

The Intersection of Art and Medicine: A Physiognomic and Genetic Analysis of Congenital Ptosis in the Ottoman Dynasty

Abstract

While in medicine, observation facilitates rapid diagnosis and the cultivation of an empathetic therapeutic relationship, in art, it serves as the primary tool for reconstructing historical reality. This study explores this methodological convergence by utilizing portraiture as a source of medical and genetic data, specifically regarding the Ottoman Royal Family. This study aims to evaluate the prominent eye diseases of the Ottoman Royal Family, with a focus on hereditary patterns within the dynasty.

Portraits of Ottoman royal family members were examined in works from the Topkapi Palace Museum Painting Hall and Palace warehouse, spanning a wide range of artistic media, including oil paintings, watercolors, miniatures, and engravings. To ensure diagnostic validity, information on eye diseases was collected and confirmed from authoritative written sources on Ottoman history, iconography, and sultanic biographies. Some members of the royal family exhibited distinct signs of ptosis (blepharoptosis). Portraits in which ptosis was observed were examined in detail to characterize the phenotype. The distribution of the trait across multiple maternal lines strongly suggests a vertical genetic transmission, consistent with an autosomal dominant or Y-chromosomal mode of inheritance, rather than sporadic occurrence.

These findings demonstrate that the artistic desire for legacy and realistic representation—influenced significantly by European court portraiture—inadvertently preserved a clinical record of hereditary pathology. The study confirms that the intersection of art and history provides a unique and exploratory lens for medical inquiry, validating the use of iconodiagnosis to elucidate the genetic history of historical figures.

Key words: History of Medicine, Portraiture, Ophthalmology, Medical Iconography, Hereditary Diseases, Blepharoptosis, Ottoman Dynasty

Received: 30 Dec 2025; Accepted: 4 Jul 2025; Online published: 1 Nov 2026

Research on History of Medicine/ 2026 Nov; 15(4): 383-396.

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Citation:
Keskinbora, K.H., 2026. The Intersection of Art and Medicine: A Physiognomic and Genetic Analysis of Congenital Ptosis in the Ottoman Dynasty. *Res Hist Med*, 15(4), pp. 383-396. doi: 10.30476/rhm.2026.110399.1416.

Introduction

The ophthalmological reflections of the Royal family members of each nation in the universal arts have been observed and have attracted the attention of ophthalmologists for many years (Lazzeri et al., 2019, p. 565). These observations have inspired several ophthalmologists as well, by examining catalogues and reproductions of paintings with a magnifying glass, trying to discover features of eye diseases depicted by artists (Appenzeller, Amm and Jones, 2004, p. 346; Dahan and Shoenfeld, 2017, p. 773). Portraiture has long served the human impulse for distinction and historical permanence. In the Ottoman Empire, this practice became a solidified tradition beginning in the late 15th century. Over the following four centuries, the artistic focus turned toward the realistic documentation of the Sultans' physiognomy (Konak, 2013, p. 430). Because these works strove for accurate representation, they offer significant clinical value, preserving the subjects' visual likenesses alongside visible evidence of their underlying medical conditions.

Observational acuity plays a paramount role in medical practice, facilitating not only immediate diagnostic assessment but also the demonstration of empathy regarding the patient's condition (Nguyen et al., 2025, p. 273). Analogously, empirical observation constitutes a foundational tenet of both art and historical analysis. Given this methodological convergence, the disciplines of art and history possess the capacity to offer profound and exploratory insights into the field of medicine. This intersection has given rise to the field of "*iconodiagnosis*," or the retrospective diagnosis of disease through the clinical analysis of artwork (Charlier et al., 2023). Just as the physician reads the patient's body for signs of pathology, the medical historian reads the canvas, searching for the "*unintentional truth*" captured by the artist's brush.

This study aims to retrospectively diagnose ocular pathologies among members of the Ottoman royal family by analyzing their portraits alongside historical and biographical records.

Materials and Methods

Visual Archive and Iconographic Analysis: A systematic review of Ottoman visual history was conducted to identify ophthalmologic pathologies within the Dynasty. The primary dataset consisted of a comprehensive range of artistic media, including oil paintings, watercolors, miniatures, and engravings, housed in the Topkapi Museum archives and private collections. These portraits were scrutinized to evaluate periocular anatomy, with a specific focus on eyelid position, corneal light reflexes, and ocular alignment.

The visual assessment was not limited to a single artistic style; rather, a cross-media approach was employed to filter out medium-specific limitations. For instance, the stylized two-dimensionality of classical miniatures was compared against the realism of European-style oil paintings to distinguish between artistic convention and genuine physiognomic traits.

Historical Corroboration and Literature Review: To ensure diagnostic validity and mitigate the risk of misinterpreting artistic stylization as pathology, visual findings were rigorously cross-referenced with authoritative written sources, including books and articles on Ottoman history. This included: Contemporary chronicles and court records regarding the health of the Sultans; Standardized biographies and medical history literature related to the Ottoman era; and Archival descriptions of the Sultans' physical appearances recorded by court historians and foreign ambassadors. Any ocular abnormality observed in

a portrait was considered a "*suspected case*" only if supported by physiognomic descriptions in these written texts or if the trait appeared consistently across multiple depictions by different artists.

Result

Reflections of European Court Portraiture Traditions within the Ottoman Imperial Court

The enduring human desire for legacy and historical distinction has long found expression through portraiture—a practice that has maintained its prominence throughout history. Within the context of the Ottoman Royal Family, this tradition was institutionalized in the late 15th century and persisted for nearly four hundred years. Initially stylized, the production of Sultanic portraiture was increasingly driven by a commitment to realism in subsequent eras (Konak, 2013, p. 430). By prioritizing verisimilitude, these portraits provide a faithful visual record that occasionally documents the external manifestations of pathology. This shift toward realism was significantly mediated by the visual language of European court art. For instance, in later portraits, figures are often positioned in a three-quarter stance with the body turned away, turning their faces toward the viewer in a dynamic motion.

The art of painting in the Ottoman palace has become a tradition that has lasted for nearly four centuries, especially since the end of the 15th century. In the following process, portraits of Ottoman sultans in manuscripts or independent works were used to introduce the sultans as symbols of their reigns abroad (Necipoglu, 2000, p. 204). Consequently, these depictions allow for a detailed analysis of facial physiognomy, including the delicate interplay of the ocular adnexa and the muscles of facial expression. One must acknowledge the potential for artistic idealization in court portraiture, where royal imperfections might be minimized. However, the specificity of certain traits—appearing only in specific Sultans rather than as a universal feature—argues for their diagnostic validity. Aligning with the realism prevalent in European court portraiture, Ottoman paintings demonstrate a commitment to physiognomic fidelity; thus, depictions of ptosis likely reflect an authentic clinical presence. This methodology aligns with studies by Appenzeller et al. regarding portraits of Henry III and his lineage (Appenzeller, Amm and Jones, 2004, p. 346).

It is posited that the portraits in question were executed during the reign of Mehmed II by Sinan Bey and his pupil, Bursalı Şiblizade Ahmed (Shiblizadah Ahmad from Bursa). Among the Ottomans, who underwent significant advancement and transformation following the conquest of Istanbul, miniature art developed entirely under the auspices of the Palace, producing works for a period spanning approximately four centuries. This process was initiated by Mehmed II's (Conqueror) invitation of Gentile Bellini, Mastori Pavli, Matteo de Pasti of Verona, and Costanzo da Ferrara to Istanbul for the purpose of commissioning his own medallions and portraits (Cagman, 2000b, p. 210).

In Europe, the aim was to accentuate the model's social station while simultaneously capturing their surrender to the melancholy of love, all through the nuances of sprezzatura. In many portraits, the body's posture was used to reveal the figure's inner mystery or reticence. This was particularly evident in Venice, within a specific mode of representation shaped by Giorgione—a style that would later undergo many variations: the ritratto di spalla, or portrait from the back (Anderson, 1996, p. 44). Characterized by a semi-

averted body and a dynamic head turn toward the spectator, the figure exhibits a posture of sophisticated engagement. This compositional choice imbues the subject with an air of spontaneous elegance. It further reveals that the visual reconstruction of deceased Ottoman sultans, while grounded in literary archives, was shaped by the prevailing aesthetic of European portraiture. The portrait of Bayezid I (Yildirim Bayezid) serves as the primary exemplar of this artistic synthesis (Figure 1).



Figure 1. Bayezid I; *portrait from the back* (*ritratto de spalla*) (*by Paolo Cagliari of Veronese* (*Nachfolger*)). (*Cagman, 2000a, p. 176*)

The Ottoman Empire's portraits, created with the synthesis of Western painting perspective and the reflection of the miniature art of Islamic countries, gave the first examples in the early 15th century. Although paintings rarely portray reality, we found some paintings and documents showing eye diseases.

Visual Impairment

1- Refractive Errors

The first information regarding refractive errors in Sultans is obtained from the written sources of the period. In one source, it is stated that Selim I was a Sultan who read books regularly and took chests of books with him, even to the conquests: "*Sometimes he uses a magnifying glass when he reads*" (Dikmen and Koçak, 1991, p. 24). It can be inferred from this statement that Selim I might have hypermetropia and presbyopia. Selim I was 50 years old when he passed away in 1520.

2- Deep Visual Impairment (possible blindness or visual impairment in one eye)

In written sources, Tamerlane tells Bayezid I (Yildirim Bayezid) "…*I laugh at God leaving this world to a blind like you and a lame like me*" (Tulbentci, 1952, p. 48) and "…. *we should be thankful to God for giving us these governances to a lame like and a blind like you*" (Su, 1999, p. 64). As stated in this written source, in the 17th century, Venetian school portraits of Yildirim Bayezid were drawn in a turned right back head position (Figure 1).

Strabismus

Mehmed II, in the portrait made by Bellini (National Gallery, London), is depicted from three-quarter profile (Figure 2); in the portrait attributed to Sinan Bey or his student Bursalı Şiblizade Ahmed, he is depicted seated while smelling a rose (Figure 3a). It is noteworthy that these two portraits depict Mehmed II's eyes in the exotropia position. In the high-magnification view of the ocular region, the author of this article utilizes auxiliary lines to visually demonstrate the axis of the strabismus (Figure 3b). It is noteworthy that Mehmed II (the Conqueror) is depicted with his eyes in an exotropic position. Intermittent exotropia is the most common form of divergent strabismus, with a prevalence of approximately 1% in the general population (Gregersen, 1969, p. 580; Stanworth, 1975, p. 742). Exotropia is observed in approximately 30% of patients with strabismus



Figure 2. Mehmed II, the Conqueror, 1480, (*by Gentile Bellini*).
(*Capellen, and Bagci, 2000, p. 81*)



Figure 3a. Mehmed II, the Conqueror, Smelling a rose, (*by Shiblizade Ahmed* (*attr.*), *Ca. 1480-81*).
(*Capellen, and Bagci, 2000, p. 82*)

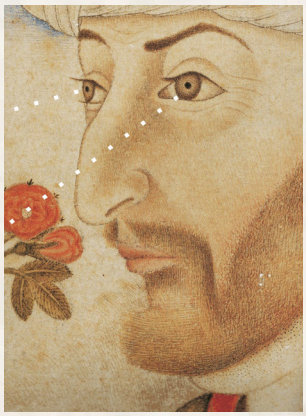


Figure 3b. Focusing on the detailed rendering of the eyes. (*Dr. Keskinbora, the author, uses subtle linear techniques to indicate strabismus* (*eye misalignment*))

(Keskinbora et al., 2012, p. 640). While the inclusion of strabismus may be part of a tendency to employ exaggerated signs, it may also reflect the increasing realism typical of 15th- and 16th-century movements (Lazzeri et al., 2019, p. 565).

Ptosis

The depiction of Selim II suggests that the observed blepharoptosis and exotropia were integrated into the composition via a specific head tilt and profile orientation (Raby et al., 2000, p. 236) (Figure 4). Visual evidence from the early reign of Murad III (1574–1580) is preserved in a portrait within the Sultan Ahmed I album at the Palace Library (Figure 5), where the subject's ptosis is clearly defined. In Cagman's words, a miniature made by a muralist, the open and round eyebrows and the slightly dropping eyelids bring this depiction a portrait characteristic (Cagman, 2000b, p. 210). In another portrait, which is thought to be painted by a European artist, the Sultan Mehmed III was likewise portrayed with slightly dropped eyelids, and the outward divergence of the right eye is remarkable (Figure 6). The recurrence of both strabismus and ptosis in the lineages of Selim II, Murad III, and Mehmed III serves as compelling evidence for the familial inheritance of these ocular anomalies (Gregersen, 1969, p. 580; Keskinbora et al., 2012, p. 640).

Following the identification of specific ocular anomalies, a second genealogical analysis was performed to determine hereditary patterns. A detailed family tree was constructed to map the transmission of traits across generations. Figure 7 presents the family tree extending from Suleiman I (the Magnificent, the tenth sultan of the Ottoman Empire) to his son Selim II, grandson Murad, and his great-grandson, Mehmed III.

Genealogical Distribution of Ocular Pathologies

This pedigree analysis focused specifically on the lineage descending from Sultan Mehmed IV and his consort Emetullah Rabia Gülnuş, tracing the presence of ocular pathologies through their progeny, including Mustafa II, Ahmed III, and their subsequent descendants. This generational mapping allowed for the assessment of genetic transfer



Figure 4. Sultan Selim II
(*Raby, Necipoglu, and Cagman, 2000, p. 230*)



Figure 5. Sultan Murad III
(*Raby, Necipoglu, and Cagman, 2000, p. 257*)



Figure 6. Mehmed III; Fetihname-i Egri, Ist. (*Raby, Necipoglu, and Cagman, 2000, p. 290*)

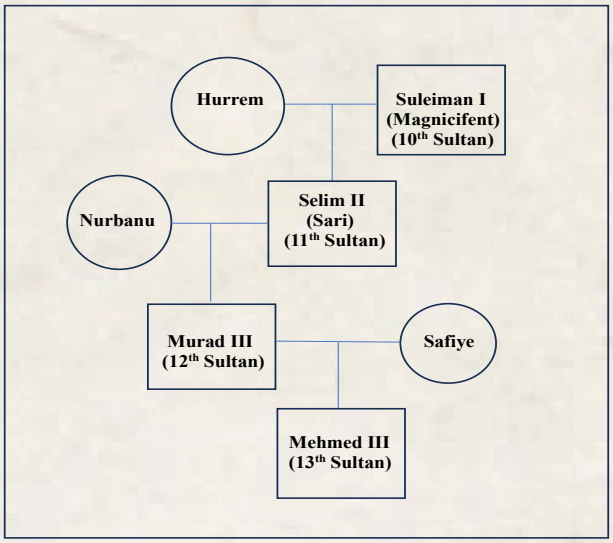


Figure 7. Family tree from Suleiman I to his grandson Mehmed III, which can be followed in terms of eyelid ptosis.

patterns, such as autosomal dominance, within the immediate royal family. The iconographic analysis, supported by the genealogical reconstruction presented in Figure 8, revealed a distinct pattern of congenital ptosis (blepharoptosis) affecting eight male members of the Ottoman Dynasty across three consecutive generations. The prevalence of this phenotype within the direct lineage of Sultan Mehmed IV suggests an autosomal dominant mode of inheritance with high penetrance.

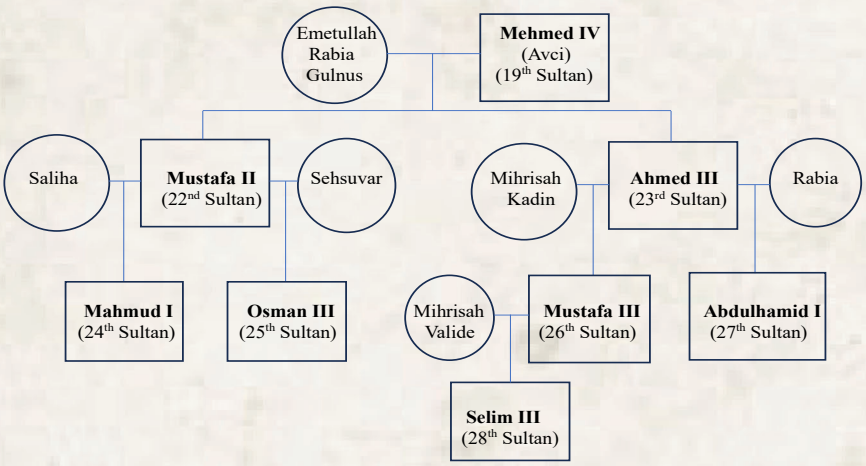


Figure 8. The family tree of the sultans from Mehmed IV to his great-grandson Selim III, which can be followed in terms of eyelid ptosis.

• First Generation: The Progenitor, the investigation identified Sultan Mehmed IV (19th Sultan) (Figure 9) as the primary index case for this hereditary trait within the examined cohort. Visual evidence from period portraiture indicates a marked drooping of the upper eyelid, distinct from the signs of aging or fatigue.



Figure 9. Mehmed IV (*Majer, 2000, p. 343*)

• Second Generation: Examination of the second generation revealed that the trait was transmitted to both sons of Mehmed IV, Sultan Mustafa II (22nd Sultan) (Figure 10) and Sultan Ahmed III (23rd Sultan) (Figure 11).



Figure 10. Mustafa II- Ist
(*Majer, 2000, p. 373*)



Figure 11. Ahmed III- Ist
(*Irepoglu, 2000, p. 379*)

• Although a detailed genetic evaluation is precluded by the absence of portraits depicting female members of the Ottoman Dynasty, physiognomic analysis reveals phenotypic traits consistent with a paternal inheritance pattern. A chronological examination of the portraits identifies congenital blepharoptosis in both Sultan Mustafa II and his brother Sultan Ahmed III, with the latter exhibiting a more pronounced presentation. This trait persists in the subsequent generation: Sultan Mustafa II's sons, Sultan Mahmud I (Figure 12) and Sultan Osman III (Figure 13), both display ptosis. Similarly, the sons of Ahmed III —Sultan Abdulhamid I (Figure 14) and his elder brother Sultan Mustafa III (Figure

15)— share a distinct physiognomy characterized by semi-closed eyelids and arched eyebrows, often interpreted as an expression of astonishment. Furthermore, ptosis is evident in Sultan Mustafa III's son, Selim III (Figure 16). Notably, the elevated eyebrow position observed across these portraits (particularly in Figure 14) indicates compensatory hyperfunction of the frontalis muscle (in the forehead of the human being), a mechanism recruited to elevate the ptotic eyelid.



Figure 12. Mahmud I- Ist
(*Irepoglu, 2000, p. 389*)



Figure 13. Osman III-Ist
(*Irepoglu, 2000, p. 420*)

• Third Generation and Sustained Penetrance: The persistence of the phenotype in the third generation, manifesting across distinct maternal lineages, suggests a specific mode of inheritance. This pattern indicates that the underlying genetic etiology is likely transmitted via the paternal Y chromosome or follows an autosomal dominant inheritance pattern.

In total, the analysis of these eight individuals, Mehmed IV, his two sons, and his four grandsons, and his grandson's son, confirms a continuous lineage of ptosis. This clustering within the immediate family, verified against the genealogical data in Figure 8, provides compelling evidence of a hereditary ophthalmologic disorder unique to this branch of the Ottoman Royal Family.

Congenital ptosis arises from myogenic or neurogenic developmental anomalies. Although most presentations are sporadic, the condition demonstrates genetic heterogeneity with documented autosomal dominant, autosomal recessive, and X-linked transmission patterns (Wu et al., 2022, p. 135).

Discussion

In recent years, iconodiagnosis—the medical diagnosis of human figures depicted in works of art such as sculptures, paintings, engravings, drawings, photographs, tapestries, films, and death masks—has experienced exponential growth. A comprehensive search of the PubMed database using the keyword "*Medicine in Art*" reveals more than 3,700 biomedical references dating back to 1920, approximately three-quarters of which have been

published since 1990 (Charlier et al., 2023).

Observational acuity constitutes a foundational principle of both clinical medicine and art history. While in medicine, observation facilitates rapid diagnosis and the cultivation of an empathetic therapeutic relationship, in art, it serves as the primary tool for reconstructing historical reality. This study explores this methodological convergence by utilizing portraiture as a source of medical and genetic data (Engle and Leigh, 2002, p. 304). Attention was paid to the fidelity in the depictions of the sultans and their respective progeny, evaluating them for physiognomic consistency and external manifestations of pathology. These findings demonstrate that the artistic desire for legacy and realistic representation, influenced significantly by European court portraiture, inadvertently preserved a clinical record of hereditary pathology. The study confirms that



Figure 14. Abdulhamid I- Ist
(*Irepoglu, 2000, p. 429*)

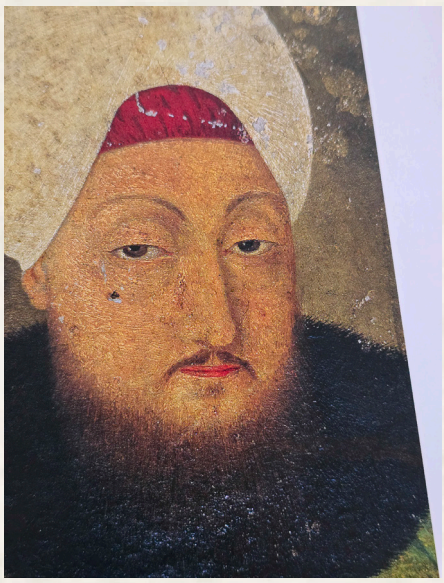


Figure 15. Mustafa III- Ist
(*Irepoglu, 2000, p. 427*)

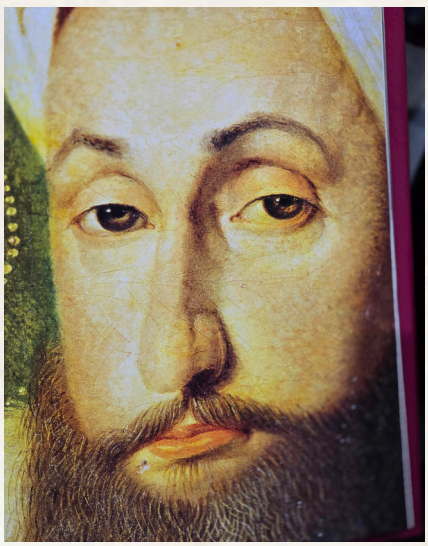


Figure 16. Selim III- by Konstantin Kapidagli, 1803. Ist
(*Renda, 2000, p. 469*)

the intersection of art and history provides a unique and exploratory lens for medical inquiry, validating the use of iconodiagnosis to elucidate the genetic history of historical figures.

Visual literacy and observational skills are indispensable to the physician, essential for both the prompt recognition of pathology and the cultivation of an empathetic therapeutic relationship. As observation is also the sine qua non of art and historiography, a distinct synergy exists between these fields. This shared reliance on visual analysis suggests that art and history act as repositories of medical knowledge, offering a unique, exploratory lens through which to view the history of disease. Studies have shown that elective courses involving art observation can not only enhance medical students' observational skills but also increase their cultural and gender awareness and competence in doctor-patient relationships (Nguyen et al., 2025, p. 273). The convergence of art and medicine is increasingly recognized as a vital methodological approach for both medical historians and clinicians. Artistic representation serves as a bridge for comprehending historical pathologies and their hereditary transmission. For the ophthalmologist, historical portraits offer unique diagnostic value; artists serve as acute, natural observers of anatomical detail, capturing phenotypic nuances that might otherwise be lost to history. This approach is particularly valuable when examining the Ottoman Dynasty, where the existence of a well-documented genealogy allows for the correlation of visual data with probable genetic inheritance.

This investigation and its findings merit the attention of medical professionals. To the question, "*Why should medical students and clinicians feel the need to examine diseases encountered in history*?" Cordell responds as follows: "*It equips us with an interest in high ideals such as we, frail and weak mortals, have never before needed; it teaches our students to respect that which is good, to cherish our most important traditions, and instill the most fundamental devotion to the profession*" (Halperin, 2017, p. 1).

While the "*corneal light reflex*"—typically depicted as symmetric white specs on the cornea—was a stylistic standard used to imbue subjects with lifelike vitality, the depiction of structural asymmetries suggests a deliberate attempt by the artist to represent reality rather than adherence to stylistic convention (Appenzeller, Amm, and Jones, 2004, p. 348). It should be borne in mind that the imperfections and diseases of a person who is a member of a royal family are depicted slightly by the painters. As indicated in literary works and identified by the author of this article in sultanic portraiture, certain members of the Ottoman royal family exhibit strabismus (crossed eyes). Naturally, we should not ignore the fact that the imperfections and diseases of a person being the sultan are tried to be slightly depicted by the painter. Strabismus constitutes another prevalent condition within the Dynasty. Since the Hippocratic era, it has been postulated that strabismus may have a hereditary etiology. Recent twin studies and research conducted on extended families with a high prevalence of strabismus have drawn attention to hereditary factors, even in cases of isolated strabismus. While various genetic transmission patterns have been discussed, no single mode of inheritance has been definitively established (Wu et al., 2022, p. 137; Engle and Leigh, 2002, p. 304). Similarly, another study was unable to define a clear pattern of hereditary transmission for common forms of strabismus (Chaudhuri et al., 2017, p. 205).

Imperial and European court painters of the period employed high technical skill to capture the physiognomic characteristics of the Sultans, including specific ocular anomalies

such as ptosis. The study focuses on a specific physiognomic anomaly observed in the portraits of the Ottoman dynasty from the 16th to the 18th centuries: congenital blepharoptosis. However, as summarized in Figures 7 and 8, it is understood that some physiognomic characteristics had only been used with certain sultans, and thus, those characteristics were not seen with all sultans. The portraits reveal specific compensatory mechanisms, notably the "*bow-shaped*" eyebrows (especially Abdulhamid I, see Figure 14), indicative of frontalis muscle hyperfunction, used to elevate the ptotic eyelids. The distribution of the trait across multiple maternal lines strongly suggests a vertical genetic transmission, consistent with an autosomal dominant or Y-chromosomal mode of inheritance, rather than sporadic occurrence.

The pathogenesis of congenital ptosis is attributed to myogenic and neurogenic factors associated with the developmental dysgenesis of the levator complex. While etiology is predominantly sporadic, familial cases exhibit distinct hereditary characteristics. The study demonstrates that the persistent depiction of ptosis and associated compensatory mechanisms—such as the hyperfunction of the frontalis muscle—constitutes a historical record of a genetic trait, likely transmitted via an autosomal dominant pathway (Nucci et al., 2015, p. 242), preserved for centuries in the archives of Ottoman art. Clinically, isolated hereditary ptosis is predominantly an autosomal dominant disorder characterized by incomplete penetrance (Wu et al., 2022, p. 135). It manifests as the unilateral or bilateral drooping of the upper eyelids. While the condition has been mapped to multiple genetic loci, the specific causative gene mutations remain largely unidentified (Engle and Leigh, 2002, p. 305). Epidemiologically, congenital ptosis exhibits a male predilection and is unilateral in more than 70% of cases (SooHoo et al., 2014, p. 7).

This study operates at the intersection of art and medicine, synthesizing visual evidence from royal portraits with historical data to suggest a pattern of inheritance. While these observations invite further scholarly verification, the retrospective study of pathology serves an enduring pedagogical purpose. As Cordell argues regarding the role of medical history, investigating the diseases of the past does more than illuminate history; it cultivates a deeper sense of professional dedication in the modern clinician (Halperin, 2017, p. 2). Iconodiagnosis serves as a multidisciplinary practice that enriches our understanding of medical, artistic, and general history. Far from being a speculative hobby, it mirrors paleopathology in its reliance on rigorous methodology, specialized expertise, and logical deduction (Charlier et al., 2023). It is a legitimate scientific pursuit grounded in evidence rather than conjecture.

Conclusion

This study aims to introduce medical and art-historical evidence of the Ottoman sultans through a clinician's lens by examining their portraits. Portraits produced by imperial and European court painters between the fifteenth and nineteenth centuries, who were the most skillful painters of their respective eras, indicate that upper eyelid ptosis recurs among the dynasty members, accompanied by bow-shaped eyebrows, suggesting compensatory hyperactivity of the frontalis muscle. For the era before the camera was invented, the details found in the portraits created by these masters hold the value of medical evidence. Clinical signs of ptosis with a compensation mechanism indicate that this feature cannot be a stylistic convention. Besides, court painters strive to soften the physical shortcomings of the sovereign's appearance; the abnormality is more likely to have been presented without

exaggeration.

This trait is also observed in children of different mothers, suggesting vertical transmission along the paternal line, not occasional occurrence. This pattern is highly consistent with isolated hereditary congenital ptosis and is typically associated with autosomal dominant inheritance. The fact that this condition is not present in all sultans, or that its severity varies, may be related to the strength of its genetic transmission. Since the available evidence relates solely to the succession to the throne, the transmission concerning the male sex can be considered. Therefore, interpretations can be drawn based on pictorial and genealogical evidence, and the possibility of Y-chromosome-linked inheritance cannot be entirely ruled out.

Strabismus is another feature suggested by the literary sources and portrait that appears to represent a second ocular condition within the dynasty. Its mode of inheritance cannot be confirmed with certainty. These results should be interpreted within the framework of the study's methodological limitations. Since the portraits were shaped by artistic traditions, the principles of confidentiality at court, and the artist's individual skill, and since there is no possibility of molecular verification, iconodiagnosis can provide a probable diagnosis rather than a definitive one. For this reason, the hereditary congenital ptosis proposed here should be considered a well-founded hypothesis that requires further investigation through imaging, clinical findings, and, where possible, genetic evidence. Within these limitations, the Ottoman example demonstrates the potential for establishing a systematic dialogue between art and medicine. A dynasty with a well-documented genealogy and an unbroken tradition of portraiture offers an exceptionally conducive context for tracing a hereditary trait across generations. Although created to preserve the legacy of the sultans, these portraits, whether intentionally or not, provide a visual record of a clinical characteristic.

Beyond highlighting the Ottoman dynasty's contributions to the history of medicine, this study emphasizes the value of educated observation—a skill shared by physicians, artists, and historians—and reinforces the importance of incorporating the history of art and medicine into medical education.

Funding

The author declared that this study received no financial support.

Conflict of Interest

The author declares no conflict of interest regarding the publication of this paper.

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