

The unkindest cut: castration, power, and early bioethical deliberations in ancient medicine and the Persian tradition

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Abstract

This study investigates the history of male castration, tracing its evolution from an ancient practice used for punishment and court control in civilizations like Sumer and China to a topic of sophisticated medical and ethical debate in the Persian world. The research highlights the important work of Persian physicians such as Rhazes, Avicenna, and Jorjani, who carefully recorded and improved surgical techniques—including total removal (hence the Arabic term *Khasi*, meaning “castrated”), and blood vessel ligation—within a detailed medical framework. Significantly, these scholars developed a strong and systematic ethical stance opposing non-therapeutic castration, condemning it as a breach of the body's natural, divinely ordained condition.

Although earlier traditions expressed concerns about bodily integrity, their incorporation into a formal medical-ethical system marks a key milestone in medical ethics. This established the mentioned physicians as prominent advocates for bodily integrity, a concept that has often been challenging to political authorities. By combining historical and medical perspectives, the paper argues that castration should not be regarded merely as a social custom, as it unintentionally facilitated early advances in surgery and endocrinology. Ultimately, the study underscores the ongoing conflict between medical ethics and political power, offering a nuanced insight into the interplay of science, morality, and authority throughout history.

Keywords: *Eunuchs; History of medicine; Castration; Medical ethics; Persian medicine.*

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Introduction

Castration refers to any surgical or chemical method that leads to the loss of function of the gonads, specifically the testes in males (1). Throughout history, castration has held a significant, though often grim, role in many ancient cultures, appearing in mythology, religion, and governance systems. For example, according to a foundational myth told by Hesiod (750–650 BC), the god Uranus was castrated by his son Cronus (Saturn) using a hard, adamantine sickle, and his severed genitals were then thrown into the sea (1–3). Since ancient Roman times, castration has typically been carried out in two main forms: complete castration (which involves removing both the testes and the penis) and partial castration or orchidectomy (in which only the testes are removed). The preferred method varied widely across eras, locations, and cultures and was often influenced by the intended purpose of the procedure. The choice between full or partial castration was intentional and typically depended on the social role planned for the person. Full castration, involving the removal of both the penis and testes, was usually done to produce servants who were infertile, physically different, and unable to engage in penetrative sex. In contrast, partial castration, or orchidectomy, which removed fertility and testosterone production but often left the penis intact, was generally applied in situations where physical difference was less critical than

guaranteeing infertility and, likely, a specific temperament (4). This functional difference explains broad geographical trends: as a rule, complete castration was more common in regions such as Africa, the Southern Near East, India, Southern Central Asia, and China, whereas partial castration was more prevalent in Europe, the Northern Near East (including Anatolia), and Northern Central Asia (5).

Eunuchs have been present in China for nearly 4000 years, serving as trusted royal servants and government officials within the imperial court for over 3000 years, especially during the Qing dynasty and later periods (6). In ancient Iran, from the Median kingdom through the Sasanian era, there is evidence of eunuchs in royal courts and descriptions of their roles. It seems that Persians adopted the practice of eunuchism from Mesopotamia and the Lydians. During the Median period, castrating boys from neighboring regions was regarded as a luxurious custom. However, the Achaemenid era stands out as a unique time concerning the role of eunuchs, who formed a distinct social class during this period. In the society of Achaemenid princes, eunuchs fulfilled various duties, such as protecting the king, managing the royal court and harem, serving the royal family, organizing certain military operations and units, and handling administrative tasks. Some eunuchs became involved in conflicts and even

influenced the broader political landscape and power struggles within the Achaemenid government (7). It is therefore essential to understand the ethical considerations of medieval Persian physicians in the broader context of medical and religious ethics. Core principles such as non-maleficence (*primum non nocere*) were established in the Hippocratic Oath (circa the 5th century BCE), which explicitly prohibits castration (8). Additionally, religious authorities, such as the Christian Council of Nicaea (325 CE), had already banned practices such as self-castration among the clergy (9,10). In the Zoroastrian tradition, the sacredness of the body provided a philosophical foundation against the practice of mutilation (11,12). Persian scholars like Rhazes (865–925 AD) and Avicenna (980–1037 AD) did not create bioethics from scratch but rather integrated, organized, and expanded upon Greco-Roman, Persian, and Indian traditions within a medical framework influenced by Islamic theology and Galenic humoral theory (13,14). This integration marks a significant milestone in the development of formal medical ethics. In this historical and ethical context, the study has two primary goals. First, it aims to explore the social and political motivations for castration in the cultures examined. Second, it focuses on the surgical techniques of castration as documented and advanced in medieval Islamic medical texts, arguing that these works represent an important consolidation and

formalization of knowledge inherited from earlier Greco-Roman, Persian, and Indian sources (15,16).

Method

This research employed a historical review to examine castration practices across various civilizations, focusing on surgical methods, physiological effects, and ethical issues in pre-modern Persian medicine. The study combined a critical examination of both primary and secondary sources with a cross-cultural comparison involving other prominent medical traditions, including Greek, Indian, and Chinese medicine. Relevant classical texts were located through keyword searches in databases such as Google Scholar, PubMed, Scopus, and Embase. Information on Persian medicine was mainly sourced from key works by Rhazes (*Al-Hawi*) (865–925 AD), Albucasis (*Al-Tasrif*) (936–1013 AD), Avicenna (*The Canon of Medicine*) (980–1037 AD), and Jorjani (*Zakhireye Khwarazmshahi*) (1041–1136 AD).

Source Evaluation and Analytical Approach: To maintain analytical rigor, the study applied a source criticism framework. The reliability of sources was assessed based on factors including the age and authenticity of manuscripts, prioritizing direct quotations from primary texts to reduce distortion, and consciously avoiding modern value judgments concerning non-therapeutic uses of castration. Additionally, historical privacy was respected by

omitting personal details of eunuchs whenever possible.

The research relied on the most authoritative published editions of primary texts but recognized challenges such as manuscript discrepancies and the absence of modern critical editions for some works. Potential biases in historical accounts were addressed through triangulation when feasible; for example, assertions about Achaemenid eunuchs were cross-checked against iconographic evidence from royal reliefs. To quantitatively support claims

of a strong ethical opposition within Persian medicine, a straightforward content analysis of primary texts was conducted, counting the occurrences of key ethical terms such as *hurmat* (prohibition) and *karahat* (reprehensibility). These results are displayed in Table 1 below. In a broader Islamic context, the study also examined the writings of the Andalusian physician Ibn Zuhr (Avenzoar), offering a comparative perspective on surgical ethics.

Table 1. Frequency of key ethical terms regarding castration in selected Persian medical texts

Primary Source (Author)	Key Ethical Terms	Context of Use Regarding Castration	Implied Ethical Stance
<i>Al-Hawi</i> (Rhazes)	<i>Hurmat</i> (Prohibition), <i>Karahat</i> (Reprehensibility)	Discussion of non-therapeutic castration for slavery or punishment	Strongly condemned, framed as a violation of natural law and divine will
<i>Al-Qanun fi al-Tibb</i> (Avicenna)	<i>Khubth</i> (Vile), <i>Khuruj 'an al-tabi'a</i> (Against nature)	Condemnation of castration without medical necessity	Ethically prohibited, viewed as a mutilation that disrupts the body's natural balance (<i>mizaj</i>)
<i>Zakhireye Khwarazmshahi</i> (Jorjani)	<i>Hurmat</i> , <i>Karahat</i> , <i>Jurm</i> (Crime)	Explicit statements that castration without cause is a crime and mutilation	Unequivocally prohibited; integrates ethical, legal, and medical reasoning
<i>Al-Tasrif</i> (Albucasis)	<i>Mamnū'</i> (Forbidden) in certain contexts	Surgical description for therapeutic cases only (e.g., gangrene)	Permissible only under strict therapeutic necessity, otherwise implicitly condemned

Results

1. Aims of Castration in Different Human Civilizations

1.1. Castration for Punishment

In ancient China, castration was employed, among other purposes, as a punishment (one of the Five Punishments) (17). The Roman law regarding the castration of adulterers had been codified hundreds of years earlier, and Romans lived according to Gaelic laws from the 1st to 5th centuries CE. "It may also be said that it is based on that principle

of equity, which requires that the punishment should fall on the offending member or partner in the crime" (18). In his book titled *Uyun al-Anba*, Ibn Abi Usaibi'a writes of a man who married one of Harun al-Rashid's maids without permission, and as punishment, Harun had him castrated. The man's son, named Ishaq and proficient in several languages, became known in that era as Ishaq Ibn al-Khasi (Ishaq the son of the castrated) (19). In mid-18th century England, castration was considered a valid and dreadful form of corporal

punishment, to the extent that even in modern societies, it carries a negative social stigma associated with shame and secrecy for the individual (20).

1.2. Court Administration

In China, eunuchs held high governmental positions. The reason for employing eunuchs in high-ranking posts was their inability to produce heirs, thus posing no threat to the imperial dynasty. Some eunuchs, like Zheng He of the Ming dynasty, wielded enormous power (21).

Eunuchs existed as a distinct social class in Achaemenid Iran, as evidenced by their depiction in royal reliefs and other archaeological works, such as prominent Achaemenid paintings (22). They held numerous roles within the society of Achaemenid princes, including guarding the king, managing the royal court and harem, serving the royal family, organizing certain military affairs and groupings, and handling administrative duties. Several eunuchs were involved in disputes, and some even influenced the overall course of political life and struggles in the Achaemenid government (18). There is no evidence, however, of castration in Zoroastrianism, but mutilation and cutting off of limbs were considered punishments for individuals. It seems that Zoroastrianism, unlike Islam and Judaism, did not even require male circumcision (23). There is also limited information on eunuchs during the Parthian and

Sasanian eras, although it is likely that they continued to exist in royal harems.

The practice of employing eunuchs persisted in Persian courts after the rise of Islam, despite religious challenges posed by Sharia law. Islamic legal rulings (fatwas) from both Shiite and Sunni scholars generally agreed on the prohibition of human castration (24). Nonetheless, this tradition continued from the Safavid period through to the Qajar dynasty, where it became even more prominent. Under the rule of Fath-Ali Shah Qajar, the Khajeh Bashi (Chief Eunuch) wielded considerable power within the government and court, ranking among the highest court officials (25–28).

1.3. Managing Prisoners of War

Historical records from ancient Egypt show that castration was used as a method to control prisoners of war, notably by Ramses III at the city of Habu. Warfare was a major source of eunuchs, who were taken as spoils of war. When a nation was conquered, or a province rebelled, after suppressing the uprising, many captured boys were added to the group of castrated individuals (29,30). Aside from these historical practices, in more recent times, sterilization was also carried out during World War II in forced labor camps on certain prisoners of war and civilians, either as punishment or for medical experiments. These sterilizations, done without medical reason or

necessity, are now recognized as crimes against humanity (31,32).

1.4. Slavery

Traders, many of whom were Jewish, were involved in castrating slaves and charged very high prices for eunuchs. There are records that show they established numerous workshops and facilities dedicated to castration (33).

1.5. Religious Self-Castration

There is evidence that self-castration, or "ascetic castration" (*tathhib*), was practiced in some religious groups. Followers of the goddess Cybele reportedly castrated themselves during rituals, offering their removed genitalia to her (3). In a literal interpretation of the Bible, a second-century Christian ascetic, scholar, and theologian named Origen of Alexandria (185–253 AD) underwent castration because, according to Ancilon, he sought to embody the ideals he believed Jesus had taught in the Gospel. Although he was condemned by his contemporaries and castration was banned by the Council of Nicaea, his actions inspired another sect led by Valerius, which required self-castration as a condition for membership. In modern Russia, the Skoptsy sect, led by figures like Kondraty Ivanovich Selivanov (d. 1832), believed that "purity" for both men and women could only be attained by removing the sources of sexual desire—testes in men and breasts in women (34).

1.6. Non-Religious Self-Castration

Not all castration was motivated by violence or revenge. Starting in the late 16th century in Italy, castration was performed to preserve a male's unbroken voice into adulthood. The practice of creating castrati singers originated with the Sistine Chapel in the Vatican. In 1737, Farinelli (1705–1782), the most famous castrato singer in history, was appointed as court musician and "familiar servant" to King Philip V of Spain. These singers were castrated before puberty to maintain their childlike vocal qualities into adulthood (5,34).

2. Castration and Medical Knowledge in the Islamic Period

2.1. Castration for Medical Purposes

Physicians from the Islamic era, such as Haly Abbas (d. 994 AD), Albucasis (al-Zahrawi), Jorjani, Ibn al-Quff al-Suri (d. 1286 AD), Ibn al-Baytar (d. 1248 AD), and Serefeddin Sabuncuoglu (d. 1468 CE), stressed that castration was forbidden (*hurmat*) in Islam and considered reprehensible (*karahat*) in medical science. They opposed the procedure because it went against nature, causing humans to deviate from their natural state (*khuruuj al-insan min halat al-tabi'iyah*). The role of medicine, however, was to restore the body from an unnatural condition back to its natural one. However, they did approve the practice in certain cases, such as in the treatment of leprosy, mental illness, and rabies (26–32).

Rhazes, the renowned Persian physician of the 9th century CE, covered a broad range of diseases and

treatments in his work *Al-Hawi fi al-Tibb* (The Comprehensive Book on Medicine). Although his explicit and detailed opinions on male sterilization are not fully available, it can be inferred from the medical and traditional practices of his time that male sterilization was generally viewed as a therapeutic option for specific conditions, like venereal diseases or particular testicular issues (32,33). Rhazes highlighted the importance of protecting reproductive health and fertility, recommending sterilization only as a last resort in emergencies. Both natural remedies (such as herbal treatments) and surgical methods—which were limited and risky at the time—were likely employed (28).

Jorjani also discussed the use of male sterilization in particular medical situations, such as managing chronic testicular diseases or preventing the spread of infectious illnesses. He cautioned that sterilization might lead to overall bodily weakness and reduced sexual function (18,24).

Avicenna focused more on addressing infertility than on deliberate sterilization. In his famous work *Al-Qanun fi al-Tibb* (The Canon of Medicine), he examined sterility and male infertility in a scientific and systematic manner. He defined 'uqm (sterility) as the inability to father children despite sexual activity. Avicenna categorized the causes of male infertility into several groups: 1) defects in the semen itself, 2) defects in the organs responsible for producing and transporting semen, and 3)

defects in bodily faculties (34). He did not offer any direct advice or prescriptions for intentional male sterilization, likely because his medical philosophy emphasized preserving health and restoring balance rather than causing harm or disability (34). Within his ethical and philosophical framework, innate heat (*al-hararat al-ghariziyya*) and generative power (*al-quwwat al-bah*) were natural bodily faculties that needed protection. Additionally, his views were influenced by Islamic teachings that encouraged procreation and condemned sterilization.

It can be concluded, therefore, that based on existing texts, Persian physicians placed great importance on maintaining sexual health and fertility, recommending sterilization only as a last resort.

2.2. *The Effects of Castration on the Body from the Perspective of Islamic Period Physicians*

Rhazes, in *Al-Hawi*, quotes Hippocrates (460–377 B.C.) as saying that eunuchs do not suffer from conditions like baldness, gout, and varicose veins (35,36). Avicenna also states in the Canon that women do not go bald due to the moisture in their bodies, and eunuchs, like women, do not go bald (37). Jorjani, in the *Zakhireye Khwarazmshahi*, offers a similar statement on this matter: "And if one is castrated in childhood, his temperament remains moister, the heat diminishes, less vaporous smoke is produced, and what is produced does not remain on his skin because his skin does not

become coarse; for this reason, facial hair does not grow. And for women, it is also for this reason that it does not grow" (38,39) . Furthermore, in his *Aghraz al-Tibbiya wa al-Mabahith al-Alaiya*, he states that castration affects the joints, gait, voice, and intellect of individuals (40).

2.3. Castration Techniques

The surgical castration methods meticulously described by Persian and Islamic physicians are best understood as a key node in the transmission and refinement of ancient surgical knowledge. Similar procedures, such as ligation and excision, are documented in earlier systems, such as the Indian *Sushruta Samhita* (c. 800 BCE) and the works of the Byzantine encyclopedist Paul of Aegina (625–690 AD), whose texts were later translated into Arabic (41–43). The contribution of scholars like Haly Abbas and Albucasis lies in their systematic documentation, procedural refinement, and integration of these techniques into a coherent medical corpus that combined Greek, Persian, and Indian influences. Haly Abbas notes that castration can be performed in two ways: by crushing the testicles or through surgery (36).

2.3.1. Crushing (*Radd*)

This technique involves placing the child in a tub of warm water to relax and lower the testicles. Then, the testicles are firmly rubbed with the fingers until they dissolve and can no longer be felt by hand (36).

2.3.2. Surgery

Haly Abbas describes the surgical technique as follows: "*Place the person in an elevated position. With the left hand, take hold of the scrotal skin. Then, tie off the spermatic cords with a thread. Make an incision over each testicle, and by pressing the scrotal skin, both will protrude. Then cut and remove both, leaving only the membrane covering the testicles. Know that this method is better than the crushing method, for in that method, some of the testicles may remain, causing the desire for lust to persist. After the operation, you should apply dry medicaments like sabr (aloe), anzarut (Astragalus sarcocolla), murr (myrrh, Commiphora myrrha), kundur (frankincense, Boswellia sacra), and dam al-akhawayn (dragon's blood, Dracaena cinnabari) with a cloth and apply pressure*" (44).

Albucasis, Ibn al-Quff, and Serefeddin Sabuncuoglu described almost identical techniques in their books, except that Sabuncuoglu also included an illustration of this procedure in his work (Figure 1) (45–47).



Figure 1. A 15th-century illustration depicting the castration procedure from Serefeddin

Sabuncuoglu's Cerrahiyyetü'l-Haniyye. The image shows the ligation and excision of the testicles (47)

Discussion

Investigating the medical history of eunuchs in ancient Iran alongside the rich Persian medical tradition goes beyond simple historical inquiry; it uncovers the foundational origins of surgery, medical ethics, and the intricate relationship between medicine and power. This interdisciplinary research offers essential insights that remain important in medicine and the humanities today.

Innovative Techniques

Scholars such as Albucasis recorded castration as a last-resort treatment for conditions like testicular cancer or gangrene. They employed advanced surgical tools (including hot irons and ligatures) and wound care methods (such as dressings soaked

in wine) that acted as antiseptics and helped control bleeding (45,48).

Early Bioethical Thought

Thinkers like Avicenna condemned castration performed without medical necessity as they considered it to be "against nature" and thus contributed to some of the earliest medical ethical frameworks. This perspective clearly highlighted the tension between a physician's duty to "do no harm"—a core principle of medical ethics—and societal pressures, establishing ethical boundaries (37,49). Traditional Persian medical texts on the causes and techniques of male sterilization demonstrate a rational approach by Persian scholars, balancing method and necessity while maintaining ethical standards. As Jorjani

cautioned, "Castration without medical reason is mutilation." This ethical stance remains highly relevant today. The Universal Declaration of Human Rights forbids any unjustified method that destroys the source of human life, whether partially or fully, and legal systems equate sterilizing a person without cause to killing. Forced sterilization is recognized as a form of sexual violence criminalized under Chapter 8, Article 7 (1) of the Rome Statute of the International Criminal Court (40,50,51). Likewise, Islamic jurists unanimously prohibit self-harm and suicide, with clear rulings forbidding such acts (52,53).

Medicine and Power

The continued presence of eunuchs in the Safavid and Qajar courts, despite explicit Islamic prohibitions, highlights a significant conflict between religious law and political realities. This situation necessitated legal strategies, including fatwas that potentially legitimized the practice by citing state necessity or exploiting loopholes related to the status of non-Muslim slaves (54,55). This system was not only administrative but also deeply rooted in gendered power structures, serving as a means to control royal women and reinforce patriarchal lineage—a dynamic that feminist historians of the harem have critically

examined (28,56). Additionally, the recruitment of eunuchs was closely connected to international slave networks, with many coming from sub-Saharan Africa and the Caucasus, introducing important racial and ethnic aspects to their exploitation and social position (57).

Endocrinological Insights

Avicenna and Jorjani made detailed observations about eunuchs, noting reduced "innate heat" (corresponding to androgen deficiency today), an increased risk of osteoporosis, and physical traits such as tall stature and a feminine fat distribution. These findings laid an important groundwork for understanding male sex hormone deficiency long before endocrinology was formally established (28,34,45,46).

Palliative Care: Persian medical literature describes treatments for chronic complications following castration, including urethral strictures, bladder stones, and psychological effects. This represents an early yet sophisticated approach to lifelong palliative and supportive care (47,48). It also indicates a remarkable globalization of medical knowledge in the pre-modern era. Historical reports of punitive castrations clearly show how medicine could become entangled with slave and imperialist systems, perpetuating violence (58).

In subsequent years, Toledano introduced a new and extensively updated analysis of slavery in the 19th-century Middle East through her book "Slavery and Abolition in the Ottoman Middle East," where she also outlined broad methodologies for examining slavery across various cultures (59).

Historical Resonance and Modern Parallels

The historical management of eunuchs—addressing lifelong hypogonadism, osteoporosis, and psychosocial sequelae—constitutes an early, if context-bound, paradigm for long-term multidisciplinary care following profound endocrine alteration (1). More significantly, the core ethical conflict articulated by Persian physicians (i.e., being compelled to perform or witnessing non-therapeutic bodily alterations for social control) finds a structural echo in modern bioethical debates. Their insistence on medical necessity as the sole justification for invasive procedures resonates with contemporary critiques of non-consensual, "normalizing" surgeries on intersex infants, which are increasingly challenged as violations of bodily autonomy and informed consent (58). Similarly, their detailed descriptions of iatrogenic outcomes underscore the physician's enduring duty to consider long-term consequences. While direct analogies are

problematic, this historical background highlights the persistent tension between medical ethics, social demands, and the integrity of the vulnerable body. It is important to recognize how Persian physicians balanced practical clinical needs with ethical principles grounded in Islamic teachings, how surgery evolved from being seen as ritual violence to becoming a field of systematic and well-documented techniques, and how the foundations of endocrinology—based on careful observation and chronic disease management—originated in this region.

This study faces several inherent limitations due to its historical and medical nature. The applicability of findings is limited by the characteristics of the source material. A major challenge is the lack of direct archaeological evidence, such as specialized Islamic-era surgical instruments, which limits conclusions about specific technical procedures. Additionally, the ethical framework used here is based on the historical texts themselves, and the study intentionally avoids imposing modern ethical perspectives.

Conclusion

The medical history of eunuchs in Iran is far from a mere curiosity. It offers a unique insight into the origins of surgical science, early attempts to

establish medical ethics and bodily autonomy, and the complex relationship between medicine, authority, and marginalized communities. Ignoring this chapter means overlooking a crucial era in the development of medical humanities—an era when Persian scholars posed essential questions about informed consent, medical necessity, and human dignity that remain relevant today.

Persian doctors viewed castration strictly as a therapeutic measure, used only as a last resort to save a life or alleviate severe suffering. Their detailed, scientific records of surgical methods, anatomy, and long-term effects laid the foundation for the first comprehensive clinical framework for understanding this intricate issue. While social demands for eunuchs persisted, prominent figures like Avicenna and Albucasis established a clear ethical boundary: castration was justified solely to preserve human life, not to gain power or wealth. This thoughtful and compassionate legacy stands as a lasting tribute to their dedication to evidence-based medicine, ethics, and the inherent dignity of all people—a timeless lesson for every generation. This history is not just part of our past but also serves as a guiding light for the future of medical science.

AI-Assisted Content Refinement Declaration

This content has been linguistically refined and structurally enhanced using artificial intelligence (specifically the Perplexity language model) to improve clarity, coherence, and academic tone. All substantive ideas, conclusions, and ethical arguments remain entirely those of the original authors.

Conflict of Interests

The authors declare no potential conflict of interest, including but not limited to familial, consanguineous, or causal relationships.

Author Agreement

This manuscript is submitted with the full consent of all co-authors, and the authorship list has been unanimously approved.

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CAS and SM contributed to the original draft preparation; CAS, KA, ZA & MR participated in original draft writing, and review; SM & AMH contributed to the initial draft; CAS & ZA conducted review and editing; MS, CAS & KA oversaw review, provided supervision, and performed editing; all authors reviewed and endorsed the final version of the manuscript.

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