

CONFERENCE PAPER

Health Diplomacy in the Late Ottoman Era: The 1892 Medical Mission from Istanbul to Iran during the Cholera Outbreak

Abstract

This study examines the 1892 Ottoman medical mission dispatched from Istanbul to Iran during a devastating cholera outbreak, based on a historical document dated 6 Safar 1310 AH (30 August 1892). The document provides valuable insight into how the Ottoman authorities organized and executed a cross-border health intervention that combined medical, humanitarian, and diplomatic objectives. By sending physicians and pharmacists equipped with treatments, the Ottoman Empire sought not only to alleviate suffering but also to reinforce regional ties, project soft power, and fulfill religious and ethical obligations of charity and solidarity. The analysis highlights how this mission exemplified the intersection of health and diplomacy in the late Ottoman period, reflecting both organized public health response and strategic foreign policy considerations. This case contributes to our understanding of the historical foundations of health diplomacy and demonstrates its enduring relevance for contemporary global health governance.

Key words: Diplomacy, Public Health, Medical Missions, Global Health, Ottoman Empire

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Introduction

In the late 19th century, Iran faced a devastating cholera outbreak that threatened public health and social stability. Cholera, a highly contagious and often fatal disease, repeatedly struck countries across the Middle East and Asia, overwhelming fragile healthcare systems. In response, the Ottoman Empire, under the authority of the Caliph, dispatched a medical delegation of physicians and pharmacists from Istanbul to Iran in 1892 (Azizi, and Azizi, 2010).

This mission exemplifies early forms of health diplomacy, where medical expertise and humanitarian aid intersected with foreign policy objectives. Contemporary scholarship emphasizes the growing relevance of health in shaping foreign-policy agendas, noting that states often employ health initiatives not only to alleviate suffering but also to advance strategic interests, project soft power, and reinforce international relationships (Feldbaum, and Michaud, 2010).

Via analyzing the 1892 Ottoman mission, this study demonstrates that the integration of health, ethics, and diplomacy has deep historical roots. The document dated 6 Safar 1310 AH (30 August 1892) provides insight into how the Ottoman authorities organized and executed a cross-border health intervention with intertwined humanitarian and diplomatic objectives. Understanding this historical case enriches our comprehension of both the origins and enduring significance of health diplomacy.

Methods

This study used qualitative historical analysis of a primary document dated 6 Safar 1310 AH (30 August 1892) on the 1892 Ottoman medical mission to Iran. Secondary sources on Ottoman public health, epidemic management, and health diplomacy were also consulted. The analysis was focused on three dimensions: medical intervention, humanitarian and ethical considerations, and diplomatic implications, highlighting the intersection of medicine, ethics, and foreign policy.

Historical Context of Health Diplomacy

During the 19th century, cholera emerged as a global crisis, with waves of epidemics affecting millions across Asia, Europe, and the Middle East. In Iran, recurring outbreaks overwhelmed the weak and fragmented healthcare system, causing countless deaths (Burrell, 1988).

Meanwhile, the Ottoman Empire had developed a more organized public health infrastructure in Istanbul, supported by state authorities and influenced by modern medical reforms (Shefer-Mossensohn, 2007). This relative advantage enabled the Empire to extend medical assistance beyond its borders, positioning itself as a regional leader in epidemic response.

Sending physicians and pharmacists to Iran should thus be understood as an act of health diplomacy. By providing cross-border aid, the Ottomans not only



responded to a humanitarian crisis but also reinforced diplomatic ties, asserted regional influence, and embodied Islamic principles of charity and solidarity.

The Medical Delegation Mission

According to the document, the Caliph authorized a medical delegation equipped with physicians, pharmacists, and medicines effective against cholera. The mission had three interrelated objectives, reflecting the dual health and diplomatic purpose:

1. Medical Treatment: Provide direct care to cholera patients and distribute effective remedies.
2. Knowledge Transfer: Share medical expertise and treatment practices with local Iranian health providers, strengthening bilateral cooperation.
3. Humanitarian Service and Diplomacy: Demonstrate solidarity with Iran while simultaneously advancing Ottoman soft power in the region.

The record emphasizes that members of the delegation were aware of the personal risks of infection, yet accepted the mission out of professional duty, ethical obligation, and commitment to humanitarian service. The Ottoman authorities guaranteed their expenses and remuneration, underscoring the official and diplomatic nature of the mission (Sarina, 2010, p. 256).

Thus, the mission served not only as a health intervention but also as a symbolic act of Ottoman health diplomacy—bridging humanitarian values and political strategy (Figure 1).

Implications for Early Health Diplomacy

This medical mission illustrates how health diplomacy functioned in the late Ottoman Empire:

1. Organized Health Diplomacy: The mission showcased the administrative ability of the Ottoman state to mobilize and project medical expertise abroad, a rare achievement in the 19th century.
2. Ethics and Humanitarianism: Physicians willingly faced health risks, highlighting the moral and ethical dimension of medical service as part of diplomatic engagement.
3. Diplomatic Leverage: Medical aid reinforced the image of the Ottoman Empire as a benevolent regional power, strengthening ties with Iran through soft power rather than coercion.
4. Cultural and Religious Legitimacy: The mission was framed in Islamic principles of charity and brotherhood, enhancing the legitimacy of Ottoman diplomacy among Muslim populations.
5. Relevance for Contemporary Global Health: This case serves as an early example of health diplomacy, where epidemic management went hand in hand with international cooperation, offering lessons for today's global health governance.





Figure 1. Excerpt from the archival document illustrating the 1892 Ottoman medical mission to Iran (Sarina, 2010, p. 268)

Conclusion

The Ottoman medical mission to Iran in 1892 illustrates how health diplomacy functioned historically. The delegation's main objectives—medical treatment, knowledge transfer, and humanitarian service—align with modern conceptions of health diplomacy that emphasize multi-level, multi-actor processes in international health governance (Feldbaum, and Michaud, 2010).

This mission exemplifies how health interventions can advance strategic state interests. Via providing medical assistance, the Ottoman Empire strengthened regional influence and fostered goodwill with Iran while fulfilling ethical and religious duties.

The historical case also reflects the dual nature of health diplomacy. Health initiatives both respond to public health crises and promote diplomatic objectives. Physicians and pharmacists willingly assumed personal risk, highlighting the ethical dimension of international medical service. The foundational concepts of health diplomacy—combining medical expertise, moral commitment, and foreign-policy considerations—existed well before the modern global health era, underscoring the importance of cultural sensitivity, ethical responsibility, and diplomatic foresight in successful cross-border health initiatives. This historical precedent highlights the continuing need for integrating medical ethics with diplomatic engagement in addressing global health crises.

Authors' Contribution

Narges Tajik drafted the entire manuscript, while Mohammad Hossein Ayati supervised the writing process and provided analytical input based on his expertise. All authors read and approved the final version of the work.

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Conflict of Interest

The authors declared no conflicts of interest with respect to the research, authorship, and/or publication of this article.

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