

CONFERENCE PAPER

Women in Medicine across Empires: A Historical Study of Female Medical Practitioners in Iran and the Ottoman World

Abstract

This study provides a comparative historical analysis of female medical practitioners in the Ottoman Empire and Iran from the early modern period to the nineteenth century. Utilizing a historical-comparative methodology, it examines primary and secondary sources to reveal a significant divergence in women's professional opportunities. The findings indicate that Ottoman women achieved notable integration as physicians, surgeons, and midwives, supported by formal training and institutional legitimization. In contrast, women in Qajar Iran were predominantly confined to informal roles as midwives and healers, their advancement constrained by stricter sociopolitical structures. The study concludes that women's participation in Islamic medicine was profoundly shaped by distinct imperial policies and religious interpretations, challenging homogenized understandings of gender roles in premodern medical history.

Key words: Women in Medicine, Ottoman Empire, Iran, Gender History, Islamic Medicine, Midwifery

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Introduction

The history of medicine in the Islamic world is characterized by both intellectual sophistication and practical diversity, encompassing scholarly treatises, clinical traditions, and community-based healing. Within this broader narrative, the roles of women have often been marginalized in historiography, despite substantial evidence of their contributions. Across Islamic empires, women served as midwives, healers, and, in certain contexts, formally trained physicians, navigating the constraints of social expectations, religious prescriptions, and institutional structures (Gadelrab, 2010, pp. 365–386). Their participation demonstrates that medical practice in Islamic societies was not exclusively male-dominated, but rather a gendered field shaped by cultural and political circumstances.

However, women's opportunities and visibility varied significantly between regions. The Ottoman Empire developed institutions such as guilds, hospital appointments, and formal training programs that provided women with pathways to professional recognition and authority. In contrast, in Qajar Iran, women's medical practice was largely confined to informal domains—particularly midwifery and domestic healing—without substantial institutional or legal support. These differences highlight how shared Islamic foundations did not yield uniform experiences; instead, local norms, sectarian distinctions, and imperial governance created divergent models of female engagement in medical field.

This study therefore undertakes a comparative historical analysis of women's medical roles in the Ottoman Empire and Qajar Iran from the early modern period to the nineteenth century.

Materials and Methods

This study employs a historical-comparative methodology, based on critical analysis of diverse primary and secondary sources, including archival documents, medical manuscripts, court records, and biographical dictionaries. A gender-sensitive analytical lens, informed by feminist historiography, was applied to interrogate these sources. The objective was to reconstruct narratives and compare institutional, social, and religious factors shaping women's agency in medicine across the Ottoman and Iranian contexts.

Results

The analysis reveals significant differences in the professional status and institutional integration of female medical practitioners:

Professional diversity in the Ottoman Empire

The medical practices and applications in the Ottoman period observed women in multiple scopes: They served as independent physicians and surgeons who worked in hospitals, or they functioned as midwives grouped in guilds (*esnaf*) (Gadelrab, 2010, pp. 365–386). For example, the female surgeon Saliha Hatun was renowned, since her clinical experience and application of formal consent procedures were recorded in court documents (Demirsoy, et al., 2019, pp. 468–474). Thereafter, the role of women started to become institutionalised with the establishment of the *hakima*-madam doctor-training program, which initially emerged in nineteenth-century Egypt.



Professional constraints in Qajar Iran

In contrast, female medical practice in Qajar Iran was more restricted. Women served primarily as informal healers and midwives within their communities. The lack of formalized training structures and institutional roles, compounded by a court culture emphasizing gender segregation, limited their professional development. Narratives from the period describe structural barriers that obstructed the emergence of competent female medical professionals (Weber, Yyelland, and Verjee, 2022, p. 1).

These divergent trajectories are summarized in Table 1, which compares the Ottoman and Iranian contexts.

Table 1: Comparative overview of female medical practitioners in the Ottoman Empire and Qajar Iran

Aspect	Ottoman Empire	Qajar Iran
Key roles	Physicians, surgeons, hospital staff, organized midwives	Midwives, informal community healers
Institutional support	Formal guilds (<i>esnaf</i>), <i>hakima</i> (lady doctor) training program	Largely absent
Legal recognition	Documented in court records; women occasionally acted as expert witnesses	Rarely documented in official records
Social visibility	Relatively high; women treated both male and female patients	Low; practice confined to private and domestic spheres
Primary source evidence	Court records, institutional archives	Personal memoirs, travelogues

*The table highlights the divergent trajectories of female medical practice in the two empires, shaped by institutionalization and socio-cultural frameworks

Discussion

The findings reveal a clear divergence in the professionalization of female medical practice between the Ottoman Empire and Qajar Iran. In the Ottoman context, institutional mechanisms such as guilds, hospital employment, and the *hakima* training program legitimized women’s medical roles and granted them social visibility, even allowing appearances in court as expert witnesses (Demirsoy, et al., 2019, pp. 468–474). This reflects how Ottoman state structures could incorporate women into public health provision, demonstrating that Islamic frameworks were not inherently exclusionary but could adapt through institutional mediation.

In contrast, Qajar Iran lacked comparable structures. Female practitioners, mainly midwives and healers, operated in private or domestic spheres, with little legal recognition or professional advancement. Strict gender segregation and weak state medical institutions restricted women’s visibility and authority, despite their necessity for community health (Weber, Yyelland, and Verjee, 2022, p. 1).

This divergence also raises questions about how religious interpretation and imperial policy interacted. Both the Ottoman and Qajar realms were shaped by Islamic traditions, yet their political economies and legal-administrative cultures produced distinct outcomes. The Ottoman case suggests that Islamic frameworks could accommodate women’s professional presence when mediated through state institutions, whereas the Qajar case highlights how patriarchal readings of modesty and seclusion, combined with weak state medical structures, curtailed women’s visibility.



Conclusion

This comparative analysis demonstrates that women's participation in Islamic medicine was not monolithic but was profoundly shaped by imperial policies and socio-political contexts. The Ottoman case illustrates how institutionalization within an Islamic framework created spaces for female authority. The Iranian case highlights how patriarchal structures and a lack of state support suppressed professionalization. Together, these histories challenge homogenized understandings of gender roles and underscore the need for context-sensitive analysis in Islamic medical history.

Authors' Contribution

The authors' contributions to this work are as follows: Zahra Taheri-Kharameh: Conceptualization, Data Curation, and Formal Analysis. Jamileh Khoshsourat and Maryam Mohseni Seifabadi: Data Collection, Investigation, and Formal Analysis. All authors read and approved the final version of the work.

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Conflict of Interest

None.

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