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POLISH DOCTOR WŁADYSŁAW JABŁONOWSKI AND HIS MEDICAL OBSERVATIONS IN TURKEY: CONTRIBUTION TO THE UNDERSTANDING OF DERMATOLOGY AND PUBLIC HEALTH IN THE NINETEENTH-CENTURY OTTOMAN EMPIRE

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ABSTRACT

Medicine in the Polish lands in the nineteenth century developed through both the reception of western achievements and the creation of its original approaches adapted to local conditions. Political repression under the partitions forced many Polish physicians into exile where they continued their professional and scientific work contributing to the development of other countries' medicine. One of them was Władysław Jabłonowski who after the January Uprising (1863-1864) emigrated to the Ottoman Empire and served as a military doctor in Baghdad.

His series "Pol. Kazyistyka lekarska w Turcyi – Eng. Medical Casuistry from Turkey" published in *Przegląd Lekarski* (Cracow medical journal) between years: 1882 and 1886 offered a unique perspective on nineteenth-century medical practice in the Ottoman Empire and the Middle East. The writings provided valuable descriptions of dermatological diseases such as scabies, herpes zoster and leprosy. Jabłonowski also emphasized the role of cultural habits, hygiene and therapeutic limitations in those countries. Authors' observations bridged Eastern and Western medical traditions, contributing not only to Polish medical literature but also to the broader history of medicine in a global context.

KEYWORDS

Władysław Jabłonowski, Nineteenth-Century Medicine, Turkey and the Middle East, History of Dermatology, History of Medicine

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Medicine in Europe and Poland under the partitions

For centuries the mysterious art of healing evolved across various regions of the world, attaining differing degrees of advancement. European medicine underwent centuries-long evolution, culminating in a profound flourishing of internal medicine, surgery and pharmacology during the nineteenth century which legacy is still admired and employed today.

In the Polish territories under foreign domination at that point in time, medicine progressed through the assimilation of the newest western achievements while simultaneously developing distinctive approaches and implementing new solutions adapted to regional demands. The turbulent political situation and subsequent repressions following national uprisings forced many brilliant scholars including physicians, artists, and engineers to emigrate. They sought refuge mainly in France, the United States but also some of them in the Ottoman Empire. [31]

Medicine in the Arabic World

Meanwhile medical practice in the Middle East followed its own shaped over centuries path, albeit partially influenced by western concepts. In nineteenth century Ottoman Empire faced era of instability, territorial losses and gradual decline. Turkey, however remained an ally of Poles in their struggle against the partitioning powers, especially Russian Empire which was mutual enemy of both nations. At that time the Ottomans maintained tense relations with Russians. [19]

Arabic medicine has a long and intricate history which roots stretch back many centuries. Initially in its earliest phases it revolved predominantly around the struggle with infectious diseases. Deprived of many effective prophylactic or curative agents, physicians relied on a broad repertoire of herbal preparations and empirical therapies. Yet when these proved insufficient, people often sought explanations beyond the natural order, attributing protective powers to amulets and ritual objects with supposed healing or protective powers. [23, 25]

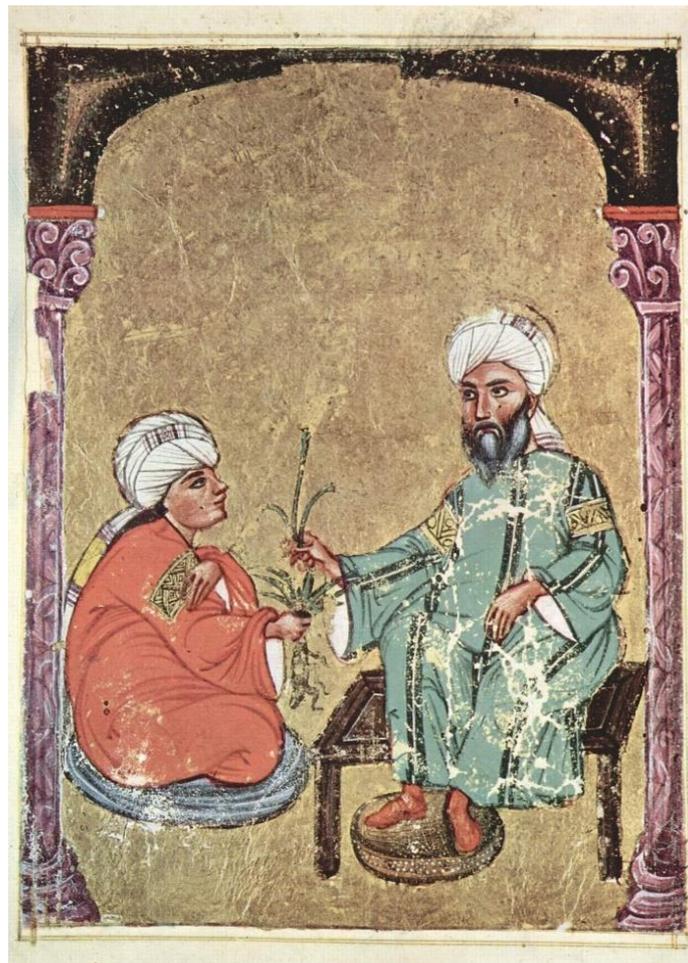


Fig. 1. Medieval depiction of Arabic medicine

The true flourishing of Arabic medicine occurred between the tenth and thirteenth centuries, often referred to as its “golden age.” In 830 the renowned *Bayt al-Hikma* (House of Wisdom) was founded in Baghdad and served as a major center for the translation of Greek medical and philosophical texts into Arabic. This transfer of knowledge not only preserved the legacy of Hippocrates and Galen but also stimulated new intellectual and clinical achievements across the Islamic world. Physicians attained remarkable skill in ophthalmology, developing techniques for treating cataract and trichiasis and produced sophisticated descriptions of more than one hundred ocular disorders. [24, 25]

Among the most enduring contributions of Arabic medicine there was the institutionalization of hospitals. Historical accounts indicate that the first such institutions were founded in Baghdad during the eighth and ninth centuries. These hospitals were secular and admitted patients regardless of social status or origin. Staffed often by educated physicians and financed through civic taxation, they became models for organized healthcare. [30]

By the close of the ninth century, Galen’s humoral theory had been assimilated into Arabic medical thought. The doctrine of the four humors—blood, yellow bile, phlegm, and black bile—was used to explain not only health and disease but also temperament and personality, providing a conceptual framework that would shape medical reasoning for centuries. [27]

Key Figures in Arabic Medicine

Among the most remarkable figures of early Islamic medicine was Ar-Razi (Rhazes), born in 865 in the Persian city of Rayy. He combined interests in philosophy, music, alchemy and the medicine. As director of hospitals in Baghdad and Rayy, he wrote influential medical treatises, including *On Smallpox and Measles*, which contains what is regarded as the first description of hay fever caused by rose pollen. [28]

Equally renowned was Ibn Sina (Avicenna) whose reputation as both philosopher and physician earned him comparison with famous Galen. His prolific output of around 270 works covering almost every branch of medical science ensured his lasting influence across both the Islamic world and medieval Europe. [29]

Another pioneer, Ibn Masawayh became an author of what is considered the first systematic Arabic medical textbook. His work included detailed descriptions of eye diseases, fevers, poisons and clinical methods of examination. [26]

By the thirteenth and fourteenth centuries, this scientific spirit increasingly collided with Islamic religious orthodoxy. The rise of the so-called “Prophetic medicine,” based on sayings attributed to the Prophet Muhammad, shifted attention away from the Greco-Roman heritage. This mode of practice infused with religious authority, dominated Arabic world for centuries and remained widespread until the eighteenth century, when a gradual opening to European physicians began to alter the medical landscape. [20]

The Nineteenth-Century Transformation

The nineteenth century marked a decisive turning point in the history of medicine. Advances in bacteriology and the spread of new clinical methods gave medical practice a global character, reshaping standards of diagnosis and treatment. These Western innovations gradually entered the Ottoman Empire and Middle East in general, though they were often adopted selectively. Arabic doctors deliberately avoided adopting western cultural models, limiting themselves to the assimilation of medical knowledge. [21]

At that point in time the paths of Polish and Ottoman physicians began to converge. After the failed struggles for independence, many Polish doctors found themselves forced into exile. For many of them the Ottoman Empire became both a refuge and a field of professional activity, creating a unique encounter between Western-trained physicians and the realities of Middle Eastern healthcare. [22]

Władysław Jabłonowski: Life and Exile

Władysław Jabłonowski (1841–1894) was born in Grodzisk in the year of 1841 in the region of Podlasie. He descended from family of impoverished Polish nobility. After completing his early education in Białystok, he studied medicine in Vienna, where he graduated in 1865. His involvement in the January Uprising serving as adjutant to Polish General Marian Langiewicz forced him into exile soon after. [1, 32]

In 1866 he reached the Ottoman Empire and having passed the military medical examination, he was appointed to the garrison in Baghdad. His subsequent service took him across Mesopotamia, Armenia and Anatolia. He combined medical duties with ethnographic and natural observations. [33] In the 1870s he left the army to establish a balneological clinic in Bursa. [14, 15] He decided to return to active service during the Russo–Turkish War of 1877. In the following years he worked in Albania, where he helped to contain a cholera

outbreak, then in Sultan-Çair as a doctor in the mine and later in Constantinople, serving as a representative of the International Sanitary Commission. [34] Jabłonowski gained recognition in Poland largely through his prolific correspondence and publications in *Przegląd Lekarski* and *Medycyna*. [16, 17, 18] His most notable contribution, the series *Kazuistyka lekarska w Turcyi* (*Medical Casuistry from Turkey*, 1882–1886), combined careful clinical reporting with vivid reflections on local culture and conditions. In his final years he served as a quarantine physician in Albania and in Burgas, where he died in the year of 1894. [31]



Fig. 2. Portait of Władysław Jabłonowski in times of January Uprising

Dermatological Observations in the Ottoman Empire

In his reports the year of 1884 was dedicated specifically to dermatological conditions. Jabłonowski meticulously documented dermatological diseases which alongside internal afflictions significantly impacted well-being of Ottomans. He stressed the societal importance of flawless skin among Turkish women, noting that physicians able to restore healthy skin, earned trust and respect from patients. He observed distinct cultural practices: Turkish, Greek and Christian women of Arabic origin often used harsh cosmetics and tattooing, that sometimes resulted in gangrene. Arabs were described as neglecting hygiene, washing only the face with morning dew, whereas those from Anatolia adhered to ritual ablutions and weekly hammam baths. However, hammams where water was infrequently changed, facilitated the spread of parasitic diseases. Women visiting Turkish bathhouses, by storing their undergarments together in one place, exposed themselves to the risk of contracting scabies.

Clothing played a role in health as well among Kurdish. Their woolen garments provided protection against temperatures yet often contained mineral salts such as calcium phosphates and potassium and sodium chlorides. When exposed to fluctuating temperatures, these compounds irritated the skin and increased susceptibility to diseases. [3]

Scabies in the Middle East

Among the most widespread conditions in the region of Middle East was scabies. Two distinct forms were recognized: *Ujuz*, observed mainly in the northern provinces of Turkey and usually of mild course and *Kurab*, confined to southern Arabs and Kurds, marked by extensive lesions, pustular eruptions, and a high degree of contagion. Because of its prevalence, scabies attracted the widest range of therapeutic attempts. Patients were often unaware of its parasitic origin. Sulfur was the principal remedy, initially applied to secondary infections and also in mixtures with tobacco leaf infusions and animal fat. In Mesopotamia, treatments also included calcium chloride, zinc sulfide, and extracts from the stems of *Cucumis colocynthis*.

Despite the use of such aggressive topical agents, therapeutic results were poor. Jabłonowski stressed that regular bathing and frequent changes of clothing could have offered genuine relief, yet these recommendations were often resisted by poorer communities, where cultural habits and poverty made change difficult. Physicians thus faced a dual challenge: combating the disease itself while contending with patients' reluctance to abandon entrenched practices. [10]

Leprosy

Leprosy posed an even more formidable problem, known since biblical times, it remained incurable throughout the nineteenth century. The causative agent *Mycobacterium leprae*, was identified late in that century and effective therapy would not appear until the twentieth century. For years the afflicted person endured not only physical suffering but also social exclusion, as they were isolated or expelled from their communities. In Europe the incidence of leprosy declined after the devastation of the fourteenth-century plague, when many lepers perished during the epidemic. [7, 32]

The case of leprosy recorded by Jabłonowski was exceptional and already rare in his time, limited mainly to the southern districts of Syria. While serving as a military physician he encountered a young man whose father suffered from this disease. In his notes, Jabłonowski described the patient: a fifty-eight-year-old Kurd of once robust build, now weakened by prolonged immobility. His legs, forearms, and face were covered with semicircular brown crusts, firmly attached at the margins yet bordered by a narrow rim of healthy tissue. These lesions concealed shallow ulcers, some extending down to the muscular layers. The scanty brown discharge was malodorous probably as the result of neglected hygiene and it was deposited itself across the skin surface. Between the crusts, traces of earlier healed wounds could be seen, as Jabłonowski observed. [6]

Such meticulous descriptions illustrate Jabłonowski's clinical eye and his habit of documenting disease with precision. At the time, therapeutic attempts against leprosy were diverse but rarely effective. Patients were subjected to baths in alkaline salts, purgatives, diaphoretic agents, and herbal infusions such as those from *Solanum dulcamara*. Potassium iodide, mercuric chloride and antimony sulfide were also administered. Locally, lesions were treated with ointments containing sulfur, ferric iodide, or mercuric nitrate. These drugs seldom provided lasting benefit. Mercurial preparations often worsened skin ulcers. Beyond the physical burden of the illness, patients endured profound psychological suffering, intensified by the social stigma and exclusion attached to leprosy. [5]

Ichthyosis among Albanian Tribes

A particularly striking problem noted by Jabłonowski was a hereditary skin disorder fish scales, which appeared most frequently among Albanian tribes. Contemporary dermatologists suspected that it stemmed from abnormal activity of the cutaneous glands. The condition tended to affect individuals of frail constitution, already weakened by other illnesses, whose skin was characteristically thin and dry. Poor hygiene also played a role: infrequent bathing and the use of coarse woolen clothing seemed to aggravate the disease. [8]

Two forms of ichthyosis were distinguished locally. The "white" type appeared mainly in young men, while the "brown" type was more often observed in women engaged in agricultural labor. The disorder frequently worsened during adolescence but could occur at any age. It was more common in rural communities than in towns, where it appeared only sporadically. [9]

Jabłonowski emphasized that the severity of the disease increased in populations with low standards of personal hygiene. Treatment focused on softening the skin. Patients were immersed in large baths filled with olive oil for several hours every two days, after which the skin was rubbed with strongly alkaline soap. Oral therapy included Fowler's solution and ferric arsenate. Prolonged treatment often reduced scaling and relieved discomfort, yet relapses occurred quickly once medical supervision ended and hygienic practices were neglected. [10]

Medicine in Persia

During his travels, Władysław Jabłonowski devoted particular attention to the sanitary and medical conditions of Persia, which he described in his *Sanitary Sketches from Persia (Szkice sanitarne z Persyi, 1885–1887)*. His observations revealed the difficult health situation of the Persian provinces, where disregard for sanitary regulations facilitated the spread of epidemic diseases. Jabłonowski emphasized the significant role of climate in shaping morbidity patterns: in the colder northern regions respiratory illnesses, joint diseases, malaria, syphilis, and parasitic dermatoses were prevalent, while in the warmer climate typhus, dysentery, diphtheritic enteritis and whooping cough dominated.

He also analyzed local habits, noting the influence of clothing, nutrition, and hygienic customs on health. For instance insufficient sanitation in rural and urban areas was in his opinion a major factor in maintaining high incidence of infectious diseases. His reports, published in *Przegląd Lekarski* made Persian conditions accessible to Polish readers and provided rare epidemiological data from regions little known in Europe at the time. [2, 4, 13]

Herpes Zoster (Shingles)

Another condition described by Jabłonowski was herpes zoster (also known as *zona*). He noted a striking rise in its incidence and chose to investigate the problem more closely. Interestingly, he observed it exclusively among men. Although the cause was unknown, he remarked on a possible link between mechanical irritation and the distribution of lesions: tight belts seemed to provoke eruptions on the back, while constricting collars led to outbreaks on the neck. In all the cases he encountered, the disease appeared only on the neck or in the lumbar region. [11]

Jabłonowski suspected, however, that the condition might be infectious in origin, as it coincided with the migration of peoples from the Caucasus and subsequently recurred in local populations. The illness began with burning pain, a sensation of heat in the lumbar area, generalized weakness, and stabbing pains along the intercostal nerves. After several days these prodromes were followed by the sudden appearance of vesicles filled with whitish or yellowish fluid. Some ruptured quickly, others dried into crusts, occasionally leaving ulcers. Particularly in cervical cases, patients often suffered prolonged neuralgia, with persistent burning and stabbing pains long after the rash had resolved. [12]

Caucasian folk medicine employed distinctive treatments that, according to reports, produced relief. At the onset of burning pain, patients were given decoctions of *Saxifraga umbrosa* to induce heavy sweating. Once the vesicles appeared, the lesions were wrapped with horsehair bands until they dried, after which the area was dusted with powdered leaves of *Cornus argentea*. [12]

In his own practice, Jabłonowski experimented with innovative topical agents. He applied powdered calcium borate directly to the affected skin or suspended it in collodion, reporting good effects in alleviating pain and pruritus. Later, he introduced more sophisticated preparations obtained from Vienna, including rubber plasters impregnated with chrysophanic acid (10%) and iodoform (20%), which he considered highly effective. For milder cases he relied on starch or bismuth subnitrate. Yet, as he acknowledged, these measures remained palliative: they relieved discomfort but did not shorten the natural course of the disease. [11, 12]

Conclusions

The centuries-long struggle of physicians to relieve suffering illustrates not only the limits of past therapies but also the perceptiveness and resilience of early practitioners. Although they lacked effective cures, their careful observations and empirical methods laid the groundwork for modern medicine.

In this context, Władysław Jabłonowski emerges as a distinctive figure. Exiled after the January Uprising, he became a bridge between Western medical science and the realities of the Ottoman Empire and the Middle East. His series “*Medical Casuistry from Turkey*” in *Przegląd Lekarski* combined clinical description with cultural and epidemiological commentary, offering valuable insights into conditions such as scabies, leprosy, ichthyosis, and herpes zoster. [1, 2]

Jabłonowski’s legacy demonstrates how exile could be transformed into meaningful scientific contribution. His precise clinical eye and literary talent created a record that remains significant for the history of medicine, showing how the encounter between Eastern and Western traditions enriched nineteenth-century medical knowledge. [4]

REFERENCES

1. Dopierała, K. (1988). *Emigracja polska w Turcji w XIX i XX wieku*. Lublin.
2. Fijałek, J. (1962–1964). *Jabłonowski Władysław (1841–1894)*. in: *Polski słownik biograficzny*, t. 10, 246–247. Wrocław.
3. Fijałek, J. (1967). *Pamiętniki z lat 1851–1893 Władysława Jabłonowskiego (wybór z rękopisu, introduction and notes)*. Wrocław.
4. Gałczyńska-Kilańska, K. (1974). *Polacy w Kraju Półksiężycy*. Kraków, 232
5. Jabłonowski, W. (1884). *Kazuistyka lekarska w Turcyi*. *Przegląd Lekarski*, Kraków, 193–194.
6. Jabłonowski, W. (1884). *Kazuistyka lekarska w Turcyi*. *Przegląd Lekarski*, Kraków, 322.
7. Jabłonowski, W. (1884). *Kazuistyka lekarska w Turcyi*. *Przegląd Lekarski*, Kraków 354.
8. Jabłonowski, W. (1884). *Kazuistyka lekarska w Turcyi*. *Przegląd Lekarski*, Kraków 353–355.
9. Jabłonowski, W. (1884). *Kazuistyka lekarska w Turcyi*. *Przegląd Lekarski*, Kraków 382–383.
10. Jabłonowski, W. (1884). *Kazuistyka lekarska w Turcyi*. *Przegląd Lekarski*, Kraków 460–461.
11. Jabłonowski, W. (1884). *Kazuistyka lekarska w Turcyi*. *Przegląd Lekarski*, Kraków 658–659.
12. Jabłonowski, W. (1884). *Kazuistyka lekarska w Turcyi*. *Przegląd Lekarski*, Kraków 667.
13. Jabłonowski, W. (1887). *Szkice sanitarne z Persyi*. Kraków: Druk. Uniwersytetu Jagiellońskiego. Available online: <https://polona.pl/preview/7d582d71-3fle-4de6-8fa0-a8d01c9fb0ab>
14. Kaczmarek, U. (2003). *Jabłonowski Władysław*. in: *Encyklopedia polskiej emigracji i Polonii*, ed. K. Dopierała, t. 2, 265–266. Toruń.
15. Kościński, S. (1888). *Słownik lekarzów polskich...* Warszawa, 183.
16. Konopka, S. (1977). *Polska bibliografia lekarska dziewiętnastego wieku (1801–1900)*, t. 4, 17–19. Warszawa.
17. Kwaśnicki, A. (1894). *Dr Władysław Jabłonowski*. *Przegląd Lekarski*, 33(2), 26.
18. Łątka, J.S. (2005). *Jabłonowski Władysław (1841–1894)*. in: *Słownik Polaków w Imperium Osmańskim i Republice Turcji*, 235–236. Kraków.
19. Miśkiewicz, A. (2013). *Polacy w opinii przedstawicieli władz tureckich podczas I wojny światowej*. *Sprawozdanie Olgierda Górki z pobytu w Turcji w 1917 r. Studia Podlaskie*, XXI, 217–219.
20. Płonka-Syroka, B. (2021). *Wybrane kolekcje historyczne z zakresu historii medycyny i farmacji we współczesnych zbiorach muzealnych i bibliotekach naukowych Sztambułu – część pierwsza*. *Medycyna nowożytna*, 27, 107.
21. Płonka-Syroka, B., Braun, Ł. (2015). *Kultura Medyczna Islamu*. Warszawa: Wydawnictwo DiG, 5.
22. Płonka-Syroka, B., Braun, Ł. (2015). *Kultura Medyczna Islamu*. Warszawa: Wydawnictwo DiG, 19.
23. Płonka-Syroka, B., Braun, Ł. (2015). *Kultura Medyczna Islamu*. Warszawa: Wydawnictwo DiG, 23.
24. Reyhman, J. (1973). *Historia Turcji*. Wrocław, 232.
25. Savage-Smith, E. (2005). *Medycyna*. in: Roshdi, R. (ed.), *Historia Nauki Arabskiej*, t. III. Technika, alchemia, nauki przyrodnicze i medycyna. Warszawa: Wydawnictwo Akademickie Dialog, 169–170.
26. Savage-Smith, E. (2005). *Medycyna*. in: Roshdi, R. (ed.), *Historia Nauki Arabskiej*, t. III. Technika, alchemia, nauki przyrodnicze i medycyna. Warszawa: Wydawnictwo Akademickie Dialog, 170.
27. Savage-Smith, E. (2005). *Medycyna*. in: Roshdi, R. (ed.), *Historia Nauki Arabskiej*, t. III. Technika, alchemia, nauki przyrodnicze i medycyna. Warszawa: Wydawnictwo Akademickie Dialog, 171.
28. Savage-Smith, E. (2005). *Medycyna*. in: Roshdi, R. (ed.), *Historia Nauki Arabskiej*, t. III. Technika, alchemia, nauki przyrodnicze i medycyna. Warszawa: Wydawnictwo Akademickie Dialog, 172–175.
29. Savage-Smith, E. (2005). *Medycyna*. in: Roshdi, R. (ed.), *Historia Nauki Arabskiej*, t. III. Technika, alchemia, nauki przyrodnicze i medycyna. Warszawa: Wydawnictwo Akademickie Dialog, 181.
30. Savage-Smith, E. (2005). *Medycyna*. in: Roshdi, R. (ed.), *Historia Nauki Arabskiej*, t. III. Technika, alchemia, nauki przyrodnicze i medycyna. Warszawa: Wydawnictwo Akademickie Dialog, 195–196.
31. Siemieniec-Gołaś, E. (2021). *Władysław Jabłonowski – polski lekarz w osmańskiej służbie. Znaczenie i badacz Wschodu*. *Perspektywy Kultury*, 35(4), 118. DOI: <https://doi.org/10.35765/pk.2021.3504.08>
32. Siemieniec-Gołaś, E. (2021). *Władysław Jabłonowski – polski lekarz w osmańskiej służbie. Znaczenie i badacz Wschodu*. *Perspektywy Kultury*, 35(4), 120–122. DOI: <https://doi.org/10.35765/pk.2021.3504.08>
33. Siemieniec-Gołaś, E. (2021). *Władysław Jabłonowski – polski lekarz w osmańskiej służbie. Znaczenie i badacz Wschodu*. *Perspektywy Kultury*, 35(4), 121. DOI: <https://doi.org/10.35765/pk.2021.3504.08>
34. Siemieniec-Gołaś, E. (2021). *Władysław Jabłonowski – polski lekarz w osmańskiej służbie. Znaczenie i badacz Wschodu*. *Perspektywy Kultury*, 35(4), 129. DOI: <https://doi.org/10.35765/pk.2021.3504.08>

List of Illustrations:

1. Leaf from an illustrated medieval Arabic medical manuscript (Syria, circa 1275–1300), now held by the Museum of Islamic Art, Qatar. Source: Wikimedia Commons (public domain).
2. Władysław Jabłonowski, ca. 1863, photographer Karol Bayer. Public domain, National Library of Poland.