

Medical Philanthropism on the Pilgrimage Route: Rabia Gülnü Sultan

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Abstract

This paper explores the medical philanthropy of Rabia Gülnüş (pronounced Gulnush) Sultan in 17th century Makkah. To date, little study has been done on Gülnüş Sultan's 1679 hospital *waqfiyyat* (deed of trust), despite the significance it holds for scholarship on Ottoman imperial women's patronage of healthcare in Makkah. As patrons of medical institutions, Ottoman royal women shaped the standards of healthcare in not only imperial cities but also extended their influence to the Islamic pilgrimage route. Moreover, despite the instrumental role of Ottoman imperial women as patrons of healthcare institutions prior to the nineteenth-century, Ottoman medical scholarship neglects their contributions to the emergence of modern public health. This paper redresses this absence in scholarship by studying the transborder medical philanthropism of Rabia Gülnüş Sultan on the *Hajj* route through her 1679 hospital in Makkah.

1- Rabia Gülnü Sultan: A Forgotten Sultana

Rabia Gülnüş Sultan (1642-1715) was the Greek Haseki—or imperial consort—of Sultan Mehmed IV (r. 1648-1687) and would later become Valide Sultan to Mustafa II (r. 1695-1703) and Ahmed III (r. 1703-1730). She was born as Eugénie in Rethymno on the island of Crete, which was Venetian-ruled at the time.[1] Gülnüş Sultan's influence swept across the tide of turmoil and fortunes of the 17th to 18th century empire, beginning in 1664, when she became Haseki, to 1687.[2]

The Ottoman Sultana held sway in both state affairs and philanthropical projects across the empire from 1695 up to 1715, when she passed away.[3] Muzaffer Özgüleş has accordingly dubbed her “one of the most influential of Ottoman royal women”, due to her prolonged prestige and standing as Haseki and Valide Sultan.[4] Despite the Sultana's ascendancy, however, Gülnüş Sultan's influence has been enveloped by earlier Queen Mothers, including Hürrem and Turhan Sultan.[5] As a neglected imperial woman in scholarship, studies on Gülnüş Sultan are particularly limited, but her medical patronage in

Makkah has been given far less attention than earlier imperial women.

2. A Trail of Philanthropy: Women as Patrons of Healthcare in the Holy Cities

Gülnüş Sultan was not the first Ottoman imperial woman to build a hospital in Makkah, following in the footsteps of another haseki, Hürrem Sultan (d. 1558), in 1550-1551. However, unlike her well-known predecessor, so little is known about Gülnüş Sultan's *dar al-shifa* (hospital) in 1679, that it seemingly disappears from historical discourse on “imperial Ottoman hospitals”.[6] More recently, however, the historian Muzaffer Özgüleş dedicated his 2017 book *Female Patronage and the Architectural Legacy of Gülnüş Sultan* to Gülnüş Sultan's architectural patronage. It is a plausible explanation that the paucity of studies on the 1679 hospital, unlike Haseki Women's hospital and Nurbanu Valide Sultan's hospital, may be due to the floods in Makkah which led to the hospital's reconstruction. This is particularly relevant as although women's hospitals have more recently been the focus of scholarship, even these studies have tended to

focus on women's *dar al-shifain* the urban cities of the empire, and rarely provincial cities.[7]

Gülnüş Sultan's hospital left a stamp on the landscape of Ottoman women's medical institutions in the holy cities; however, her royal patronage followed the medical philanthropy of other imperial women in the Abbasid period, such as Khayzuran (d. 789) and Zubayda (d. 831) who endowed "wells and drinking fountains", followed by Shaghab (d. 933) who is credited with establishing "medical facilities" in the holy cities.[8] Ottoman Sultans commonly endowed hospitals "in major urban centers",[9] while others from the imperial structure would construct edifices in provincial cities, such as, inter alia, royal women. [10] This explains why it was Hürrem Sultan who built the first one in Makkah during the 16th century,[11] followed by the grand vizier Sokullu Mehmet Paşa in 1573, and after one hundred years—Gülnüş Sultan.[12] However, what made Gülnüş Sultan's medical philanthropism on the hajj route even more significant was that it manifested as an intricate web of interconnected projects in the form of a soup kitchen, hospital, and a primary school,[13] which passed on the profits from numerous villages in Egypt to the endowment in Makkah.[14]

Maintaining endowments in Makkah was, furthermore, permeated by sacred significance given that the location of the *dar al-shifa* was Islam's holy city,[15] which frames the Sultana's medical philanthropism as a pious project.[16]

Özgüleş, however, has suggested that the geographical distance from the imperial capital weakened the influence of the royal woman's philanthropy.[17] For instance, apart from the residents of Makkah, pilgrims may have been the primary patients of her endowment, which may have restricted the influence of the endowment for the whole populace.[18]

It could be suggested that the significance of Gülnüş Sultan's medical philanthropy in the seventeenth-century, during the "sultanate of women", was emphasised by the "public culture of sovereignty" that was cultivated by imperial women during this period.[19] However, the pattern of Ottoman imperial women's hospital-building was inherited from earlier Muslim civilisation and consequently did not mark a major shift in royal women's charity.

3. The Waqfiyyat of Rabia Gülnüş Sultan: Medical Philanthropy in Makkah

In the seventeenth-century, Ottoman imperial women's patronage of hospitals continued the trend of the medical philanthropy of earlier female patrons, enhancing the healthcare that was accessible to the public.[20] Female endowers bore responsibility towards the empire's subjects that extended beyond the demarcated boundaries of the imperial city to the holy cities of the empire. One form of this medical philanthropism is *waqf* (pl. *awqāf*) in Muslim civilisation, which are "privately owned property" that are "endowed for a charitable purpose in perpetuity".[21] *Waqfiyyat* have been referred to as a "constitution of the Ottoman health care system", but they can also be studied to shed light on imperial women's visions for medicine and healing.[22]

According to Abattouy and Al-Hassani, by establishing *awqāf*, female endowers were "legally empowered" to influence society as they had the prerogative to determine the recipients of medical care in locations of their choice.[23] Gülnüş Sultan's 1679 *waqfiyyat*, which has hitherto not been the focus of study in English scholarship, reveals that the Ottoman Sultana's patronage of healthcare transcended to the pilgrimage route and subsequently suggests that women were central to the development of public health in the holy cities of the empire.

Firstly, the hierarchy of employment within Gülnüş Sultan's hospital conformed to the Galenic-humoral tradition and therefore establishes the parity between employment in male and female *dar al-shifa*. The Chief Physician received the highest salary of 30 paras and 20 loaves of bread daily, which may have been an even greater amount than the "head of the medical school" that Sultan Süleyman employed in his Mosque Complex (1548-1549). Peçevi, for instance, indicates that the Sultan employed Tabib Ahmet Celebi for a salary of "60 akçe" per day,[24] which may have been equivalent to 20 para based on Robert Carson's estimation.[25] Gülnüş Sultan also specified the employment of a "skilled physician of superior qualifications who strives to achieve innovations in medical treatment", and someone who was qualified to be the physician's assistant, for which he would receive "ten loaves of bread and ten paras a day." [26] She further stipulated the employment of "a skilled surgeon strong enough to attend the wounded" in the deed of trust.[27]

Accordingly, women's *dar al-shifa* were no exception to the variety of staff that made up royal hospitals of the empire, employing hundreds in "medical, administrative, and menial duties".[28] Although the present study omits archival budget records, these could also be used to shed

light on employment in women's hospitals.[29] What is known, however, concerning Gülnüş Sultan's *swaqf* is that the total number of employees at the endowments in Jeddah were 28 in the hospital, 55 in the soup kitchen, and 5 in the storehouse, all of whom were remunerated from the endowment's revenue.[30] In addition to their monetary salaries, they were given "bread cooked in the waqf's bakery", while the other thirty-one staff employed at the endowment received "yearly rations of wheat".[31] Accordingly, this suggests that Ottoman royal women's *awqāf* were no different to those of their male counterparts. There was "no distinction" or "textual difference" visible in Ottoman records to differentiate the endower's gender, a phenomenon referred to as "gender-blindness" by Deguilhem.[32] This is significant given that, preceding the 19th century, imperial women's hospitals were not distinguishable from men's which gave Ottoman royal women the influence to shape healthcare in the empire in a manner that did not differ to their male counterparts.[33]

Despite this, Gülnüş Sultan's 1679 medical institution did envision a distinctive connection between medical practices and spirituality, a common trend among royal female endowers tying public health to devout doctors.[34] The royal woman stipulated, for instance, that the Chief Physician be of virtuous character, for which he would receive an enormous payment. She employed a religious head for staff at the hospital, as well as a reciter of prayers, making it a condition that:

someone who is pious and upright [...] always attentive to his business, who is present at religious services morning and evening, and who possesses the strength to give to others as much as they are entitled to shall be the religious head of those employed at the hospital [...] Someone worthy and pious shall serve as the reciter of prayers[35]

Employees at the hospital, moreover, were expected to perfect their moral characteristics; for instance, the steward's "uprightness" was to be "obvious and clear",[36] and the cellarer was to be "uprightly honest".[37] Singer comments that pious endowments may have been "inspired by spiritual, social, economic or political motives".[38] In the case of Gülnüş Sultan's medical patronage, the hospital employed pietistic staff to cultivate this ethos in medicine, which evidences that the patronage of the imperial women was imbued with devotional motives.

Lastly, although it is not within the scope of this paper to discuss the historiography on the origins of the modern

'hospital',[39] the *dar al-shifa* of royal patrons in the seventeenth-century were institutions of healing administering Galenic-humoral medicine, and accordingly they have been studied as such. There is debate in historiography regarding when hospitals began to function as the primary establishments for providing healthcare, with the more common position being the 19th century.[40] This can be disputed by the presence of *bimaristans* in early Muslim civilisation; however, in the medieval and early modern period, hospitals administered unconventional medical care which differed to the modern institution [41] and this is demonstrated by documents from the end of the 15th century hospitals of Sultan Mehmet II Fatih (d.1481) and Bayezid II (d. 1512).[42] Items bought "for the hospital warehouses" recorded foodstuffs and medicaments together, without differentiating between the two which poses a difficulty for historians to discern what constituted medicine in imperial hospitals.[43] For example, opium was used a great deal in "Anatolian cuisine" alongside poppy which had medicinal benefit for not only humans, but also "veterinary" treatments.[44] Even oil and honey, and drinks such as coffee were known to have "gastronomic purposes" and function as medicine.[45] Similarly, Gülnüş Sultan laid down the purchase of basic staples such as "seven quintals of soap, fat, and honey", as well as "fifteen Egyptian quintals of olive oil" which were "to burn in the hospital".[46] She specified the purchase of medicines separately, such as "drugs and syrups and pastes" which were to be purchased for 20,000 paras per year.[47] Wounded patients were to have "salves and other materials" which were unspecified, purchased for 10,000 paras yearly.[48]

An incident has been recorded in the Archives of Topkapı Palace (TSMA) from 1689, after the hospital repair project during 1684-1686 (1095-1097 AH). The *nazir* (governor) of the hospital in Makkah had a letter sent to the founder Gülnüş Sultan, listing the provision required for the hospital.[49] Although olive oil was used by "cooks at the nearby soup kitchen", he highlights that "the physicians and surgeons" made use of it too, which led to him requesting to buy a considerable amount more.[50] This demonstrates Gülnüş Sultan's integrated and holistic vision for healthcare in the 1679 *dar al-shifa*, and reinforces, as Pormann and Savage-Smith suggest, that female patrons "endowed hospitals" which "constituted a considerable contribution to public health".[51]

Overall, this paper has shed light on Gülnüş Sultan's medical philanthropism in the 17th century

which might have significantly shaped healthcare in the holy city.

Note on translation:

Although a copy of the 1679 *waqfiyyatis* available in the General Directorate of Foundations (VGMA.VKF.KS 1428), the author has used Robert Bragner's translation published in the 1990 *Tarihimizde Vakıf Kuran Kadınlar: Hanım Sultan Vakfiyeleri*.

Note on pronunciation:

Conventional Turkish orthography is used in the paper i.e. Gülnüş instead of the English Gulnush.

References

[1] François de Chassepol, *The History of the Grand Visiers, Mahomet, and Achmet Coprogli, Of the three last Grand Signiors, Their Sultana's and Chief Favourites; With the most secret Intrigues of the Seraglio. Besides several other particulars of the Wars of Dalmatia, Transylvania, Hungary, Candia, and Poland* (London: Printed for H. Brome, 1677), 168.

[2] Muzaffer Özgüleş, *Female Patronage and the Architectural Legacy of Gülnüş Sultan: The Women who Built the Ottoman World* (London: I.B. Taurus, 2017), 3.

[3] *Ibid.*, 4.

[4] *Ibid.*, 4.

[5] Betül İpşirli Argit, "A Queen Mother and the Ottoman Imperial Harem: Rabia Gülnüş Emetullah Valide Sultan (1640–1715)," in *Concubines and Courtesans: Women and Slavery in Islamic History*, ed. Matthew S. Gordon and Kathryn A. Hain (New York: Oxford University Press, 2017), 208.

[6] Miri Shefer-Mossensohn, "The Many Masters of Ottoman Hospitals," *Turkish Historical Review* 5, 1 (2014): 95, doi: <https://doi.org/10.1163/18775462-00501010>.

[7] See: Shefer-Mossensohn, "The Many Masters of Ottoman Hospitals".

[8] P. E. Pormann, 'Islamic Hospitals in the Time of al-Muqtadir', in *Abbasid Studies: Occasional Papers of the*

School of 'Abbasid Studies, Leuven, 27 June - 1 July 2004, ed. J. Nawas (Leuven: Peeters, 2010), 372.

[9] Miri Shefer-Mossensohn, *Ottoman Medicine: Healing and Medical Institutions, 1500-1700* (Albany: State University of New York Press, 2009), 147.

[10] *Ibid.*, 151.

[11] Marina Tolmacheva, "Female Piety and Patronage in the Medieval 'Hajj,'" in *Women in the Medieval Islamic World*, ed. Gavin R. G. Hambly (New York: St. Martin's Press, 1998), 165.

[12] Shefer-Mossensohn, *Ottoman Medicine*, 150. For Hürrem's sms. see: VGM, D. 608/23, 222-235.

[13] Özgüleş, *Female Patronage and the Architectural Legacy of Gülnüş Sultan*, 88.

[14] *Ibid.*, 89.

[15] Suraiya Faroqhi, *Hacılar ve Sultanlar: Osmanlı Döneminde Hac, 1517-1638* (Istanbul: Tarih Vakfı Yurt Yayınları, 1995), 102, quoted in Özgüleş, *Female Patronage*, 89.

[16] Özgüleş, *Female Patronage and the Architectural Legacy of Gülnüş Sultan*, 87.

[17] *Ibid.*, 87.

[18] *Ibid.*, 87-88.

[19] Leslie P. Peirce, *The Imperial Harem: Women and Sovereignty in the Ottoman Empire* (New York: Oxford University Press, 1993), vii. The "sultanate of women" is a contested term. See: Ahmed Refik Altınay, *Kadınlar Saltanatı* (Tarih Vakfı Yayınları, 2011).

[20] Peter E. Pormann and Emilie Savage-Smith, *Medieval Islamic Medicine* (Cairo: The American University in Cairo Press, 2007), 105.

[21] Murat Çizakça, *A History of Philanthropic Foundations: The Islamic World from the Seventh Century to the Present* (İstanbul: Boğaziçi University Press, 2000), 1.

[22] Coşkun Yılmaz and Necdet Yılmaz, "Hospitals in Ottoman Foundation (Vakıf) Deeds," in *Osmanlılarda Sağlık: Health in the Ottomans I*, ed. Coşkun Yılmaz and Necdet Yılmaz (Istanbul: Biofarma, 2006), 41.

- [23] Mohammed Abattouy and Salim T.S. Al-Hassani, “The Role of Awqāf in Developing Islamic Civilisation: Definition, History, Functions and Articulations with Society,” Article Contributed by the Foundation for Science, Technology and Civilisation, UK. In *King Abdul Aziz Endowment for the Two Holy Mosques* (Riyadh KSA: Desert Publishers, [to be published]), 37.
- [24] Pinar Kayaalp, “An analysis of the hospitals of Sultan Suleyman and Hurrem: Two different approaches to healthcare in sixteenth-century Ottoman Empire,” *Journal of Medical Biography* 27, no. 2 (May 2019): 107, doi: 10.1177/0967772016681894. See: Pecevi, *Tarih-i Pecevi*. vol. 1. (Istanbul: Matbaa-yi Amire, 1866), 424, 426.
- [25] Robert A.G. Carson, *Coins of the World* (United States: Harper, 1962), 488.
- [26] Gülnuş Valide Sultan, 22 October 1679/ 27 Ramazan 1090H, in *Tarihimizde Vakıf Kur'an Kadınlar. Hanım Sultan Vakfiyyeleri*, ed. Tülay Duran and trans. Robert Bragner (Istanbul: Tarihi Araştırmalar ve Dokümantasyon Merkezleri Kurma ve Geliştirme Vakfı, 1990), 100.
- [27] *Ibid.*, 100.
- [28] Shefer-Mossensohn, “The Many Masters of Ottoman Hospitals,” 101.
- [29] *Ibid.*, 101. See: Ömer Lütfi Barkan, “Fatih Cāmive İmaretî 1489–1490 Yıllarına Ait Muhasebe Bilānçoları”, *İstanbul Üniversitesi İktisat Fakültesi Mecmuası* 23/1–2 (1962–63), 297–341.
- [30] Özgüleş, *Female Patronage and the Architectural Legacy of Gülnuş Sultan*, 89.
- [31] *Ibid.*, 89.
- [32] Randi Deguilhem, “Gender Blindness And Societal Influence In Late Ottoman Damascus: Women As The Creators And Managers Of Endowments,” *Hawwa* 1, 3 (2003):335, doi:<https://doi.org/10.1163/156920803322765164>.
- [33] Abattouy and Al-Hassani, “The Role of Awqāf,” 37.
- [34] See: Kayaalp, “An analysis of the hospitals of Sultan Suleyman and Hurrem,” 103.
- [35] Gülnuş Sultan, 111-112.
- [36] *Ibid.*, 112.
- [37] *Ibid.*, 115.
- [38] Amy Singer, “Serving up charity: The Ottoman public kitchen,” *Journal of Interdisciplinary History* 35, no. 3 (2005): 481.
- [39] P. E. Pormann, 'Islamic Hospitals in the Time of al-Muqtadir', 337.
- [40] *Ibid.*, 337.
- [41] *Ibid.*, 337.
- [42] See: Ömer Lütfi Barkan, “Fatih Cāmive İmaretî 1489–1490 Yıllarına Ait Muhasebe Bilānçoları,” *İstanbul Üniversitesi İktisat Fakültesi Mecmuası* 23, nos. 1–2 (1962–63): 328–32.
- [43] Shefer-Mossensohn, *Ottoman Medicine*, 32.
- [44] *Ibid.*, 32.
- [45] *Ibid.*, 32.
- [46] Gülnuş Sultan, 147.
- [47] *Ibid.*, 156.
- [48] *Ibid.*, 156.
- [49] Shefer-Mossensohn, *Ottoman Medicine*, 32. From: Topkapı Sarayı Müzesi Arşiv (hereafter TSMA), evrak 2211/7.
- [50] *Ibid.*, 32. From: TSMA, evrak 2211/7.
- [51] Pormann and Savage-Smith, *Medieval Islamic Medicine*, 105.