

EPIDEMICS, URBAN LIFE, AND SANITATION:

PERA AND THE END OF THE PLAGUE



FEZANUR KARAAĞAÇLIOĞLU

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Fezanur Karaağaçlıođlu

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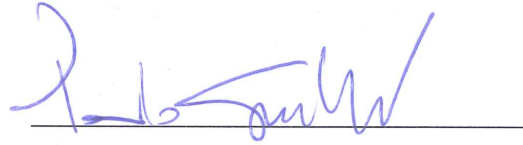
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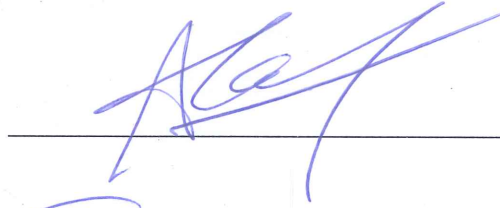
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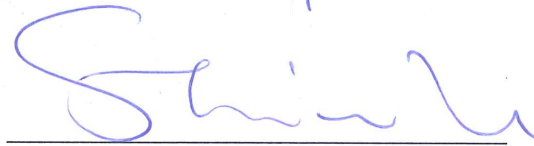
Prof. Paolo Girardelli
(Thesis Advisor)



Assoc. Prof. Ahmet Ersoy



Assoc. Prof. Shirine Hamadeh
(External Member)



November 2019

DECLARATION OF ORIGINALITY

I, Fezanur Karaağaçlıođlu, certify that

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ABSTRACT

Epidemics, Urban Life, and Sanitation: Pera and the End of the Plague

Istanbul had been struck continuously by plague epidemics ever since the Black Death broke out in 1347. This thesis is about Pera in the early nineteenth century which constitutes the last stage of the history of plague epidemics in Istanbul. The discussion includes Galata and only occasionally other neighboring districts as well. However, it focuses significantly more on Pera. The thesis attempts to sketch a landscape of disease and illustrate how Pera was experienced during the days of plague by examining contemporary European accounts. Indeed, Europeans stayed in Pera when they came to Istanbul, so their observations with regard to the city vis-à-vis plague almost always relate to this district. Yet, there are several other factors that highlights Pera, especially from urban and cultural historical points of view. Escaping the plague in Galata counts among the reasons why Pera emerged as it did in the late sixteenth century. By the nineteenth century, it had already become a “plagued” place itself. A number of plague hospitals were active here in the examined period, and in the cemeteries, through which one would take promenades, one could see gravestones with epitaphs informing that the buried person died of plague. Besides, people with different responses to plague met each other here. In order to approach these accounts for a historical analysis, scholarly works on plague written from various perspectives are consulted. So, the actors, places, and traits of the district in the days of plague are identified and contextualized.

ÖZET

Salgınlar, Şehir Hayatı ve Sanitasyon: Pera ve Vebanın Sonu

1347’de Kara Ölüm’ün başlamasından beri İstanbul pek çok veba salgınına maruz kalmıştır. Bu tez, İstanbul veba salgınları tarihi için son dönem olan erken on dokuzuncu yüzyılda Pera üzerine yapılmış bir çalışmadır. Galata ve diğer komşu bölgelerden de bahsedilmiştir, ancak, Pera belirgin biçimde çalışmanın odak noktasındadır. Bu tez Pera’da hastalığın manzarasını çizmeyi ve Pera’nın veba günlerinde nasıl tecrübe edildiğini Avrupalı yazarların eserlerine dayanarak incelemeyi hedeflemektedir. İstanbul’a geldiklerinde Avrupalıların Pera’da kalmaları Pera’nın veba günlerinde eserlerinde niçin vurgulanmış olduğunu açıklayabilir. Ancak özellikle şehir ve kültürel tarih açısından bakıldığında tek neden bu değildir. On altıncı yüzyıl sonunda Pera’nın gelişiminde Galata’da sıkça ortaya çıkan vebadan kaçma isteği önemli rol oynamıştır. On dokuzuncu yüzyıla gelindiğinde ise Pera’nın kendisi vebadan muzdariptir. Burada veba hastaneleri bulunur; gezintiye çıkılan mezarlıklarında metfunun vebadan öldüğünü bildiren mezar taşları görülür. Ayrıca, burada vebaya farklı tepkiler gösteren insanlar bir aradadır. Bu kayıtlara tarihsel bir analiz amacıyla yaklaşmak için farklı perspektiflerden vebayı inceleyen akademik eserlere başvurulmuştur. Böylece, veba günlerinde bölgenin aktörleri, mekanları, özellikleri isimlendirilmiş ve bağlama yerleştirilmiştir.

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CHAPTER 1

INTRODUCTION

In Pera, there are three misfortunes/evils: plague, fire, dragomans.¹

1.1 Research status

Extensive monographs or studies have not been dedicated exclusively to plague in Pera so far. There are, of course, many layers to such a topic where concepts of health, death, religion, medicine, urbanism meet with social and political realities, which cannot be dealt with within a single study. This thesis attempts to present and contextualize the portrayal of plague in Pera by the European accounts composed in the early nineteenth century, the period which marked the end of the plague in Istanbul.

The focus of the scholarship on Pera and Galata in the late Ottoman period mainly lies upon the urban and social changes in the district that occurred in the Tanzimat and post-Tanzimat period, while architectural historians and histories and to a lesser extent sociological studies dominate the scene. For example, by referring to late nineteenth-century descriptions of Pera, Arus Yumul looks at Pera as an example for a cosmopolitan public sphere of sociability that incorporated confrontation with discrepancies.² The following argument by Yumul is relevant for this study, as it is the European authors' texts that constitute the majority of the

¹ "In Pera sono tre malanni: peste, fuoco, dragomanni." Famous proverb quoted in many old works. See, f. ex., Shay, *The Ottoman Empire from 1720 to 1734 as Revealed in Dispatches of the Venetian Baili*, 38.

² Yumul, "'A Prostitute Lodging in the Bosom of Turkishness': Istanbul's Pera and Its Representation," 65. "Istanbul's Pera, 'the Frankish town' as it was designated, was a meeting point for strangers in the late nineteenth century, a suburb of difference and diversity, and a heterogeneous public space of multiplicity where a society of strangers came together." Yumul, "Prostitute Lodging," 58. Indeed, studies on Pera never fail to notice and mention this aspect.

primary sources it consults; and it looks for a particular phenomenon to which communities responded differently, hence highlights authors' comparisons, identifications, and along with these, their judgements:

... Pera was not an empty container filled by ready-made subjects; rather, space and subjectivity were reciprocally defining. Subjectivities were shaped through encounters and experiences in the public space. New subject positions were fashioned and assumed. That is why, among the inhabitants of Pera, Europeans observed a melange of European and Oriental manners. Just as Pera itself, for the Western eye they were not adequately European, nor purely Oriental.³

A recent pioneering study in regard to the relation between hygiene and urbanism in Pera in the second half of the nineteenth century is made by Koca Mehmet Kentel. One of Kentel's arguments is that in Pera hygienic concerns were among the leitmotifs according to which its influential residents tailored Pera so that the district would live up to the standards of "cosmopolitanism" as was understood in nineteenth-century Western Europe. Kentel speaks of "medicalization of the built environment" in the latter decades of the nineteenth century in this context.⁴ In the first half of the century, however, important developments that led to the medicalization of space⁵ also took place, and they could be regarded as precursory to the urban discourses Kentel examines. If "medicalization" should sound as indicating too professional and specialized an understanding of the city, one could also speak of "healthscaping" the city.⁶ Yet, it is more action-oriented, whereas the former also

³ Yumul, "Prostitute Lodging," 65.

⁴ Kentel, "Assembling 'Cosmopolitan' Pera: An Infrastructural History of Late Ottoman Istanbul," 194.

⁵ In this present study understood as the increasing use of systematic and professional medical services among others at hospitals and employment of professional medical principles in perceiving and building the environment. See, f. ex., Ramsey, *Professional and Popular Medicine in France 1770–1830*, 299. This process was intertwined with the discourse of and initiatives pertaining to "civilizing mission" also in non-colonial and "national" contexts. Ramsey, *Professional*, 300. See also, Shefer-Mossensohn, "Health as a Social Agent in Ottoman Patronage and Authority," 166–170.

⁶ See the following proposed definition for the term "healthscaping": "In their efforts to prevent metropolises from becoming necropolises, individuals, groups and governments embarked on what

entails changing perceptions and expectations, democratization of knowledge. The bubonic plague epidemics which in contrast to Europe continued in the Ottoman Empire marked definitely a beginning point in this regard. The first half of the nineteenth century witnessed many epidemics, but as far as Istanbul was concerned, plague-outbreaks were the most relevant. In Europe it was cholera epidemics that devastated urban populations and led to debates and discussions on urbanism and its relation to health and hygiene.⁷ Cholera appeared in Istanbul too, however with not such intensity and with no such great harm.⁸ In fact, the Ottoman state started the general and official application of the European quarantine practices as measures against the spread of the plague “as late as” 1838/9. And this was the development that marked the beginning of “public health” in the modern sense.⁹ So, here, plague is chosen as the phenomenon which will enable to construct a study that examines attitudes, actions, responses to and perceptions in and of Pera, and - if was the case - changes in the social and urban topography.

To a considerable extent, medicalization of space in the Ottoman Empire was also a reaction to and a result of health problems that affected large populations. The first major tangible problem was the plague epidemics. As far as Pera is concerned in

can be termed healthscaping: a physical, social, legal, administrative and political process of providing their environments with the means to safeguard and improve residents’ wellbeing.” Geltner, “Healthscaping a Medieval City: Lucca’s Curia Viarum and the Future of Public Health History,” 396.

⁷ See the footnotes nr. 63 and nr. 75 in this study. Cholera was a threat for the Ottomans as well but not to the same degree as in Europe. See, Yıldırım, “İstanbul’da Sağlık Hayatı,” 99, 112-115.

⁸ See a contemporary remark: a European doctor in Istanbul noted that the number of victims of cholera in Istanbul was much smaller than in European cities, which he related to the following factors: 1) the climate was salubrious; 2) the population was disseminated; 3) the dwellers were vigorous; 4) there were many bachelors; 5) people had a simple diet; 6) people had no strong passions and intellectual preoccupations; 7) a miserable class that had to work excessively in all the industrial cities did not exist here. Dr. Verrolot, “Histoire du choléra-morbus épidémique à Constantinople en 1848,” 3.

⁹ Shefer-Mossensohn, “Health,” 169-170; Balsoy, “Gender and the Politics of the Female Body: Midwifery, Abortion, and Pregnancy in Ottoman Society (1838–1890s),” 25-26.

Nükhet Varlık shows that plague played a similar role in the early modern period. Varlık, *Akdeniz Dünyasında ve Osmanlılarda Veba 1347–1600*, 33. See the eighth chapter in her monograph, “Veba Devleti”, 308-357.

this regard, travelogues, memoirs, reports, etc. from the early decades of the nineteenth century, which correspond to the end stage of the history of plague in Istanbul, discuss plague in this district in the first place as well. Therefore, they reveal the places involved in the landscape of disease in Galata and Pera.

Both in English and Turkish, plague or *veba* could actually denote any deadly epidemic disease. However, first and foremost, both had been used to mean or the *ta'un*, or bubonic plague with its bacillus being *Yersinia pestis*.¹⁰ Many other epidemics such as influenza, typhus, dysentery, smallpox, etc., and diseases mimicking plague buboes such as tularemia, ergotism, and other mycotoxicoses could have been meant by “plague” in earlier European sources. However, there is strong biological evidence that “plague”, “pest”, “pestilence”, and “contagious disease” at least from the sixteenth century onwards designated the bubonic plague.¹¹ In fact, almost every European country and city had been struck by plague which is a severe bacterial infection. It is an infection of animals and transmissible to humans by the bite of an infected flea. Rats are the main hosts of these fleas. Modern medicine identifies three clinical manifestations of plague: bubonic, pneumonic, and septicemic. These forms have different symptoms; the latter two are highly lethal, bubonic plague is the most common form. During epidemics they appeared simultaneously.¹² Bubonic plague is an internationally quarantined disease, the other three quarantined diseases are cholera, smallpox, and yellow fever.¹³

¹⁰ Cf. Varlık, “From ‘Bête Noire’ to ‘le Mal de Constantinople’: Plagues, Medicine, and the Early Modern Ottoman State,” 746-747; Boeckl, *Images of Plague and Pestilence: Iconography and Iconology*, 1. For a longer conceptual historical discussion of the term, see, Varlık, *Akdeniz Dünyasında*, 29–31.

¹¹ Boeckl, *Images of Plague*, 9, 74-75, 174 (endnotes 11 and 12).

¹² Boeckl, *Images of Plague*, 7; Cliff, Haggatt, and Smallman-Raynor, *World Atlas of Epidemic Diseases*, 21-25.

¹³ Boeckl, *Images of Plague*, 173 (endnote 2).

Bubonic plague has an incubation period of two to eight days. Around the site of the flea bite, cream-colored blisters develop under skin, usually surrounded by an inflamed red border (*erythema*). The bacteria proliferate in the lymph nodes closest to the flea bite. The patient can experience sudden chills, fever—generally between 38.5° and 40.0° Celsius, and sometimes higher—weakness, and headaches. Within a day or so, the characteristic bubo, the nodule that gave the disease its name, appears and grows larger and more painful by the hour. The swellings develop most frequently in the lymph nodes on the side of the neck (cervical bubo), in the armpit (axillary bubo), in the groin (inguinal bubo) or thigh (femoral bubo). Febrile patients are alternately listless and frantic, and eventually become delirious... Dehydration is common to all forms of plague, causing unquenchable thirst. ... Most important, however, is the fact that *Y. pestis* can be passed on from person to person through coughing and sneezing, as in cases of the highly contagious, secondary plague pneumonia. ... The septicemic form also kills quite unexpectedly because of a massive growth of bacteria in the blood, even before the acute stage of bubo development is reached. The incubation period in such cases lasts only a few hours and the illness almost always proves fatal.¹⁴

In this study as well, and in the sources consulted by this study, plague stands for bubonic and perhaps to a lesser extent pneumonic plague (and sometimes also septicemic plague if one died soon after the infection, but this form cannot be easily recognized, as it kills too soon to develop observable symptoms). Pneumonic plague is the only form that is contagious. In theory, bubonic plague can also become contagious prior to its advancement to the pneumonic form under certain circumstances. The World Health Organization identifies three severe bubonic plague pandemics: the Justinian Plague which infected the Mediterranean basin between sixth and eighth centuries; the “Black Death” which infected Europe from 1347 till the eighteenth century; and the pandemic that began in East Asia around 1860 that has spread through Africa and both of the Americas.¹⁵ The plague in the Ottoman lands was also part of the second pandemic.

¹⁴ Boeckl, *Images of Plague*, 11-12.

¹⁵ Boeckl, *Images of Plague*, 7.

Since the image one likely to have in mind is that plague was contagious, it is definitely important to note that plague when only appearing in the bubonic form, that is, if it does not advance and spread to the lungs, is transmitted from human to human rarely. So, the role of the rats and fleas was great in causing plague epidemics.¹⁶ Plague is an infectious disease that can turn contagious. But since the flea as the vector of the disease was not recognized and antibiotics did not exist, pneumonic form could have developed as a complication of bubonic plague, so European contemporaries could have also therefore perceived it as contagious. Besides, the bacillus can be carried from person to person, or from the materials used by the infected person to another person by the infected fleas. In this sense, their use of “contagion” is not unjustified, and not “too” wrong in context.

Plague was remarkably an *urban* disease. Of course, it appeared in rural areas and took lives, but it affected social behavior, impacted the collective memory and created a historical image and narrative in urban environments evidently.¹⁷

As far as the studies on the plague in the Ottoman Empire are concerned, the first name that comes to mind is Daniel Panzac with his pioneering works *La peste dans l'Empire ottoman 1700–1850*¹⁸ and *Quarantaines et lazarets: L'Europe et la peste d'Orient*.¹⁹ These works provide with the necessary background pertaining to the nature of the disease, Europeans' reactions, European practices against and theories about the disease, Ottoman reactions, and demographic changes in the empire that occurred due to the epidemics of plague. More recently, Panzac and older publications have been criticized for establishing too strong a link between

¹⁶ See, the World Health Organization, “Fact Sheet: Plague.”

¹⁷ Varlık, *Akdeniz Dünyasında*, 96.

¹⁸ Panzac, *La peste dans l'Empire ottoman 1700–1850*.

¹⁹ Panzac, *Quarantaines et lazarets: L'Europe et la peste d'Orient (XVIIe-XXe siècles)*.

religions and responses to plague. Nükhet Varlık, Birsen Bulmuş, Yaron Ayalon, Sam White²⁰ count among the critics.

It is mainly the books and articles published by Nükhet Varlık that focus on the Ottoman experience of plague from several perspectives and constitute groundbreaking contributions. Her *Plague and Empire in the Early Modern Mediterranean World: the Ottoman Experience, 1347–1600*²¹ is essential to approach the Ottoman perception and experience of the disease from a historical and natural historical point of view. This work is a pioneering one also in the sense that it investigates into reasons concerning the spread and the persistence of plague in the empire.²² Although her study deals with the earlier history of the epidemics, Varlık has also published an article on the European perception of plague in the nineteenth century and explored

... how plague came to be anchored in a particular space outside of Europe and how this anchoring was subsequently used to articulate the narratives of binaries, of ‘us’ and ‘them.’ This involve[d] exploring how Europeans viewed, experienced, imagined, reproduced, and represented the Ottoman healthscape in both visual and written form, the sum of which [can be called] ... “epidemiological orientalism.”²³

²⁰ White, “Rethinking Disease in Ottoman History”. The other names are referred to below.

²¹ This study refers to the Turkish version. Varlık, *Akdeniz Dünyasında*.

²² Varlık dedicates a chapter for the discussion on the research status and on the Ottoman plague studies that have been made so far. Varlık, *Akdeniz Dünyasında*, Chapter Two “Osmanlı ve Diğer Tarihyazımlarında Veba”, 82-122.

²³ Varlık, “‘Oriental plague’ or Epidemiological Orientalism? Revisiting the Plague Episteme of the Early Modern Mediterranean,” 58. See and *cf.* also, Varlık, *Oriental Plague*, 61; Varlık “New Science and Old Sources: Why the Ottoman Experience of Plague Matters.” “Epidemiology can hardly be isolated from the nineteenth-century context in which it developed, and epidemiological epistemologies were heavily imbued with orientalism. In fact, orientalism, as an academic enterprise to study the Orient, and epidemiology are more closely intertwined than may be expected. Beginning in the mid-nineteenth century, the International Sanitary Conference series generated an explosion of literature, terminology, and matters of policy development that involved orientalist epistemologies. Even before the sanitary conferences, there were many channels for the flow of information about epidemics experienced in the Orient, such as diplomatic exchanges, travelogues, and medical literature. Yet, the best articulation of this entwinement is perhaps encapsulated in the terminology (and nosology) of the era, as evidenced in the creation of a new disease category: ‘Oriental plague’.” Varlık, “Oriental Plague,” 61.

She demonstrates that plague was used “as the marker of spatial demarcation between Europe and the Orient”,²⁴ and between the “civilized West” and the “sickly East”. This had to do to some extent with the weakening Ottoman military and diplomatic power.²⁵ However, as far as discourse, metaphors and narrative imagery are concerned, the “Oriental plague” related to the European concerns for maintaining the public health that was regarded as a measure of civilization in the nineteenth-century. Moreover, in addition to the factor of the new science of epidemiology, public health itself became an intensely debated issue in the 1820s and 1830s due to the epidemics of cholera, which was carried over to Europe from India, hence the “Orient”. The cholera epidemics definitely led the governments to re-think and regularize their internationalist policies with regard to mobilization, border control policies, mercantile and trade interests, etc., so that these would not harm the “national” public health eventually.²⁶ As for the image of plague as an Oriental disease, it was strengthened by the divergence in epidemiological experience between Europe and the “Orient” with regard to chronology.²⁷ After the Black Death pandemic of 1346/7–1353, outbreaks of plague continued to appear in Europe through the following centuries, however from the early eighteenth century onwards it would not turn into major epidemics anymore. In contrast, the Russian, Ottoman and Asian lands continued to be ravaged by plague epidemics well into the nineteenth century.²⁸ So, by the middle of the eighteenth century, Europeans were convinced that they received the infection from the Eastern Mediterranean port

²⁴ Varlık, “Oriental Plague,” 58.

²⁵ See, f. ex., Çırakman, *From the "Terror of the World" to the "Sick Man of Europe": European Images of Ottoman Empire and Society from the Sixteenth Century to the Nineteenth*, 164-172.

²⁶ Varlık, “Oriental Plague,” 59-61.

²⁷ Varlık, “Oriental Plague,” 62.

²⁸ Varlık, “Oriental Plague,” 61-62.

cities.²⁹ Both the history and epidemiology of plague placed the Orient in the center and created a discourse around it; a reciprocal relation was thus established between the knowledge about plague and the knowledge about the Orient.³⁰ Therefore, Varlık speaks of a “spacial anchoring of Oriental plague”.³¹

The implications were twofold. On the one hand, the European imagination dissociated itself from plague by projecting the locus of the disease somewhere outside; on the other it fashioned the Ottoman empire as a plague-exporter, against which Europe had to protect itself. By the Enlightenment, this paradigm was ingrained in scholarly writings and popular opinion alike.³²

So, when approaching the sources consulted in this study, it should be kept in mind that they “naturally” abounded with already established assumptions and prejudices. Varlık is especially critical of the perspective which take the pre- and early- nineteenth-century European judgments on plague with regard to epidemiology at face value, and in particular accepting the Islamic fatalism and the ineffective and inefficient administration as factors for the continuity of the disease in the East.³³ Her current ongoing research investigates the retreat of plague in the empire from the perspective of environmental/ ecological history. So, instead of the role of the humans and human interventions, she places her focus on the (decreasing) population of wild rodents and urban rats, both of which would host the plague fleas, in Anatolia.³⁴ Varlık’s publications are truly great contributions to the studies of

²⁹ Varlık, “Oriental Plague,” 63.

³⁰ Varlık, “Oriental Plague,” 64-68.

³¹ Varlık, “Oriental Plague,” 66. When plague had ceased to be a serious threat in Europe in the later eighteenth century, a secularized perception of it, i.e. as an air-borne disease, prevailed. Boeckl, *Images of Plague*, 2. So, with the secularization of the eighteenth-century Enlightenment and the waning of plague in Europe, the explanations with air-borne miasmas highlighted the role of the space, hence blaming the disease on a specific place, in this case, the East.

On the other hand, it is interesting to note that the Istanbulite Ottomans themselves “naturalized” plague and considered it an inhabitant of the city so-to-speak. Varlık, *Akdeniz Dünyasında*, 274-277.

³² Varlık, “New Science,” 204.

³³ Varlık, “Oriental Plague,” 71-72. For scientific and environmentalist explanations for the longer appearance of plague in the Ottoman lands, Varlık, “New Science,” esp. 216.

³⁴ See Varlık’s recorded talk “Changing Plague Ecologies in the Ottoman Empire: Rethinking the Second Pandemic (ca. 1340s-1840s)” presented at Ohio State University on 5 March 2019. The video is available at <https://www.youtube.com/watch?v=kjCKd29qQSo>.

plague in the Ottoman Empire. The first part of the third chapter of this thesis relies mainly on her study. However, it should be admitted that studies like hers examining the other ethno-religious communities' and different social classes' general attitudes towards and experiences of plague must be done to complete the picture.

In a monograph devoted to a discussion of the institution of quarantine, Birsen Bulmuş approaches the history of plague from a geopolitical perspective, and underlines the economic and political concerns' role in establishing quarantines in Europe³⁵ and in the Ottoman empire by studying contemporary Ottoman authors who argued for the establishment of quarantine.³⁶ Bulmuş observes that the understanding of plague as infectious in places where filthy and unhygienic conditions propagated the diseases came to be dominant towards the middle of the century, which led, among other things, to the international sanitary conferences where national public health policies became intertwined with international politics of power relations, discrimination, colonialism, civilizing mission, trade, borders, transportation, etc.³⁷ In addition, not missing mentioning the fact that the historical paths diverged eventually by the eighteenth century at the latest, Bulmuş compares the premodern Muslim attitudes with Puritan Protestant Christians in England of the sixteenth and seventeenth centuries who “opposed medical reforms like flight and quarantine, and denied that God sanctioned individual and state attempts to overcome epidemic disease[,]” to emphasize that Muslims' attitudes were not results of an isolated phenomenon such as an alleged fatalism, and to state that they should rather be

³⁵ Bulmuş, *Plague, Quarantines and Geopolitics in the Ottoman Empire*, 2.

³⁶ Bulmuş, *Plague*, 3-4. So, she does not actually focus on the quarantine as a means to combat the disease. Another study that approaches the issue from the socio-political point of view is done by Robarts, “Nowhere To Run To, Nowhere To Hide? Society, State, and Epidemic Diseases in the Early Nineteenth-Century Ottoman Balkans.”

³⁷ Bulmuş, *Plague*, 4-5. Also see and *cf.* Huber, “The Unification of the Globe by Disease? The International Sanitary Conferences on Cholera, 1851–1894.”

understood as a response not only to plague but also to human suffering in general and a search for a balance between faith and human reason.³⁸ She argues that the reason why institution of quarantine took hold not in the Ottoman Empire but in Europe was due to state-led programs of mercantilist economic development, and radical social change rather than due to disparate mentalities.³⁹ Other studies actually demonstrate that the triumph of mercantilism in Europe cannot explain this alone. Moreover, similar comparisons could also be made with the early modern Catholic European societies. And these would show that by the end of the seventeenth century the moral dilemma between religious duties and/ or beliefs and medical obligations had been resolved to a considerable extent in Catholic Europe.⁴⁰ Another point that Bulmuş emphasizes is that blaming the epidemics on the “other” had not been only a European but rather a global reaction to and an ancient tradition of speaking about the epidemics. This way, the authors would convey their own biases toward another civilization. Nevertheless, the European discourse on epidemics which defined the “other” became more aggressive and assertive within the paradigms of colonialism and imperialism in the late eighteenth and nineteenth centuries.⁴¹

Varlık and Bulmuş have definitely contributed to overcoming and criticizing the repeating of monolithic fatalism ascribed to the Muslims in the studies on plague. However, these works should not be used to create new monolithic interpretations. The question of flight depended on many practical realities.⁴² Although their

³⁸ Bulmuş, *Plague*, 16. Another attitude toward plague that Bulmuş emphasizes as shared by both Muslim and Christian societies was the magical and/or talismanic conceptualization of it, that is, ritual use of verses, prayers, astrology, the cabala, etc. Bulmuş, *Plague*, Chapter 4 “Magic and Plague in the Ottoman Empire”, 68-96. See and *cf.* also, Varlık, *Akdeniz Dünyasında*, 101.

³⁹ Bulmuş, *Plague*, 40, 47.

⁴⁰ See, Boeckl, *Images of Plague*, 155-156; Ayalon, *Natural Disasters in the Ottoman Empire: Plague, Famine, and Other Misfortunes*, 46-47.

⁴¹ *Cf.* Bulmuş, *Plague*, 47-48.

⁴² Ayalon, *Natural Disasters*, 135-147. For Ayalon’s suggestions for explanation, see, Ayalon, *Natural Disasters*, 154-170. The headlines already reveal a lot: “Economics”, “Information”, “Psychology and Biology.”

approach, scope and problematique lie beyond the limits of this study, Alan Mikhail's *Nature and Empire in Ottoman Egypt*,⁴³ Yaron Ayalon's *Natural Disasters in the Ottoman Empire*,⁴⁴ two other also pioneering works should be mentioned in this regard as well. They are especially indispensable for historians looking for plague's relation to other disasters, its impact on resource management and production, imperial provisioning systems, population movements, taxation and security problems and the state's response to these. Their focus is not placed on Istanbul. For the present study, they will be referred to wherever they provide with crucial or additional insights.

The institution of quarantine and some other contemporary urban policing practices are mainly studied to differing extents by Nuran Yıldırım, Gülden Sarıyıldız, Shirine Hamadeh, Fariba Zarinebaf and Betül Başaran.⁴⁵

1.2 Thesis outline and consulted sources

This thesis will attempt to analyze how the relations of the dwellers and frequenters of Pera with each other and with the district looked like during the outbreaks of a most destructive disease, plague. The primary aim of this thesis is to study how Pera looked like to the nineteenth-century Europeans during the appearance of plague and what aspects of the district were more affected in terms of being exposed to it. It will show that Pera, with the three major communities that constituted its population, i.e. non-Muslim Ottomans, Europeans, and Muslim Ottomans, was a place where three main attitudes towards plague were displayed in the eyes of the European observers. In some of the contemporary narratives these behaviors appear to be distinct in

⁴³ Mikhail, *Nature and Empire in Ottoman Egypt: An Environmental History*.

⁴⁴ Ayalon, *Natural Disasters*.

⁴⁵ See the third chapter and the bibliography for the consulted studies.

themselves to such an extent that they could actually correspond to ethno-religious groups. However, recent scholarship has shown that monolithic descriptions and perceptions must not be taken at face value, and that one can speak of inclinations and more common attitudes without finding the ultimate reason for them in religion or ethnicity. Economic and practical factors have also been recently underlined while discussing people facing plague. Beside, encounters, engagements, co-existence led to overlapping perceptions and reactions, in a social context where boundaries among social groups were constantly re-defined,⁴⁶ in a period which also witnessed the emergence of new groups claiming their space in the evolution of Pera.⁴⁷ Attitudes towards plague in the Ottoman Empire were also gradually read against the largest rubric of the century, namely, “progress of civilization” by the contemporaries, hence a study of these is relevant also in this sense, at least to some extent. So, the early nineteenth century marked the last devastating experiences of plague for Istanbul. These were shared by the European physicians who came to study the disease in the Levant and were ready to define the disease as “Oriental”⁴⁸ and discuss the advantages of the institution of quarantine. What concerns us more, however, is that through hospitals, cemeteries, “plague priests,” and physicians with waxed taffeta cloaks on, plague claimed space for itself in Pera. And with the increased attention paid to the city in terms of sanitary measures and discussions

⁴⁶ See the concept “hybrid-identities” in Yumul, “Prostitute Lodging,” 57-72.

⁴⁷ For the case of Armenian Catholics in regard to their relation to the Levantine and Western Catholics, Girardelli, “Religious Imprints along the Grand Rue: Armenians and Latin in Late-Ottoman Istanbul,” 125-127.

⁴⁸ As demonstrated by Varlık, the plague epidemics, furthermore, were instrumentalized for marking “the level of civilization and progress” of the Orient and embedded in discourses on “bringing civilization to the Orient”. So, although plague began to disappear from the empire it left a legacy for speaking about the Orient in terms of disease and civilization. For instance, the accounts of the Soeurs de la Charité and items and articles from the Perote *Journal de Constantinople* document this clearly. They will not be included in this thesis except for some minor references, but one could find in them this image of the diseased landscape and its continuation well into the century. As far as Istanbul was concerned, Pera was the place the European sources described the most often in this regard.

around them, this aspect came to be articulated very visibly in the sources. So, the last stages of the history of plague in Pera are illustrated in the contemporary European narratives remarkably interestingly. Accounts on plague in the district can be found also in the European sources created in the earlier centuries. In the early nineteenth century, the disease was contextualized from several perspectives by the European authors, so not only seen as a reality in and of itself worth mentioning. First and foremost, the fact that plague was eradicated from Europe but continued in the Ottoman lands much longer by then had been a factor in this. So, especially the questions of “civilization”, “progress” and “boundaries” offered frameworks for viewing and evaluating the presence of the disease in the city. The Egyptian Campaign of Napoleon had also led to medical debates and publications on the nature of plague since many French physicians had the chance to do firsthand research on the disease, which meant that knowledge was being produced about it. In addition, one should also consider the hygienist movements in Europe in this period, which made the eye of the viewer more sensitive to the presence of diseases, and the features of the environment in relation to health and disease.⁴⁹

The introduction contains a brief discussion of the major contemporary but centuries-old medical theories related to the hygiene and health in cities to understand to what and which components of a city the Europeans would give meaning. These would also influence their evaluation of the local practices and social relations. This is followed by a historical overview of Pera, in which some of the epidemics in the medieval and early-modern past of Pera are touched upon. *The*

⁴⁹ See f. ex., La Berge, "The Early Nineteenth-Century French Public Health Movement: The Disciplinary Development and Institutionalization of 'Hygiène Publique'"; La Berge, *Mission and Method: The Early 19th Century French Public Health Movement*; Goubert, *The Conquest of Water: The Advent of Health in the Industrial Age*, Chapter 7 "Public health in Paris: Investigation, salubrity, and social welfare," 241-279.

district of the alive and the dead, Pera became more and more medically relevant. The third chapter introduces the establishment of the institution of quarantine in the empire, because the absence of it was an important difference Europeans experienced. The chapter first outlines plague in the Ottoman Empire and its conceptualization based on Nükhet Varlık's and Birsen Bulmuş's studies. These authors examine mainly Ottoman scholarly and/ or medical texts that dealt with plague and the issues concerning the effectiveness and righteousness of taking measures, first and foremost of fleeing. Europeans in the empire would have at least heard of some of these religious discussions and stances,⁵⁰ - which similar religious-scholarly discussions would rarely take place and find attention among the Christians and Jews if at all by then -,⁵¹ and assume they had widespread practical reality and think Muslims would react (or would not react) to plague accordingly. The *topos* of the Turkish "fatalistic behavior", or of the "uneducated religious bigots with strange and low, if fascinating, manners and customs" had already established in the earlier centuries and could be found in European travel accounts, consular reports, and mercantile correspondence posts.⁵² This chapter also allows to provide with a broader approach to plague before illustrating individual observations in a specific space and at a specific time. The establishment of the Quarantine Council will be highlighted here as a turning point in the state's public health policies. This started a new phase in the history of plague in the empire conducting to its "extinction".⁵³ Of

⁵⁰ It would not be wrong to think that the manuscripts collected and read by the Orientalist scholars and European travelers in the Levant must have included, at least alluded to these.

⁵¹ Ayalon, *Natural Disasters*, 135-137.

⁵² Ayalon, *Natural Disasters*, 141. Ayalon argues that Europeans might have seen others who did act differently and try to flee but have chosen to ignore and not report on them. Ayalon, *Natural Disasters*, 142.

⁵³ Varlık informs that the last plague epidemic which was of a small scale and hence the last plague-case was recorded in Turkey in 1947. Varlık, *Akdeniz Dünyasında*, 68. For more on the later plague cases, see and *cf.*, Ayar and Kılıç, "Osmanlı'da Vebanın Son Erişine Dair Bir Değerlendirme," 163-181. The year 1841 is often considered as "the end" of the plague in the Ottoman Empire, thus, the

course, it was not such that the next day after the establishment of the Quarantine Council plague was eradicated, which was not possible really, because it is actually an enzootic disease. Single cases could have occurred, but no other major epidemic was recorded later. So, with “the end of the plague” this thesis refers to the end of plague epidemics in Istanbul. Therefore, the establishment of the Quarantine Council in 1838/9 will mark chronologically the end limit of this thesis. Although it is possible to find in almost every European account some remarks concerning the outbreaks of plague, the primary sources are selected from the last three decades that experienced plague in epidemics or widespread and frequent occurrences. Plague in Pera appears in a more detailed way in the works written in this period. The fourth chapter is based on the reading of the European sources. First, where one could find medical aid in the district will be mentioned. In the selected accounts, Pera was experienced and displayed as a place where communities with different attitudes towards plague met each other, and sometimes influenced each other, or criticized each other. This aspect will be illustrated. Second, it will be argued that plague influenced how the residents and the visitors perceived and related to their district.

Due to linguistic limitations of the author, and due to the necessary restriction with regard to the scope, the district is represented here through the intermediary of the European observations. The history of Pera and Galata in the days of plague can be surely explored more using the contemporary Ottoman histories, the court registers of Galata, embassies’ archives, Greek and Armenian sources and records pertaining to the plague hospitals especially, but also the archives of churches, and other religious institutions. Needless to say, a master’s thesis cannot claim to cover all of them. This thesis attempts to present Pera and, although to a lesser extent,

second pandemic. See, f. ex., Stathakopoulos, *Famine and Pestilence in the Late Roman and Early Byzantine Empire: A Systematic Survey of Subsistence Crises and Epidemics*, 112.

Galata in the European memoirs, letters, medical literature and reports, and travelogues with regard to sanitation and urban life. So, it analyzes the contemporary European gaze on the district, and it analyzes the district vis-à-vis plague as far as its reflections in these sources are concerned.

In the nineteenth century, endless travelogues were written; some of the authors merely repeated the topoi about a certain place. Suraiya Faroqhi has warned the historian in regard to the employment of the European travel literature as the primary sources consulted for a study of Ottoman history.⁵⁴ Underlining that they, of course, should not and cannot be used to attempt and claim to reconstruct exhaustive histories, their historical value depends nonetheless on the question posed. The authors of the accounts chosen for this study spent a considerable amount of time in Pera, in fact, some spent years. So, their accounts were not merely impressionistic and the majority of them were not written for the purpose of entertainment necessarily. The authors interacted with the locals, some treated patients. The majority worked either for the Ottoman state or worked for their embassies or were assigned a temporary task by these. The majority of the European authors spent their time in Pera either at the consulates, or at accommodations, or in the rooms they rented there. They too experienced and witnessed the days of plague in the district;⁵⁵ the information they provide does help sketching the landscape of disease in Pera more than other available sources can do.⁵⁶ Particularly, hardly any other sort of primary source can reveal us how influential the ideas of miasma and contagion were in perceiving the city as the hub of plague, and in highlighting certain places where

⁵⁴ Faroqhi, *Approaching Ottoman History: An Introduction to the Sources*, Chapter 5 “European Sources on Ottoman History: The Travellers”, 110-143.

⁵⁵ They could take excursions to Istanbul proper; but could not spend as much time as in Galata-Pera. The majority of the accounts on plague were explicitly and clearly based on their observations in this district.

⁵⁶ Embassies’ archives can be actually very telling, but they were not available to me.

“the phantom of plague,”⁵⁷ so-to-speak, accompanied the city-dweller. The clichés, and “Orientalist” prejudices in these sources can be spotted easily;⁵⁸ and it is clear that these will not be taken at face value. The theme of plague in the city count among those themes about which the European testimonies cannot simply be neglected.⁵⁹ This thesis does not attempt to examine the reasons why plague prevailed in the Ottoman lands, and does not claim that the observations it refers to should be taken at face value. For this study, their value resides in the fact that their authors held them to be true, and this led them to look at the city through certain lenses, to act and react in certain ways.

Another point that this thesis touches upon is some urban changes in the city that was caused by plague’s presence. As far as the Prime Ministry Ottoman Archives and the secondary sources inform on them, these will be also brought forward.

Working with a single grand theory would have not served the purpose of this study. Referring to the secondary sources which apply various theoretical frameworks and approach their subject matters from environmentalist, medical historical, socio-political, Foucauldian, and urban historical perspectives, this study aims to shed light on the particular primary source-texts it examines and outline a

⁵⁷ Albert Brayer, a French physician, who did research on the plague in Istanbul between 1815 and 1827 and who was educated as contagionist physician like every medical student in Paris but argued for its being not contagious based on his observations made in Istanbul, wrote that plague appeared to him like a “scary phantom of plague” during the first months he spent in Istanbul. Brayer, *Neuf années à Constantinople: observations sur la topographie de cette capitale, l’hygiène et les moeurs de ses habitants, l’Islamisme et son influence, la peste ses causes, ses variétés, sa marche et son traitement; la non-contagion de cette maladie; les quarantaines et ses lazarets avec une carte de Constantinople et du Bosphore de Thrace, vol. I*, xii.

⁵⁸ Needless to mention how trained the eyes of the historians are to spot them with Edward Said’s *Orientalism*, and how impossible it is to cover the vast literature and research impetus that followed this work and also postcolonial historiography here. Besides, as warned by Varlık, who demonstrates that plague epidemics played a crucial role in designating “the Orient” as the hearth of disease and unhealthfulness, in line with the Orientalist perception of the age, one should always be cautious while viewing and reviewing the European accounts. But she addresses the epidemiological histories of plague in the first place. Varlık, “Oriental Plague.”

⁵⁹ Cf. Suraiya Faroqhi, *Approaching Ottoman History*, 110-143.

landscape of disease and contemporary experiences thereof. For a contextualization of Pera, in addition to the studies of, among others, Çiğdem Kafescioğlu and Murat Gül, Paolo Girardelli's articles which provide with minute inquiries and observations that keep one from leaping to generalizations, will be consulted.

The analyses of the sources examined for this study demonstrate that plague influenced the way the residents of Pera related to their district. For instance, moving away from the district either for leaving the infected person alone in the quarantine locked up in the house, or for eliminating the infection altogether during the "season of the plague" was especially practiced by the European ambassadors and embassies, or the other "Franks", i.e. Europeans living in the Ottoman Empire. The directionality of this "seasonal migration" was towards the upper shores of the Bosphorus, the villages mainly in Büyükdere and Tarabya, increasingly from the second half of the eighteenth century, whereas the forest of Belgrade had also been a favored destination in the previous centuries.⁶⁰ So, these regions shared with Pera a significant population. In the level of embassies, Paolo Girardelli demonstrates that this seasonal migration led to the diplomatization of space here, as the country houses of the embassies functioned practically as summer embassies. Girardelli argues that apart from being places of healthful refuge during seasonal threats to health, these residencies of Tarabya, Büyükdere and Yeniköy also acted as main quarters of diplomacy in the Ottoman context, especially during the period of the problematic reconstruction of the embassies after the Fire of 1831.⁶¹ In the present study, this "migration" will be touched upon as a response to Pera in the time of

⁶⁰ Bertelé, *Il palazzo degli ambasciatori di Venezia a Costantinopoli e le sue antiche memorie*, 349-350; Groot, *The Ottoman Empire and the Dutch Republic: A History of the Earliest Diplomatic Relations 1610–1630*, 218. High places and mountains were thought to be the healthiest landscapes. Jones, "The Diseased Landscape: Medieval and Early Modern Plaguescapes," 114.

⁶¹ Girardelli, "Power or Leisure? Remarks on the Architecture of the European Summer Embassies on the Bosphorus Shore."

plague outbreaks, and its further social and political consequences in the places of destination will not be studied. Other studies that examine this phenomenon, which was by no means unique to the Franks in the city but shared by the other communities from either Pera or Istanbul proper as well - including the Ottoman *ulema* and bureaucrats, the Phanariots -, from different perspectives. They demonstrate how much this act of moving actually can reveal about the inhabitants' contributions to and expectations from the urban life.⁶²

1.3 On hygiene and urbanism in Europe

Although, it is through a disease that this thesis attempts to look into the society in Pera and Pera's landscape, it should be underlined that this is not a medical historical study or a history of etiology. However, familiarization with some of the nineteenth century European medical concepts, which were relevant almost throughout the whole century, will be helpful, since they are very present in the accounts examined here. The following exposition draws on the secondary literature thoroughly.

Obviously, there was no one single European, or Western European for that matter, history of medical developments and public health movements which could be summarized and formulated in a capsule review. This brief introductory section cannot treat and acknowledge these movements and developments separately and highlight every stage and process evenly. So, what is accounted here is not histories of medical ideas or the histories of public health⁶³ in themselves. There exists,

⁶² See, Hamadeh, *The City's Pleasures: Istanbul in the Eighteenth Century*; Artan, "Architecture as a Theatre of Life: Profile of the Eighteenth Century Bosphorus"; Ansel, "Continuity and Change on the Bosphorus Shore: Arnavütköy Before and After the Greek Revolution of 1821"; Tanyeli, "İstanbul Mimarisinde Radikal Değişim Evresi: XVIII ve XIX. Yüzyıllar."

⁶³ The following monographs present a comprehensive history of public health in Europe and the concepts that belong with it: Labisch, *Homo Hygienicus: Gesundheit und Medizin in der Neuzeit*; Rosen, *A History of Public Health*. Alfons Labisch's work is remarkably rich in content and presentation. The following edited collection includes separate histories of public health not only those of the Western countries, but also Japan, Russia, India, Australia and New Zealand, and Congo:

indeed, a vast scholarly literature on these issues, and the reader will find a good number of studies referred to in the footnotes for further reading. Though, in order to be able to focus on the more relevant, on what was more or less internationally woven, and on what brought about global impacts in the long run,⁶⁴ what is aimed here is providing with a background in the very general but significant themes and motivations that were shared and that truly concerned and influenced issues pertaining to health and hygiene, and public health, by and in Western Europe and eventually in Pera. An Ottoman authorship and audience which composed or read instructive manuals on hygiene emerged as well. These manuals reflected fundamentally European ideas and practices concerning personal, domestic and public hygiene, right before the middle of the nineteenth century.⁶⁵ Maintaining the cleanliness of the body, public and domestic spaces was deemed essential to prevent epidemics.⁶⁶

Environmental theories, which had actually ancient roots, were very popular among the European contemporaries, i.e. “that disease-laden air - often called miasma or malaria - was produced by particular landforms, climates, animal waste, and vegetable decomposition, and was the source of epidemic disease[.]”⁶⁷

Porter, *The History of Public Health and the Modern State*. Gerd Göckenjan’s monograph investigates approaches to health and medicine in Europe, primarily in Germany, and physicians’ becoming socio-politically highly influential with a special focus on the nineteenth century: Göckenjan, *Kurieren und Staat machen: Gesundheit und Medizin in der bürgerlichen Welt*.

⁶⁴ In fact, medicine was one of the central fields where “the West” and the idea of “progress” influenced the eastern parts of Europe as well as the Ottoman Empire. See, Anastassiadou-Dumont, “Science et engagement: la modernité ottomane à l’âge des nationalismes,” 7; Kreuder-Sonnen and Renner, “Einleitung: Gesellschaft, Kultur und Hygiene in Osteuropa,” 484; Kenderova, “Construire une nation saine et vigoureuse: les médecins bulgares au XIX^e siècle”; Panzac, “Vingt ans au service de la médecine turque: Le Dr Fauvel à Istanbul (1847–1867),” 107.

⁶⁵ Anastassiadou-Dumont, “Médecine hygiéniste et pédagogie sociale à Istanbul à la fin du XIX^e siècle. Le cas du docteur Spyridon Zavitziano,” 64-65; Yıldırım, “Le rôle des médecins turcs dans la transmission du savoir,” 141, 144; Kenderova, “Construire,” 195-196.

⁶⁶ Anastassiadou-Dumont, “Médecine hygiéniste,” 64-65.

⁶⁷ Szczgiel and Hewitt, “Nineteenth-Century Medical Landscapes: John H. Rauch, Frederick Law Olmsted, and the Search for Salubrity,” 708.

It should be added that the sick themselves were considered as corrupting agents as well, as their bodies would be thought to give off unhealthy emanations and noxious physical matter. Kisacky, “An

This drew attention to other important factors for providing for hygiene such as the clearance of urban garbage, waste water, and disposal of organic refuse.⁶⁸ These factors influenced how the authors examined here perceived the city. In the following the authors refer to the period from 1840s to 1880s, however the ideas were older and had been commonly articulated. They are, therefore, relevant for our study as well:

Indicated as problematic were moving water - especially if there were a high degree of water agitation - standing water, moisture in the soil, the presence of wetland conditions, a lack of air circulation (in streets and dwellings), high population densities, and the decay of vegetative and animal matter. Considered remedial were the presence of trees for oxygenation and mechanical cleansing of the air, wide and well-drained streets, fresh air, wide open spaces, and the removal of miasma-generating elements, such as graveyards, located near human habitat. Miasmatic theory incorporated these environmental characteristics in its rationale of disease causation, which in turn formed the basis for the creation of benign environmental typologies. These typologies include parks and open spaces; the planting of street trees; the removal of urban wetlands and cemeteries; the filling of low-lying lands; the straightening and/or widening of streets; and the design of new boulevards and suburbs. It was on the basis of these landscape typologies that a new design vocabulary was provided to public health officials, environmental designers, and city officials that would then be translated into a distinct urban morphology.⁶⁹

And as Bonj Szczgiel and Robert Hewitt write “[w]ith the ascendance of miasmatic theory, ... an attendant shift in landscape perception followed. Naturalistic and man-made landscape and urban conditions were seen increasingly in terms of their benign and pathogenic characteristics.”⁷⁰ Along this miasmatic theory which was represented majorly by the environmentalist anticontagionism in medical circles, contagionist theories⁷¹ were also strongly influential and put forward as causes for

Architecture of Light and Air: Theories of Hygiene and the Building of the New York Hospital 1771-1932,” 35.

⁶⁸ See and *cf.*, f. ex., Osterhammel, *The Transformation of the World: A Global History of the Nineteenth Century*, 172-173, 176-177.

⁶⁹ Szczgiel and Hewitt, “Nineteenth-Century,” 718.

⁷⁰ Szczgiel and Hewitt, “Nineteenth-Century,” 714.

⁷¹ These theories were eagerly debated in Europe between not only among the physicians but among the political, economic, and cultural elite, the learned societies between the late eighteenth century and

diseases. These assumed that immediate contact with the infected or their belongings caused infection; and had been long accepted in Europe as far as the conceptualization of plague was concerned. Unlike the anticontagionists, who would create healthier environments and whose work clearly addressed and influenced lifestyles more despite the fact that the reasons for their motivation to do so was biologically incorrect,⁷² prior to the laboratory discoveries of the 1880s, the contagionists could only sponsor limited action against epidemics, which were regarded as the major threat to public health; and it was first and foremost taking or imposing quarantine.⁷³ The development and building of hospitals are also highlighted in this context.⁷⁴

In both cases, i.e. whether one of these etiological poles, the contagionist or the anticontagionist stance prevailed, contemporary medical knowledge and awareness would influence the governmental initiatives in administrating and organizing cities especially with the aim of preventing diseases, the feared epidemics.⁷⁵ Particularly in the first half of the century, these theories would often be

1880s. Erwin Ackerknecht analyzed in 1947 these theories in relation to their political and economic implications and ideologies. According to him, while the bourgeois liberals, and especially England would favor anticontagionism, militarists and bureaucrats, and especially Germany and Austria would favor contagionism. Ackerknecht's interpretation has been influential since then. Recognizing political and economic concerns and ideologies' role in the debates, however, scholarship emphasizes today that the picture was more complex and a rigid separation did not necessarily exist between the two stances. Theories could be combined. Sechel, "Contagion Theories in the Habsburg Monarchy (1770–1830)." See the mentioned article, Ackerknecht, "Anticontagionism between 1821 and 1867."

⁷² Of course, filth and microbes belong together; "incorrect" is used to remind that microbes' role was not discovered yet then.

⁷³ Hamlin, "Predisposing Causes and Public Health in Early Nineteenth-Century Medical Thought," 45-46.

⁷⁴ Boeckl, *Images of Plague*, 13.

⁷⁵ Hamlin, "Predisposing Causes," 45-46. See also, Kreuder-Sonnen and Renner, "Einleitung," 481; Bowler and Brimblecombe, "Control of Air Pollution in Manchester Prior to the Public Health Act 1875"; Szczgiel and Hewitt, "Nineteenth-Century".

The nineteenth-century history of hygiene in the context of urban crisis, i.e. challenges of facing the infrastructural problems in matters of urban sanitation, sewer construction and improved workers' housing is especially well explored for Paris. This does not surprise, because other European sanitarian movements were inspired by the earlier French hygienist movements. See, f. ex., Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs*, Chapter "Introduction", 1-11; La Berge, *Mission and Method*.

combined, as for instance, finding the very appearance of a disease in environmentalist theories but ascribing its becoming widespread to contagionist theories.⁷⁶ In regard to miasmatic explanations in particular, “contagionist and anticontagionist ... were neither mutually exclusive nor essentially in opposition.”⁷⁷ The idea that epidemics were generated in unhealthy landscapes, features of which included among others marshes, damp and dark valleys, sluggish waterways, slaughterhouses, garbage heaps and tanneries, crowded and narrow streets, was based on Hippocratic medicine, and generally accepted by the contagionists.⁷⁸ Furthermore, especially in alignment with the idea of progress, the intention to demystify the diseases and gain control over the body and the environment had been present throughout the century.⁷⁹ From their accounts it is understood that many of the European authors were familiar with these theories and concepts, and that they observed Pera through the lens of these when relevant.

Epidemics, like fires, and earthquakes counted among the urban crises, for sure. However, topics which may be gathered under the rubric of medical history are related to the historical developments in the cities also due to the fact that - above all in Western European discourses - “body”, “disease”, “health”, and “well-being” had been secularly re-charged concepts since the Renaissance and with the Enlightenment by and for the city-dwellers in the first place. It was with the

The influence of medical knowledge can be observed for the Ottoman empire as well. And this thesis agrees with studies which highlight the establishment of the institution of quarantine in the empire as a significant and initial process in this regard. See the third chapter of this thesis. The spatial and urban responses to epidemics in the Ottoman empire, become, in fact, more visible after 1838/39.

⁷⁶ Hamlin, “Predisposing Causes,” 47-52.

⁷⁷ Hamlin, “Predisposing Causes,” 47. Likewise, well into the century, when one looks at the results of the International Sanitary Conference in Istanbul, which took place between 13 February 1866 and 26 September 1866, one immediately recognizes that although a contagionist outlook was more pronounced, eventually both stances influenced the medical professionals’ thinking about cholera and the ways to prevent it from becoming widespread. See, Panzac, “Vingt ans,” 117.

⁷⁸ See f. ex., Jones, “The Diseased Landscape,” 109, 111, 113.

⁷⁹ These intentions became visible among the Ottomans especially via the introduction of institutionalized Western medical instruction and via the Ottoman students who received medical education in Europe. Anastassiadou-Dumont, “Science et engagement,” 10-11.

beginning of the nineteenth century that “public health” became a serious matter for the European states.⁸⁰ The secularization of these concepts brought about the *enlightened* idea and the attitude of being responsible towards one’s own physical and mental health. Taking care of the body and the soul came to be seen as a personal, in fact, a moral duty and responsibility, that is to say, a higher power’s, fate’s or demons’ looking for victims via diseases was not a valid explanation anymore, while the idea of the “body as the master” living its own way was destroyed, and re-invented as a “machine”, and eventually as biologically explicable⁸¹ and to be mastered, ordered, operated at an optimum level by the individuals themselves. If diseases were “deviations” from health, then, one was to learn how not to *deviate*. As humans could eliminate diseases provided they managed to understand and define them, they had to follow the rules by educating themselves, advancing their thinking to change how they acted and lived, doing exercise regularly, getting proper nutrition, changing their public and private habits, *disciplining* themselves, tolerating isolation at hospitals if necessary, and taking “aware”, “rational”, medical measures in order to prevent poor health, maintain their general well-being, and prolong their lifespan.⁸²

⁸⁰ Labisch, *Homo Hygienicus*, 51-63, 80-84.

⁸¹ It is not whether the contemporary explanations were correct or incorrect that concerns us here, but the belief that the body could be known and explained in rational and scientific ways and terms, and that it could “mastered” accordingly.

⁸² See, Göckenjan, *Kurieren und Staat machen*, Chapter III “Gesundheit — Ein Diskurs über Gesellschaft”, 59-132; also, William Coleman, “Health and Hygiene in the ‘Encyclopédie’: A Medical Doctrine for the Bourgeoisie”; Hamlin, “Predisposing Causes,” 50-51, 62-63, 66; Vanja, “Körper und Seele. Neuzeit”; Vanja, “Krankheit. Neuzeit”; Labisch, *Homo Hygienicus*, 44-45, 48-49, 70-71, 101. Also see, Foucault, *The Birth of the Clinic: An Archeology of Medical Perception; Madness and Civilization: A History of Insanity in the Age of Reason*.

Interestingly, as Michelle Allen discusses, while some welcomed these measures, urban changes, instructions and regulations, some contemporaries in London saw them as serious and undesired interferences with their body, privacy and freedom. One of the reasons why they found them annoying was because they were forced to be connected to the poorer classes and dirty settlements, with which they associated crime and immorality in addition to diseases, via pipes and drains, an impersonal sewage system. Allen, “From Cesspool to Sewer: Sanitary Reform and the Rhetoric of Resistance 1848–1880,” 388-391, 395-398.

“Hygiene” and “health” came definitely to be virtues for the European bourgeoisie from the Enlightenment onwards and even more highlighted in the nineteenth century, and were on the agenda of the civilizing mission towards the lower strata.⁸³ In addition, in the context of state- and nation-building, it should be noted that the statecraft was interested in maintaining and augmenting a healthy population for the political and economic strength of the state and the “nation”.⁸⁴ So, medicine gained a normative power in many aspects,⁸⁵ and gradually health got elevated to the status of a human right.⁸⁶ So, from the Enlightenment on, and along with the triumphant academic medicine and the biological conceptualization of diseases in the nineteenth century, “hygiene” occupied a central place in discourses on living a “rational” and healthy life. Besides, states, governments, and - indispensably- physicians with their strengthened and increased authority,⁸⁷ who would be also employed as medical officers and inspectors, worked together for the “public health” of which the guarantee was considered to be found in “hygiene” as a principal and fundamental condition, and which itself would influence individuals’ health.⁸⁸

Indeed, in the contemporary European discourse on health and hygiene, epidemic diseases would be often associated with the poorer classes. In the majority of the studies cited here one can find discussions of this connection.

⁸³ See, f. ex., Göckenjan, *Kurieren und Staat machen*.

⁸⁴ Rosen, *A History of Public Health*, 90-91.

⁸⁵ Labisch, *Homo Hygienicus*, 109-111.

⁸⁶ Vanja, “Krankheit,” 231.

⁸⁷ See, f. ex., Anastasiadou-Dumont, “Médecine hygiéniste,” 63.

⁸⁸ See, Blasius, “Geschichte und Krankheit. Sozialgeschichtliche Perspektiven der Medizingeschichte,” 394-399; Kreuder-Sonnen and Renner, “Einleitung,” 481; Labisch, *Homo Hygienicus*, 109-111; Szcziel and Hewitt, “Nineteenth-Century”; Tomes, “American Attitudes toward the Germ Theory of Disease: Phyllis Allen Richmond Revisited,” 43; Vanja, “Krankheit,” 231; Bowler and Brimblecombe, “Control of Air Pollution in Manchester prior to the Public Health Act 1875”; Adams, *Architecture in the Family Way: Doctors, Houses and Women 1870-1900*. On hygiene’s becoming the principal instrument of health, see, Coleman, “Health and Hygiene,” 404-405, 413-414.

“Hygiene” was understood as comprising any practice that would maintain or restore human health, and its definition was tightly connected to what was understood from “body”, “illness” and “health”, which in itself depended on various cultural and historical variables and perspectives those of the non-professionals and those of the medical professionals.⁸⁹ In a very short formula, the concept of “hygiene” in the nineteenth century, especially, indicated “the rules structuring the healthy interaction of people with their environment.”⁹⁰

To be sure, this thesis cannot deal with each of these topics and do justice to each and every urban development that occurred in Pera in this context. As mentioned above, its primary aim is to be a contribution to the urban histories of Pera that are and can be written against similar backgrounds, and to underline that the last plague epidemics mark a crucial experience and period.

⁸⁹ Kreuder-Sonnen and Renner, “Einleitung,” 481.

⁹⁰ Kisacky, “An Architecture of Light and Air,” 13. *Cf.* also, Kisacky, “An Architecture of Light and Air,” 14.

CHAPTER 2

TOPOGRAPHY AND CHRONOLOGY:

A BRIEF SKETCH OF PERA AND ITS HISTORY

Traditionally, i.e. before the municipal reform in the 1850s, Ottoman Istanbul had four administrative districts each governed by a *kadı*, i.e. the implementer of the religious law in financial, administrative and civic matters: Istanbul meaning Istanbul proper, or as was also called, among others, *Dersaadet* in the official documents especially, Stamboul in European languages; Galata; Eyüp and Üsküdar. The last three boroughs were together referred to as the *Bilad-ı Selase*. Administratively, Üsküdar comprised the whole Asian part of Istanbul, but Üsküdar is the triangular area on the southern shore on the Asian side. Eyüp is an extra-muros district and is located at the far end of the Golden Horn. Administratively, it comprised the settlements in the European side of Istanbul except for the other two mentioned districts on the same side. With its imperial, Byzantine and Ottoman legacy, Istanbul referred to the old triangular-shape city-proper on the historic peninsula surrounded by the Theodosian Walls to the west, surrounded by the Golden Horn to the north and by the Bosphorus to the east, and by the Sea of Marmara to the south.⁹¹ To the north, beyond the Golden Horn, was the walled city of Galata established by the Genoese during the Middle-Byzantine period. Administratively, the *kaza*, i.e. the administrative unit, of Galata comprised Pera, and the villages and towns on the shores of the Bosphorus. Galata and Pera were/are connected to Tophane and Kasımpaşa via alleys.⁹² (See Appendix B, Figure 1 and Figure 2.)

⁹¹ Gül, *The Emergence of Modern Istanbul: Transformation and Modernisation of a City*, 8, 17. Also see, İnalçık, “Istanbul”; Yerasimos “Üsküdar”; Kafescioğlu, “Eyüp.”

⁹² Gül, *Emergence*, 8, 17; Neumann, “Beyoğlu”; Ortaylı, “Galata.”

2.1 Medieval Galata

Galata's history is not less ancient than Constantinople, the city-proper, in fact, it is thought that its foundation could have preceded that of Constantinople.⁹³ The area north of the Golden Horn, called Sycae or Sykodes, was inhabited and built as an ancient Greco-Roman city. So, it had an agora, or a forum, streets encircling the agora, temples, theaters, baths, etc.⁹⁴ It was perhaps already surrounded by walls of which there are no known archeological remains from the late Classical Period. Sycae was made the XIII. Regio of Constantinople, Regio Sycaena, during the reign of Theodosius II (408–450). In Greek it came to be called Pera en Sykais meaning on the opposite side Sykai. Already at the time of Constantine the Great, Sycae had walls.⁹⁵ After its reconstruction, this region would be also occasionally named after the emperor Justinian (527–565) as Iustinianai or Iustinianopolis. For Galata, which became the ultimate name of the region, there are several etymological suggestions and explanations upon none of which there exists a consensus.⁹⁶

In the Byzantine capital, Constantinopolis, Venetians, Genoese, Amalfitan and Pisan merchants had been increasingly present and influential from the ninth century onwards and were given special grants and rights that culminated in the

⁹³ Batur, "Galata and Pera: A Short History, Urban Development Architecture and Today," 1; Schneider and Nomidis, *Galata: topographisch-archäologischer Plan*, 1.

⁹⁴ Schneider and Nomidis, *Galata*, 1. Extra-muros constructions in the form of monasteries had been present prior to the establishment of the Genoese colony. Schneider and Nomidis, *Galata*, 19.

⁹⁵ Müller-Wiener, *Bildlexikon zur Topographie Istanbuls: Byzantion—Konstantinupolis—Istanbul bis zum Beginn des 17. Jahrhunderts*, 320. For a timeline for the Genoese walls see Müller-Wiener, *Bildlexikon*, 320-322.

⁹⁶ Eyice, *Galata ve Kulesi: Galata and Its Tower*, 45-46. Pierres Gilles (1490–1555)'s *De Topographia Constantinopoleos* can be consulted for the etymology, as he named all the possibilities in detail. Gyllius, *De Topographia Constantinopoleos: Et de Illius Antiquitatibus*. Galata was either a derivation of the word for milk in Greek, or it was a name given after the Gauls, or signified the Genoese roots of Galata. Pera meant "beyond" in Greek, hence given as a name to the region in relation to the historic peninsula.

A recent study on the Genoese colony in Galata is done by H. Sercan Sağlam, "Urban Palimpsest at Galata & an Architectural Inventory Study for the Genoese Colonial Territories in Asia Minor." The author also discusses briefly the ancient history of the district. See Sağlam, "Urban Palimpsest," 6-7. For the detailed history of the district based on a chronology of the building of the Genoese walls, see Sağlam, "Urban Palimpsest," 11-80.

official Genoese establishment⁹⁷ in 1267 after the city was reclaimed from the Latins by the Paleologi. The Genoese establishment turned into a rich trade colony:

By the Statuti di Peyra (Statutes of Pera), granted in 1304, the colony's status as *imperium in imperio* was reconfirmed and the podesta or mayor-governor was accredited as minister in residence to the Byzantine Court. Soon, however, even the Byzantine insignia began to be omitted from the Galatan coat of arms and Galata began to act as though it were a colony, independent of Byzantine rule.⁹⁸

Galata hosted many Latin orders, Catholic churches and monasteries.⁹⁹

Among these, St. Francis, St. Paul, and St. Benoit continued to be very significant also under the Ottomans.¹⁰⁰ Two Genoese hospitals are known to have existed in 1300s.¹⁰¹ The hospital of the Church San Giovanni disappeared perhaps some time in the fifteenth century; that of Sant'Antonio continued to serve in 1600s.¹⁰² In the medieval era, Galata was a Genoese colony surrounded by ramparts and moats, a Mediterranean medieval port city with busy commercial quays.¹⁰³ The Genoese called it Pera. The walls were demolished in 1863/64.¹⁰⁴ Apart from the Genoese and the Greek, the inhabitants included also Armenians and Jews.¹⁰⁵ From the early fourteenth century onwards, the colony grew first towards the north, and then, in the East-West direction; the construction of the new northern walls and of the tower, *Christea Turris*, followed in 1348/9, the new western walls at the end of the century,

⁹⁷ See, Girardelli, "Religious Imprints," 120.

⁹⁸ Mitler, "The Genoese in Galata: 1453–1682," 73.

⁹⁹ See, Marmara, *La communauté levantine de Constantinople: De L'empire byzantin à la République turque*, Chapter 1: "Des origines à la conquête de Constantinople par les Turcs en 1453: La communauté levantine", 29-72; Girardelli, "Between Rome and Istanbul," 163, 169; Girardelli, "Architecture, Identity, and Liminality: On the Use and Meaning of Catholic Spaces in Late Ottoman Istanbul," 236.

¹⁰⁰ Cf. Girardelli, "Religious Imprints," 120.

¹⁰¹ Sağlam and Veprytska, "Preservation Problems of the Genoese Architectural Heritage at Black Sea Coasts: Turkey and Ukraine," 7.

¹⁰² Sağlam, "Urban Palimpsest," 157-158; Dursteler, *Venetians in Constantinople: Nation, Identity, and Coexistence in the Early Modern Mediterranean*, 85.

¹⁰³ Sağlam, "Urban Palimpsest," 81, 92.

¹⁰⁴ For a detailed historical and archeological study of the walls, Sağlam, "Urban Palimpsest," 11-80.

¹⁰⁵ Schneider and Nomidis, Galata, 26, 34; Sağlam, "Urban Palimpsest," 85, 95.

and the new eastern walls in 1400.¹⁰⁶ By the 1446, the region intra-muros comprised the inhabited settlements that are today called Azapkapı, Şiřhane, Büyük Kule Kapısı, Bit Pazarı and Tophane.¹⁰⁷ In the old core area, the main streets would parallel the sea-shore, and be connected to each other via slanted alleys or sometimes stairs. The majority of the buildings were made of brick, or limestone or mixed masonry.¹⁰⁸

Tracking the history of the spread of plague in Late Antiquity is very difficult and complex. But it is clear that it did not begin in Constantinople. The First Pandemic, the Justinianic Plague, broke out in 541, struck Constantinople in 542,¹⁰⁹ and reappeared in different waves, in about eighteen outbreaks, up until late 740s before it vanished to come back again 1347/8¹¹⁰ when the Second Pandemic, the Black Death, started. So, the city had been freed of plague epidemics for about six centuries,¹¹¹ but for the next five hundred years the disease had been present except for some short intervals.¹¹²

¹⁰⁶ Schneider and Nomidis, *Galata*, 5-6; Baslo, "Tarih Boyunca Galata-Beyođlu Kurgusunun Geliřimi ve XIX. yūzyıl Otellerinin Bu Geliřime Etkileri," 18-23. For the gates of the walls see, Schneider and Nomidis, *Galata*, 15-18.

¹⁰⁷ Han, "İstanbul ve Galata Hendeklerinde Kentsel Toprak Kullanımı," 43.

¹⁰⁸ Sađlam, "Urban Palimpsest," 92, 94, 102, 114.

¹⁰⁹ For reactions to plague, see, Stathakopoulos, *Famine and Pestilence*, 146-154. Fleeing the plague-stricken areas was deemed appropriate both by the religious authorities and by the profane authorities. However, many remained in the city, because they tended the sick and because the "miasma causing corpses" had to be buried. When the graves in the historic peninsula were full, the corpses were carried over to Galata to be buried there. Stathakopoulos, *Famine and Pestilence*, 148-152.

¹¹⁰ Müller-Wiener, *Bildlexikon*, 26.

¹¹¹ Stathakopoulos, *Famine and Pestilence*, 110-124.

¹¹² Cf. İnalçık, "İstanbul"; and see, the third chapter of this thesis.

2.2 Ottoman Galata and the emergence of Pera

In the fifteenth-century depictions of Constantinople, the representations of Pera, i.e. Galata, are rather those of a densely built-up city, a walled enclosure with a number of monuments within.¹¹³ According to the survey of Istanbul in 1455, sixty per cent of the property owners in Galata were Latins of Italian origin, and thirty-five per cent of Greeks; some of them were Armenians. Jews also had properties here, but some lived here in rented houses. The history of the Jewish population of Galata has not been clarified thoroughly by scholars. The Jews never appeared again in the following sixteenth century surveys.¹¹⁴ However, in the immediate decades, the Latin population decreased greatly, and was replaced to a considerable extent by the Muslims, Greeks, and Armenians.¹¹⁵ The Jewish population of Karaköy and Hasköy began to reemerge from the later decades of the sixteenth century.¹¹⁶ In Galata, the Genoese urban structure was still visible in the seventeenth century with buildings constructed of stone, streets laid out according to grid plans.¹¹⁷ Nonetheless, since the walls had lost their medieval defensive function, i.e. they were not relevant for the military and warfare, many workshops and houses were built on and next to them in the seventeenth and eighteenth centuries.¹¹⁸ In particular from the eighteenth century onwards, the name “Pera” was actually used for the land area that lied outside the walls and over the hills. Before the eighteenth century, “Galata” and “Pera” were used interchangeably and thought of as one district.¹¹⁹ Up until 1730s, there were only some small neighborhoods outside the walls of Galata. The Rue de

¹¹³ Kafescioğlu, *Constantinopolis/Istanbul. Cultural Encounter, Imperial Vision, and the Construction of the Ottoman Capital*, 144-149.

¹¹⁴ İnalçık, “Ottoman Galata 1453-1553”; Bulunur, *Osmanlı Galatası 1453-1600*, 162-167.

¹¹⁵ Girardelli, “Between Rome and Istanbul,” 163.

¹¹⁶ Bulunur, *Osmanlı Galatası*, 166-167; Ortaylı, “Galata,” 303.

¹¹⁷ Han, “İstanbul ve Galata,” 43.

¹¹⁸ Müller-Wiener, *Bildlexikon*, 322.

¹¹⁹ Mitler, “The Genoese in Galata,” 72.

Péra was the main artery of Pera.¹²⁰ At the northern end of the street Taksim was found which was an octagonal construction of reservoir of water for the city built in 1730, neighboring the cemeteries.¹²¹ From here towards north, there were the military barracks established under the rule of Selim III.¹²² In addition to the janissaries in charge of protecting the embassies, the presence of the Ottoman state became visible via the soldiers who would also police the district and be stationed here.¹²³ By the eighteenth century and later a multi-cultural and multi-legal space had come into being in Pera.¹²⁴

Like Çiğdem Kafescioğlu illustrates, the Ottoman involvement with the material infrastructure of commerce in Galata differed remarkably from that in the city proper. That the district kept its commercial character was also wished by the Ottomans. After the Ottoman conquest of the city, deportees and former residents were invited back and granted with privileges. Some of them agreed to become Ottoman subjects of *zimmi* status, while others kept their status as “Franks,” or foreign subjects. In both cases, they were given property rights over their former residences and commercial properties, provided they paid rent to the Hagia Sophia endowment for the land or to some other royal endowments.¹²⁵ So, Galata sheltered Latins who were either European¹²⁶ or Ottoman subjects. The former were not

¹²⁰ Girardelli, "Power or Leisure," 39; Han, "İstanbul ve Galata," 40-41.

¹²¹ Anastasiadou, *Les Grecs d'Istanbul au XIXe siècle: histoire socioculturelle de la communauté de Pera*, 39.

¹²² Anastasiadou, *Les Grecs*, 39.

¹²³ See, Ortaylı, "Galata," 305.

¹²⁴ Girardelli, "Religious Imprints," 118.

¹²⁵ Kafescioğlu, *Constantinopolis/Istanbul*, 43-44.

¹²⁶ Who are originally and juridically meant by the designation "Levantine." Marmara, *La communauté*, 17-23. "Levantine" was not a group defined by nationality, language, ethnic origin, political organization, but by their confession, namely Catholicism of the Roman rite. With rights granted to them due to the capitulations, the privileges bilaterally conceptualized between the Ottoman empire and the European states. They were mainly and originally settled in Galata and Pera, and İzmir; but they constituted a southeast European and East Mediterranean phenomenon, hence not restricted to these cities, of course. Especially in the nineteenth century, Thessaloniki, Alexandria, Beirut and Odessa also flourished as cities with considerable Levantine populations and influence. Oliver Jens Schmitt, *Levantiner: Lebenswelten und Identitäten einer ethnokonfessionellen Gruppe im*

recognized as a *millet*. Orthodox Greeks, Armenians, Jews and Muslims, and people from other backgrounds also inhabited the district.¹²⁷ *Mescids*, dervish lodges, and military buildings were established here especially with and following the reign of Bayezid II. Galata's social and urban topography was dominantly non-Muslim till the late seventeenth century when the general policy of "Islamicizing" Galata began.¹²⁸ The episode of the transmission from St. Francis in Galata to St. Antoine in Pera was also very important in this regard, and in the creation of a Catholic space in Pera. When the church and convent of St. Francis had been damaged by fire in 1696, the Ottoman sultan did not issue a firman for the restoration. The site was confiscated instead, and the Yeni Camii, which was demolished in the 1950s, was built here. The Conventuals gained French protection and abandoned Galata and settled in Pera in a house with a chapel which had to be rebuilt in 1724 and as a masonry construction in 1763 when they were burnt again in 1762. They dedicated the new sanctuary to St. Antoine of Padua.¹²⁹ This dedication demonstrates, again, how plague influenced the urban landscape. St. Antoine of Padua was in fact considered a protector against plague, and a second patron of the city by the

osmanischen Reich im "langen 19. Jahrhundert", 15-17. Despite this, the term was and is also used to signify *reaya* Christians as well. Marmara, *La communauté*, 21-22. Cf. the term "Perote". "Perote" was used to denote the Frankish and Catholic population with mainly Italian roots as in its original ethno-religious sense. On the connotation of Perote, and Perote identity in the earlier centuries, see, f. ex., Dursteler, "Education and Identity in Constantinople's Latin Rite Community c. 1600," 287-303. In the examined French primary sources, "Perote" usually denoted the Levantines of Pera, but sometimes also the Franks who were present in the district, some for a longer, some for a shorter of time. "Frank" and "European" were used interchangeably by the majority of the authors.

¹²⁷ "Recent archival research has also revealed the presence of an Iranian *vakıf* at the end of the eighteenth century." Girardelli, "Religious Imprints," 118. Brayer also speaks of Iranians who treated fractures and luxations in Istanbul. They would be sent for also by the Perotes who would normally prefer Frank physicians. Brayer, *Neuf années à Constantinople*, vol. I, 347.

¹²⁸ Girardelli, "Religious Imprints," 122; Girardelli, "La chiesa, la comunità e la città: Galata e i SS. Pietro et Paolo new periodo ottomano. Kilise, Cemaat ve Şehir: Osmanlı Dönemi Galata ve Sen Piyer." Also see and cf. Baer, "The Great Fire of 1660 and the Islamization of Christian and Jewish Space in Istanbul," 166, 170-171, 174-175. The establishment of the Galata Mevlevihanesi in 1491 can be named also in this context. But the trend started when the Dominican church was turned into a mosque in 1475, and the district received a significant population of Moriscos. Bulunur, *Osmanlı Galatası*, 177-188.

¹²⁹ Girardelli, "Between Rome and Istanbul," 162-167.

Catholics more and more.¹³⁰ In the meantime, the trend of leaving Galata to settle in Pera had already started actually. During the Ottoman period, the Genoese kept their administrative privileges with the Council of Magnifica Communitá di Peyra,¹³¹ and kept sending a representative to the Ottoman court till 1679 when they eventually lost their dominant position in the Ottoman trade to the English, the Dutch, and increasingly to the French merchants especially.¹³² As a result of the increased diplomatic and commercial relations with the European states in the sixteenth century, but also as a result of the wish to avoid the plague outbreaks¹³³ and fires in Galata, Pera had begun to develop as the faubourg of Galata in connection with the increasing influence of the European embassies established here beginning from towards the late sixteenth century/ early seventeenth century.¹³⁴ Indeed, plague had an immediate role in the emergence of Pera, and found its expression not only in moving embassies, but also in one of the most important Catholic Churches in the city.¹³⁵

¹³⁰ Girardelli, “Between Rome and Istanbul,” 167. For a description of the church and its contextualization with regard to liturgy and church attendants, see, Girardelli, “Between Rome and Istanbul,” 177.

¹³¹ Roman Catholics in the city stood under the civil authority of the Communitá di Peyra. Mitler, “The Genoese in Galata: 1453–1682,” 76.

¹³² Mitler, *The Genoese in Galata*, 75-79.

¹³³ The fear of becoming infected with disease was reflected also in the Venetian embassy complex in Pera. The bailo’s postal couriers lived therefore apart in a rather neglected house in the courtyard so that they were far enough. Dursteler, *Venetians in Constantinople*, 26.

¹³⁴ Dursteler, *Venetians in Constantinople*, 25; Girardelli, “Religious Imprints,” 122; Mitler, *The Genoese in Galata*, 77. The first ones to settle in Pera were the French, the English, the Venetians, the Dutch; the Swedish and the others followed later in the eighteenth century. European ambassadors’ houses were mainly in Galata till the late sixteenth century. However, there were exceptions: “The representative of the Emperor, a low-ranking diplomat had to live in the old *khān* reserved for the imperial embassies in downtown Istanbul. The representatives of Poland and the vassal states Ragusa, Moldavia, Walachia and Transylvania also lived in the old city.” Groot, *The Ottoman Empire*, 323, footnote 1. See on the Nemçi Han/ das Teutsche Haus, Samsinger, “‘Ein gute warme teutsche Stube vergeblich wünschten’: Vom Kloster St. Johannis in den Schwarzen Turm: Kaiserliche Gesandte am Hofe der Sultane vom 16. bis zum frühen 18. Jahrhundert.” Also, see the special case of Venetian *bailo* and merchants who continued to be settled in Eminönü/Tahtakle after the Ottoman conquest till some time in the sixteenth century, Ađır, *İstanbul’un Eski Venedik Yerleşimi ve Dönüşümü*. It is not clear when they moved to Galata. Ađır, *İstanbul’un*, 96-97. Ađır notes that in the sixteenth century at least some Venetian merchants would still not abandon their historic colony despite the fires, the appearances of plague, and the earthquakes. Ađır, *İstanbul’un*, 97. See also, Girardelli, “La chiesa”.

¹³⁵ “Until the creation of new parishes in the course of the nineteenth century, Santa Maria and Saint Anthony were two of only three official Catholic parish churches, the third being the Dominican

Gradually, the number of the European merchants living in Pera increased. But Galata continued to constitute the commercial hub with its *fondacos*¹³⁶ and ports, allowing goods to be bought and sold.¹³⁷ In addition to the ambassadors; chancellors; treasurers; clerks; ambassadors' domestic servants including tailors, cooks, apothecaries, painters, butlers, etc.; various members of their entourage such as members of the Jewish commercial community of Sephardic origin and Jewish physicians; dragomans; servants; couriers, some janissaries who were in charge of their protection; and embassies' guests,¹³⁸ non-Muslim Ottoman subjects were also attracted to the Pera.¹³⁹ Muslims also began to settle here, especially to the west of Asmalımescit and around Galatasaray¹⁴⁰ where at the end of the fifteenth century the Galata Sarayı to educate the future members of the palace service, or the *iç oğlans*, was established.¹⁴¹

It is known that throughout the seventeenth century, Europeans would continue to rent houses also in Galata and even in Tophane. The resident foreigners rented their houses both in Galata and Pera and in the countryside mostly from local Christian owners.¹⁴² Between the sixteenth and the eighteenth centuries Istanbul was "the largest Islamic city and the most populous Greek, Armenian, and Jewish center

Saints Peter and Paul in Galata. From 1725, the year official parochial boundaries were established, the two shared religious jurisdiction and administered the sacraments to the entire Catholic population of Istanbul outside the historic peninsula and Galata (the area reserved for Saints Peter and Paul)." Girardelli, "Architecture, Identity, and Liminality," 237.

¹³⁶ "A combined hotel and warehouse which grouped foreign merchants of specific nations together." Dursteler, *Venetians in Constantinople*, 248.

¹³⁷ Dursteler, *Venetians in Constantinople*, 26.

¹³⁸ "All embassies and consular residencies in the Levant prior to the age of modern tourist hotels provided shelter for all well-introduced and well-connected travellers, whether engaged on official or private business, scholars or tourists." Groot, *The Ottoman Empire*, 199.

¹³⁹ Dursteler, *Venetians in Constantinople*, 26, 39; Groot, *The Ottoman Empire*, 191, 196-197. The majority of the domestic servants were Perotes, other Levantines, Armenians, Greeks, Jews, hence recruited locally. Groot, *The Ottoman Empire*, 191-192.

¹⁴⁰ Baslo, *Tarih Boyunca*, 31-32, 35.

¹⁴¹ Anastasiadou, *Les Grecs*, 35. On the site of this establishment Galatasaray Lisesi stands today.

¹⁴² Groot, *The Ottoman Empire*, 218.

in the world.”¹⁴³ The capital was the seat of a Greek and an Armenian Patriarchate, and of a chief Rabbinate. The population of the non-Muslims in the whole city usually amounted to no less than forty per cent. The non-Muslim communities were not segregated in ghettos. However, they “tended to reside in districts, where major concentrations of one ethnic group, organized around a church or a synagogue predominated.”¹⁴⁴ With its the European population as well, Galata-Pera was clearly religiously and culturally very diverse. Among the foreigners were not only those from the “nations” who had an embassy in the city. Protection could be demanded from those already present. One’s confession could play a role in their choice, for every embassy had a chapel of their respective rite, but did not have to.¹⁴⁵ The embassies and churches¹⁴⁶ were also occupied with the care for the sick, charity and missionary activities among the Eastern Christians in addition to the pastoral care.¹⁴⁷

Fariba Zarinebaf has recently published a monograph on Galata/Pera in the eighteenth century.¹⁴⁸ She finds the place of Galata in the Ottoman history quite interesting; it had always been *the* place where the European communities - merchants and ambassadors in the first place - resided. In the eighteenth century Pera

¹⁴³ Girardelli, “Between Rome and Istanbul,” 162.

¹⁴⁴ Girardelli, “Between Rome and Istanbul,” 163.

¹⁴⁵ See, Groot, *The Ottoman Empire*, 219-220.

“According to the capitulation the Dutch ambassador and the consuls elsewhere had no right to protect any but Dutchmen, albeit in the widest sense of the term and including all members of their staff. The Dutch ambassador would always have his French colleague as a competitor in the protection of the Dutchmen, Catholics or Protestants, and other Protestants from the Baltic countries, Germany and Switzerland. The French had managed to keep their originally wide rights of protection and were as keen as any on the accruing financial benefits. The more influence Haga [Cornelis Haga, the Dutch ambassador between 1612–1639] could exert on the Ottoman authorities to confirm or interpret existing capitulations and commands pertaining to rights of protection, the bigger his ‘nation’ could grow. This held equally true for the French ambassador.” Groot, *The Ottoman Empire*, 195.

¹⁴⁶ The Dutch churches in the Levant were rather exceptional in that they had never been involved in the missionary activities. But the Dutch priests had. Groot, *The Ottoman Empire*, 220. The Dutch church in Izmir run a Dutch hospital that was founded in 1675. Groot, *The Ottoman Empire*, 220. A counterpart in Istanbul is unknown to me.

¹⁴⁷ Groot, *The Ottoman Empire*, 219-220.

¹⁴⁸ Zarinebaf, *Mediterranean Encounters: Trade and Pluralism in Early Modern Galata*.

was emerging as the hub of these communities. However, they were not isolated from the local population:

In Galata/Pera European ambassadors often had to turn to the grand vizier and dragomans drawn from local non-Muslim communities to help them navigate the complex and competitive diplomatic and commercial world of the Levant and to seek legal protection from tax collectors, bandits, and pirates as well as from merchants and producers.¹⁴⁹

At first, the embassies were - compared to their latter buildings - rather humble and timber structures, the “palaces” were also constructed of wood over brick basement galleries, sometimes were even rented houses like it had been the case with the Prussians and the Swedish in the early eighteenth century.¹⁵⁰ The construction of diplomatic buildings on the Rue de Péra was accompanied and followed by the construction of chapels and bigger churches, St. Antoine (1763) and St. Maria Draperis (1769), and the population of priests and missionaries. Catholic states, in this case the French and the Austrian, protected and administered them.¹⁵¹

Like the histories of embassies in Pera from the late sixteenth to the nineteenth century demonstrate, plague continued to be present, caused many epidemics, pushed the ambassadors and their entourage, and the wealthy population to move even further north to the countryside till the arrival of autumn or winter. Chronicles of monasteries and churches present also valuable testaments. Wolfgang Müller-Wiener, for instance, has written that the chronicles of St Benoît abounded with accounts of plague and confessional debates till 1660.¹⁵²

¹⁴⁹ Zarinebaf, *Mediterranean Encounters*, 6.

¹⁵⁰ Hort, *Architektur der Diplomatie: Repräsentation in europäischen Botschaftsbauten, 1800–1920: Konstantinopel-Rom-Wien-St. Petersburg*, 148; Theolin, *The Swedish Palace in Istanbul: A Thousand Years of Cooperation between Turkey and Sweden*, 33. But the Swedish built their “palace” in the middle of the century. Theolin, *The Swedish*, 58-62.

For an interpretation of the development and many-layered dynamics of this process, see the numerous studies by Paolo Girardelli, also Girardelli, “Editorial: Here and Elsewhere: The Landmarks of a Changing World Order.”

¹⁵¹ Girardelli, “La chiesa”.

¹⁵² Müller-Wiener, *Bildlexikon*, 101.

Embassies had normally attached barbers and later physicians attached to them or hired local physicians.¹⁵³ Hospitals usually received who could not afford private medical assistance, or who were destitute people. Communities responded to the plague epidemics by building hospitals which received mainly the plague patients in the early eighteenth century, which will be detailed in the fourth chapter. These hospitals, being charitable institutions, belonged to and were administered by religious communities, or they were extensions of some the churches.

2.3 Galata and Pera until the end of the Tanzimat period

Pera, which had been attracting local and foreign non-Muslims,¹⁵⁴ became eventually the “residential core for western Europeans and westernizing non-Muslim Ottomans”¹⁵⁵ in the nineteenth century. In fact, Pera’s Christian landscape was quite visible, which contrasted with that of the historic peninsula.¹⁵⁶ Pera’s inhabitant population was composed of alongside the descendants of Genoese and Venetian trading colonies of the Middle Ages, those called “Levantine” who in Yumul’s words “consist[ed] of Orientalised Europeans, Europeanised non-Muslims.”¹⁵⁷ It was a “space” of the non-Muslim communities, though not exclusively.¹⁵⁸ Through intermarriage, conversion and social contact this population made Pera a host of

¹⁵³ See, f. ex., Eric Dursteler, *Venetians in Constantinople*, 35, 37; Groot, *The Ottoman Empire*, 165, 197-198.

¹⁵⁴ Yumul, “Prostitute Lodging,” 57.

¹⁵⁵ Eldem, “Istanbul: From Imperial to Peripheralized Capital,” 202.

¹⁵⁶ Girardelli, “Landscape and Divine Justice: Archbishop Hilléreau’s Perception and Patronage of Christian Architecture in Istanbul,” 72.

¹⁵⁷ Yumul, “Prostitute Lodging,” 58. So, for the term “Levantine”, one should speak of a semantic broadening in the long nineteenth century.

See, also, Schmitt, *Levantine*, 13-18. “Levantine” was an exonym used by European diplomats, immigrants, Oriental Christians, and Muslims who would but rather use the name “sweet-water Franks”. Ethnically it was not really possible to determine the Levantines mainly due to mixed marriages between European and Oriental Catholics, Armenians, the Orthodox, and Jews that had been taking place for centuries. Moreover, Christians who claimed protection from the European states could belong to the Levantines as well. This became especially the case after the migration waves of 1839 and 1853. Schmitt, *Levantine*, 13-18, 27-28.

¹⁵⁸ Anastassiadou, *Les Grecs*, 17.

hybrid identities.¹⁵⁹ These hybrid identities had also an international dimension, in other words, were sensitive to international balances concerning at least commerce, religion, diplomacy, and politics. Because the (ethno-)religious identity of a person determined their legal status in the Ottoman Empire. In this century, with the rights granted to the European powers, more people, who would have actually fitted into one of the recognized *millets*, could claim foreign citizenship, hence avail themselves of these particular rights instead of being *zimmi*s. Girardelli shows in a number of his studies that the socio-religious-architectural - mostly Catholic - topography of Galata and Pera depended on and reflected highly “[i]n the absence of unequivocal legal rights and status ... the dynamic set of agreements and negotiations that regulated connections and power balances between Latin Europe and the Eastern Mediterranean.”¹⁶⁰ Although, the districts’ Catholic population had increased significantly due to Armenian “mass” conversion to Catholicism,¹⁶¹ which had been taking place from the late seventeenth century onwards, in the early nineteenth century, one would still observe that Catholics would stand out and attract the curiosity of the local population made of other communities.¹⁶² The new Greek

¹⁵⁹ Yumul, “Prostitute Lodging,” 58.

¹⁶⁰ Girardelli, “Religious Imprints,” 119. See also, Girardelli, “Religious Imprints,” 118; Girardelli, “Architecture, Identity, and Liminality.”

¹⁶¹ Girardelli, “Sheltering Diversity: Levantine Architecture in Late Ottoman Istanbul,” 121; Catholic Armenians were *zimmi*s but were not recognized as a *millet* with their own patriarch till 1830. They stood unofficially under the protection of European Catholic states, mainly of France. Girardelli, “Religious Imprints,” 117,122. “Becoming Catholic for an Armenian Orthodox or apostolic subject, who was assumed to be loyal to the Ottoman institution of the Armenian Patriarchate, implied a profound cultural, political and behavioural shift.” Girardelli, “Religious Imprints,” 122. Furthermore, Girardelli shows that the increasing number of Armenian Catholics influenced the development of the Catholic landscape of Pera and the architectural and functional lay-outs of St. Antoine and Santa Maria Draperis. He contrasts the situation after the official recognition of the Catholic Armenians when they established their own churches, and concludes that the Catholic churches gained a more Roman character. Girardelli, “Religious Imprints,” 124-126, 131-132. Girardelli also argues that in the early nineteenth century, many wealthy Armenian Catholics began to inhabit the prestigious houses built on the street front and in the central part of the Grande Rue de Pera where once only the Franks lived. Franks, then, started to settle in the marginal sections of the street or in the narrow alleys. Girardelli, “Religious Imprints,” 126.

¹⁶² Cf. Girardelli, “Religious Imprints,” 117-118. This also had to do with the fact that the Latin churches were built conspicuously in contrast to other communities’ churches, and definitely more richly after the mid-century. Girardelli, “Religious Imprints,” 130-133.

intelligentsia and elites also emerged in the district after the Greek Revolution (1821–1831).¹⁶³ Between the Napoleonic wars up to 1848 and beyond, another factor that contributed to the Catholic population growth was the coming of the qualified European workers and professionals to the district upon the Ottoman demand so that they would be engaged in the modernization process.¹⁶⁴ But due to the political conflicts in their lands in the aftermath of the Napoleonic wars, Europeans, who were not qualified workers or were not invited, migrated to the empire as well. An increase in the Italian population of Pera especially during and after the reign of Mahmud II had, therefore, been the case. The support of the Levantine families to the Italian immigrants has been noticed by the research.¹⁶⁵ The Orthodox population had also constantly increased from the end of the eighteenth century in Pera, not only but perhaps many being former residents of Galata.¹⁶⁶

The hilly topography was a specific mark of the region - and one that could make life difficult.¹⁶⁷ Beside sea transportation, Pera and Galata were linked to Istanbul proper via two bridges, the one built in 1836 between Azapkapı and Unkapanı, and the other in 1846 between Karaköy and Eminönü.¹⁶⁸

¹⁶³ Anastassiadou, *Les Grecs*, 39-45, 52.

¹⁶⁴ Girardelli, "Religious Imprints," 123.

¹⁶⁵ Girardelli, "Sheltering Diversity," 119-120; Girardelli, "Italian Architects in an Ottoman Context: Perspectives and Assessments"; Malara, "Tanzimat Reformları ve İtalyanlar (1838–1876)," 53, 65. By 1830, thirteen thousand Christians lived in Galata and Pera. The vast majority was constituted by the Levantines. Many of them were engaged in shop keeping and trade. Rosenthal, *The Politics of Dependency*, 7. In the 1830s there were about 2500 Ottoman Greeks in Pera. By 1840, circa 6,000 thousand Greeks lived in Pera, while the total population of the district lied somewhere between 25,000 and 30,000. Muslims constituted 1/3 of the population. The rest was composed of mainly Armenians, European Christians of different "nationalities", Russians and also Americans. Anastassiadou, *Les Grecs*, 80. Also see, Panzac, *La peste*, 275-276; Girardelli, "Architecture," 233, 239; Girardelli, "Religious Imprints."

¹⁶⁶ Anastassiadou, *Les Grecs*, 42-43.

¹⁶⁷ Cf. Rosenthal, *The Politics of Dependency*, 7-8; Han, "İstanbul ve Galata," 41. In a mid-nineteenth century missionary source, one reads that the pupils from Pera would not be able to *descend* from Pera to Galata to come to their schools. So, in order to spare them the journey and become accessible, a school had to be built in Pera. The report of the apostolic prefect, in *Annales de la congrégation de la mission ou recueil de lettres édifiantes écrites par les prêtres de cette congrégation employés dans les missions étrangères*, vol. 13, 17. This remark - just like countless others - demonstrates that the topography of the region made itself very much felt.

¹⁶⁸ Gül, *Emergence*, 38-39.

Like Paolo Girardelli discusses, the architectural and infrastructural topography of Pera was more or less under constant change due to the frequent fires that devastated the district, and also due to its being a diplomatic arena where changing balances of power was being expressed and exhibited via architectural semiotics. For the buildings that housed the institutions that symbolized the Ottoman modernization, the Ottoman state also chose Pera.¹⁶⁹ The organization and flourishing of construction settlement evolved around the Grand Rue de Péra/ Caddesi Kebir.¹⁷⁰ In the first decades of the century, Pera was characterized by gardens, vineyards, chapels, embassies, alleys, casernes and cemeteries.¹⁷¹ In the last decades of the century, especially with the reconstruction period after the fire of 1870, the Grand Rue de Péra was dominated by buildings housing cultural associations, theaters, clubs, commercial spaces and stores.¹⁷²

A series of important changes in the Ottoman political, military, administrative, social, educational, economic, cultural and health realms took place in the first part of the nineteenth century which had their roots in the eighteenth century and first culminated in the Imperial edict known as Tanzimat Fermanı which was announced by a group of young Ottoman bureaucrats on 3 November 1839.¹⁷³ The state as an actor while striving for strengthened centralization shaped the nineteenth-century Istanbul urban development and physiognomy greatly. It availed itself of architecture not only in the self-(re)presentation as modern, but in the very

¹⁶⁹ Girardelli, "Religious Imprints," 128-129.

¹⁷⁰ Girardelli, "Religious Imprints," 128; Anastassiadou, *Les Grecs*, 35. For instance, the fish market was placed opposite to the Galatasaray. The only mosque located on the Grade Rue was the Hüseyin Ağa Camii which was built in 1597. Anastassiadou, *Les Grecs*, 38.

¹⁷¹ Anastassiadou, *Les Grecs*, 39. The restauration and creation of non-Muslim religious buildings happened here more easily, because it was not dominated by a Muslim population. But other factors such as diplomatic relations also played a part. Anastassiadou, *Les Grecs*, 41-42.

¹⁷² Girardelli, "Religious Imprints," 129.

¹⁷³ Gül and Lamb, "Mapping, Regularizing and Modernizing Ottoman Istanbul: Aspects of the Genesis of the 1839 Development Policy," 421; Sertoğlu, "Tanzimata Doğru," 3.

process of modernizing itself. It took on the services carried traditionally by the endowments and which were usually viewed as an act of charity such as establishing schools, hospitals, building bridges, even barracks, etc., and started to build these in the name of the state. The trend and process that started towards the end of the eighteenth century¹⁷⁴ peaked during the nineteenth century.¹⁷⁵ Many army and educational establishments were built in today's Beyoğlu district.¹⁷⁶

The establishment of the Imperial Medical College in Pera must be, although briefly, mentioned here, because it constituted an important stage in medicalization of space in Pera. The Ottoman Empire's first official lazaretto was created in the Imperial Arsenal in 1806 along with a medical school where naval academy students were trained by European physicians in infectious diseases, surgery and anatomy (see Appendix B, Figure 3).¹⁷⁷ The first modern medical school, *Tıphane-i Amire*, accepting exclusively Muslim students was established on 14 March 1827 and the school for surgery, *Cerrahhane-i Mamure*, on 9 January 1832 with the primary aim to raise Muslim physicians and surgeons for the army.¹⁷⁸ But the origins of the idea of establishing the school also had to do with the severe epidemics and the need to confront them with up-to-date medical knowledge.¹⁷⁹ These two schools were united and restructured to form the Imperial Medical School of Galatasaray, *Mekteb-i Tıbbiye-i (Adliye-i) Şahane*, in 1839 (see Appendix B, Figure 4). Again, within the framework of the Tanzimat, it was opened to Christian students in 1842–1843 and to Jewish students in 1847. Medicine happened to be the first discipline that united the

¹⁷⁴ Tanyeli, "İstanbul Mimarisinde," 338-339; Gül and Lamb, "Mapping," 423-424.

¹⁷⁵ See, Çelik, *The Remaking of Istanbul: Portrait of an Ottoman City in the Nineteenth Century*, xvii.

¹⁷⁶ Gül, *Emergence*, 35.

¹⁷⁷ Bulmuş, *Plague*, 102.

¹⁷⁸ Yıldırım, "Le rôle," 127-128. These schools were in Vezneciler in a mansion near the Acemioğlanlar Kışlası used by the janissaries till their abolition in 1826. Ülman, *Galatasaray Tıbbiyesi: Tıbbiye'de Modernleşmenin Başlangıcı*, 21.

¹⁷⁹ Sarıyıldız, *Hicaz Karantina Teşkilatı (1865–1914)*, 6.

Muslim and non-Muslim students under an educational establishment. The instruction took place in French. The majority of the instructors were Greeks, Armenians, Austrians, Italians, and Frenchmen. There were some names among the instructors who were famous in Pera such as Antoine Calleja and Francesco Dellasuda.¹⁸⁰ The *Journal de Constantinople* was very interested in reporting on the graduation and examination ceremonies at the Medical School of Galatasaray and the school itself too.¹⁸¹ It was celebrated as a tangible evidence for the empire's "walk on the path of progress".¹⁸² Among the highlighted topics that were regarded as must-be-reformed, for the "nation" lacked very clearly in them, was the state of education and knowledge.¹⁸³ And medical and sanitary knowledge constituted an area where "Ottoman progress" made itself visible in many ways, hence deserving frequent coverage.¹⁸⁴ In fact, Pera housed the institutions that made available such knowledge for the whole empire. It can be said that - according to the journal - Pera gained an educative role in fighting against ignorance and prejudices and emanating knowledge and wisdom as they were (being) defined in the nineteenth century.¹⁸⁵

It was not only the sciences a medical school taught that showed advancement in "the path of progress and civilization", but also the buildings that

¹⁸⁰ Yıldırım, "Le rôle," 128.

¹⁸¹ See, Ülman, *Galatasaray Tıbbiyesi*.

¹⁸² Ülman's monograph can be consulted for further examples.

¹⁸³ See, f. ex., "Intérieur," *Journal de Constantinople*, January 1, 1848, 1.

In the Tanzimat period and beyond, education as a means to improve the conditions of life and to regenerate the respective ethnico-confessional community was in general a field in which religious and political leaders, philanthropists, missionaries, etc. invested increasingly and with great hope for achieving desired results, namely advancing on the path of progress and civilization. Anastassiadou-Dumont, "*Science et engagement*," 13. Hygienic instruction, which usually had a pedagogical function and aspect to it, also constituted a part of this. See, f. ex. on the Greek community and physicians, Anastassiadou-Dumont, "*Médecine hygiéniste*," 68–70, 69 footnotes 7 and 8; Georgiadou, Maria Georgiadou, "Expert Knowledge between Tradition and Reform: The Carathéodorys: A Neo-Phanariot Family in 19th Century Constantinople," 271-280.

¹⁸⁴ See, Ülman, *Galatasaray Tıbbiyesi*.

¹⁸⁵ See and cf., "Intérieur," *Journal de Constantinople*, January 1, 1848, 1. Nahum, "Charisme et pouvoir d'un médecin juif: Moïse Allatini (1809–1882), 'le père de Salonique'," 61. On "knowledge" in the nineteenth century, see, f. ex., Osterhammel, *The Transformation of the World*, 779-816.

housed them.¹⁸⁶ But unfortunately, the Galatasaray medical school was burnt down in a fire in November 1848 and transferred to Humbarahane Kışlası in Hasköy.¹⁸⁷ A new medical school was going to be built again in Pera.¹⁸⁸ The journal announced that the British architect William James Smith proposed his design for the building, then gave a description of the plan, by adding that choosing the location for the building had been difficult, and all the rules of hygiene had been respected.¹⁸⁹ This probably hinted at the quality and reception of air and light here, the construction material, location, and spacious plan.¹⁹⁰

Three major reasons given for the genesis of urban modernization of Istanbul are placed in the eighteenth century and described by Gül and Lamb. The first one was the empire's increased cultural and diplomatic encounters with and interest in Europe.¹⁹¹ The second was the factor of fire that enforced the city's rebirth from the ashes so-to-speak again and again. And the third one was Istanbul's population's having kept increasing primarily due to in-migration from Anatolia, Rumelia, but also from Greece and Europe. The migrants would be usually settled within the old city walls and in the existing neighborhoods, which "resulted in a significant increase in the density of building, transformation of the spatial qualities of settlements and a chaotic character to the city."¹⁹²

¹⁸⁶ *Journal de Constantinople*, September 14, 1848, 1, 4th column.

¹⁸⁷ Ülman, *Galatasaray Tıbbiyesi*, 91, 94.

¹⁸⁸ Today's Taşkışla where the school of architecture of the Istanbul Technical University is housed. The building did not function in the way as initially planned; it was turned into a barracks before it was completed. Ağır, Batur, Cephaneçigil, Kula Say, Topçubaşı Çilingiroğlu, and Uğurlu, "An English Architect in the 19th Century Istanbul: William James Smith and Taşkışla," 98.

¹⁸⁹ *Journal de Constantinople*, September 14, 1848, 1, 4th-5th column.

¹⁹⁰ For the contemporary notions of hygienic constructions, see the numerous studies in this study, f. ex., Göckenjan, *Kurieren und Staat machen*, 46.

¹⁹¹ Gül and Lamb, "Mapping," 422.

¹⁹² Gül and Lamb, "Mapping," 422-423. See also, Anastassiadou, *Les Grecs*, 71-72, 76-77. According to the survey of 1842 the number of the immigrants who were recorded as *bekâr*, or single, was around 65,000. The majority of them were Christian and younger than 30 years old. Anastassiadou, *Les Grecs*, 72. The terms does not necessarily refer to the marital status; it signifies a worker in the first place. Anastassiadou, *Les Grecs*, 76.

The Tanzimat signify the reforms introduced into the government and administration of the Ottoman Empire between the beginning of the reign of Abdülmecid (1839–1861), its inauguration being the Gülhane Decree of 1839, and the dissolution of the parliament by Abdülhamid II (1876–1909) in 1878. The declaration was that the life and property of the subjects of the sultan would be assured against arbitrary actions of the government, that the system of tax farming would be abolished, and that all Ottoman subjects, regardless of their religion, would be rendered equal before the law.¹⁹³ As a result, the Tanzimat and the more comprehensive *Islahat Hatt-ı Hümayunu* of 1856 “brought in absolutely new legal concepts for the re-organization of the non-Muslim communities.”¹⁹⁴ These decrees legalized the establishment and renovation of clerical and laic assemblies and institutions for community affairs by the non-Muslims, which led to numerous non-Muslim building initiatives that were unprecedented in the empire.¹⁹⁵ The Tanzimat period is highlighted for the fact that it either coincided with or paved further the way for commercial developments, such as the Anglo-Ottoman Treaty of 1838¹⁹⁶ and the following similar treaties concluded with other European powers, which eventually increased the wealth and the political influence of the non-Muslim bourgeoisie. Another historical event that contributed to this was the Crimean War due to its commercial aspect.¹⁹⁷

Gül and Lamb show that the changes in development planning in the empire in the second half of the nineteenth century were related to the provisions of 1839

¹⁹³ Rosenthal, *The Politics of Dependency*, p. 33.

¹⁹⁴ İnalçık, “Status,” 199

¹⁹⁵ See, f. ex., Çelik, *The Remaking of Istanbul*.

¹⁹⁶ See on the 1838 Anglo-Ottoman Commercial Treaty and the consequences such as integration to the European liberal market, the need for financial and banking institutions and other consequences for the empire’s economic, social, and urban history, f. ex., Toprak, “Modernization and Commercialization in the Tanzimat Period: 1838–1875,” 69.

¹⁹⁷ Rosenthal, *The Politics of Dependency*, xxiii.

Development Policy that prescribed for Istanbul among others a proper street network consisting of wide roads with pedestrian pathways, proper wharfs and large open spaces, masonry construction for residential dwellings, elimination of the timber buildings, public open spaces created within the proximity of the great mosques, preparation of maps and plans for the city to carry out these and other works.¹⁹⁸

The enlargement of the streets, and thereby often also the replacement the culs-de-sac, larger infrastructure works with regard to sanitation and also with regard to illumination took place in the second half of the century, especially after the establishment of the Municipality in 1857, “the Municipality of the Sixth Arrondissement” comprising Galata, Pera, Tatavla, Tophane, Feriköy, some parts on the shores of the Bosphorus. The systematic reorganization of the city according to Western planning principles and the systematic application of the grid street patterns, street enlargements, establishing a contemporary transportation network, providing pedestrian paths, etc. started after the end of the Crimean War,¹⁹⁹ and the points with regard to big city transformations,²⁰⁰ became more relevant after this period for Pera and its historical core Galata.

Several other nineteenth-century global trends and developments became reflected in Galata-Pera to a significant extent, among which the influence of increased and regularized overseas trade and shipping²⁰¹ can be counted, and it was clearly visible in the contemporary newspapers, for instance. In fact, trade, import-

¹⁹⁸ Gül and Lamb, “Mapping,” 434.

¹⁹⁹ Gül and Lamb, “Mapping,” 433.

²⁰⁰ See, f. ex., Osterhammel, *The Transformation of the World*, 246-248.

²⁰¹ Osterhammel regards overseas trade as an important engine of urbanization. Osterhammel, *The Transformation of the World*, 278.

and-export business, had always been a most important factor in the shaping of Pera,²⁰² particularly the old walled city of Galata.

Biray Kolluoğlu and Meltem Toksöz's understanding of cosmopolitanism as a concept for talking about the nineteenth-century cities of commerce is also very helpful while underlining the district's "connectedness" to Western Europe in this study:

[C]osmopolitanism should not be conceptualized merely as an intellectual, aesthetic, or cultural stance but as a spacial phenomenon that mediates between the local and the global. Cosmopolitanism should be employed in this place-bound understanding, with cosmopolitan sites seen as sites that tie together flows of people, goods, and capital within the larger world in which they are embedded. Eastern Mediterranean cities of commerce are rendered cosmopolitan by their placement in the world economy and nexus of flows of peoples and goods. It is the different lingual, confessional, and ethnic communities' attachment and belonging to these cities which contribute to their connectedness. These terrains are conceptualized as cosmopolitan not simply because of their multiconfessional, multi-ethnic, and multilingual populations and dense and variegated cityscapes, but also because they occupied relatively autonomous spaces that mediated between different worlds.²⁰³

Pera in the early nineteenth century, was "cosmopolitan" in this sense.

However, one should still be careful and not approach it with an expectation of "cosmopolitanism" which would suggest "harmony and unity" in every aspect despite differences and separations.²⁰⁴ It was the sort of a "cosmopolitanism" that allowed for experiencing the city in a way that was not risk-free, that is to say,

²⁰² Rosenthal, *The Politics of Dependency*, 5.

²⁰³ Kolluoğlu and Toksöz, "Mapping Out the Eastern Mediterranean: Toward a Cartography of Cities of Commerce," 8.

²⁰⁴ See, the following remark by Ahmet Ersoy who refers to the whole city: "The Ottoman *modus vivendi* that had nourished the city throughout the centuries depended upon a pre-modern and patriarchal system of controls and restrictions geared toward avoiding conflict between communities and reaping the maximum political and economic benefit for the state. Istanbul's traditional urban configuration was mainly shaped along the prescribed ethno-religious criteria of segregation. The city was made up of largely self-sufficient neighborhoods called *mahalles*, usually formed around a mosque, a church, or a synagogue. Although not walled-in like ghettos, the neighborhoods constituted organically unified urban entities whose inhabitants were mostly (but seldom exclusively) members of the same community. Characterized by narrow winding streets and cul-de-sacs, each mahalle unit demarcated a semi-private domain that engendered a high level of solidarity among its inhabitants who had to share responsibility in their dealings with the state." Ahmet Ersoy, "Istanbul," 1186.

anyone could “shock”, “irritate”, or “inspire” the other because they acted differently; it also enabled European physicians who wanted to experiment with the idea of non-contagion, which would have not been possible in their homelands. Similar accounts of plague in the other cities in the Levant such as Thessaloniki, İzmir²⁰⁵ and Alexandria, but also in the Ottoman Rumelia²⁰⁶ are also very interesting. A comparative study can make us understand better what was special to Pera and also perhaps what was not present there. The existing primary and secondary sources do indicate that Pera had an important in the history of plague in the empire.²⁰⁷

It should be underlined here that Galata and Pera of the period that this study deals with was still dominated by timber buildings (see Appendix B, Figure 5).²⁰⁸ In fact, Galata had been very densely built - not dominantly of stone anymore but also of wood - and densely populated roughly till the demolition of the Genoese walls in 1863/1864.²⁰⁹ And this was indeed relevant for plague’s presence. Although stone buildings were definitely not flea-free either, cracks in timber buildings happened to be the optimal places for flea eggs to grow, so chances to survive for fleas were perhaps higher in timber buildings.²¹⁰

²⁰⁵ See and *cf.* Dursteler, *Venetians in Constantinople*, 26, 39; Groot, *The Ottoman Empire*, 218-219.

²⁰⁶ See for rituals attended by the members of the three religions with the hope of protection from plague, Robarts, “Nowhere to Run to,” 229.

²⁰⁷ This does not surprise also because administrative matters and policies concerning health, health staff, creation of military and civic hospitals, foreign hospitals, apothecaries, institutionalized medical education etc., all either started in, or governed from, or were directly or indirectly related to Istanbul. Yıldırım, “İstanbul’da,” 92.

²⁰⁸ Girardelli, “Sheltering Diversity,” 114-115. Girardelli underlines that the embassies and prominent families here tended to construct masonry buildings in Pera only after the Fire of 1831.

²⁰⁹ Girardelli, “Sheltering Diversity,” 114-115; Han, “İstanbul ve Galata,” 53.

²¹⁰ Varlık, *Akdeniz Dünyasında*, 55. However, some European visitors to the city such as Antonio Baratta, who published a work on Istanbul in 1840, admired the traditional timber houses of the city “for their open articulation—exposed to air and light, much more healthy than the gloomy, damp and severe European masonry houses ...” Girardelli, “Sheltering Diversity,” 114.

Another aspect was important in creating the image and the reality of Pera at least till the middle of the nineteenth century.²¹¹ Pera was, namely, also a city of and for the dead:

In the Byzantine and most of the Ottoman period, the overarching character of Galata's northern extension was its green spaces, composed of vineyards and cypress trees, accompanying thousands of graves. Whereas there were several burial grounds belonging to various religious denominations, there were two main "fields of the dead" in Pera: What the French (and after them, the rest of the Europeans) called the Grands-Champs des Morts and the Petits-Champs des Morts. While the former was divided into various mostly non-Muslim graveyards, the latter was where the first Muslim cemetery, Küçük Kabristan, of Istanbul was established, roughly over the same area of an ancient Byzantine cemetery in Tepebaşı that was formed during the devastating sixth-century plague.²¹²

The cemetery that covered the area between Taksim stretching to Kasımpaşa and descending to Dolmabahçe including Gümüşsuyu was the Muslim cemetery. The area between Parmakkapı Sokağı and the Hagia Triada was the Greek cemetery. Opposite to it, the Latin cemetery was found. The cemetery that covered the area from Taksim to Pangaltı was the Armenian cemetery.²¹³ The Catholic and Protestant cemeteries were transported to Feriköy. The process started with an Ottoman memorandum in 1852 which demanded the abandoning of the Grands-Champs des Morts to secure the public hygiene. The translation was completed in 1864.²¹⁴ Today, with a couple of exceptions, almost no trace of the cemeteries is found in Pera.²¹⁵

The hospitals in Galata and Pera will be mentioned in the fourth chapter. Here it will only be underlined that the development of hospitals in the city continued especially after the declaration of the Tanzimat. The city experienced a relative boom

²¹¹ Kentel, "Assembling," 101.

²¹² Kentel, "Assembling," 100.

²¹³ Dadyan, "Şehrin En Büyük Mezarlığından, En Önemli Merkezine: Salgın Hastalıkların İzinde Taksim ve Çevresi," 85.

²¹⁴ Marmara, *La communauté*, 159-164.

²¹⁵ Laqueur, *Hüve'l-Baki: İstanbul'da Osmanlı Mezarlıkları ve Mezar Taşları*, 8.

in hospital constructed of stone²¹⁶ not only in Galata and Pera but also in the other districts of Istanbul such as Balat, Yedikule, and Üsküdar: military hospitals; *vakıf* hospitals; hospitals and/ or hospices built by the Jews, the Greek, and the Armenian communities. Many of these were mainly financed by donations, and to some extent by the state assistance from the reign of Abdülaziz onwards and revenue generating activities.²¹⁷ Some hospitals were built by the European colonies or embassies, i.e. by the French, the Italian, the German, the Austrian, the Bulgarian, the English, the Austro-Hungarian, and the Russian. There exists only seven of the last mentioned today: The German Hospital, the Italian Hospital, Sankt Georg Austrian Hospital, the British Seamen's Hospital, the French La Paix Hospital, the French Pasteur Hospital, and the Bulgarian Hospital. Except for the Bulgarian and the French hospitals, which are located in Şişli, all others are located in Galata or Pera. Initially, they mainly served seamen, pilgrims, and children but with the epidemics and high in-migration rates their services and buildings were enlarged.²¹⁸ Upon the report by two Armenian physicians, the municipality also established a hospital²¹⁹ to treat venereal diseases which appeared at a high rate in the district due to prostitution in 1879. The mentioned physicians underlined that these diseases posed a serious threat to the public health, and it was a duty of the government to protect the population against them.²²⁰ There were also some other hospitals,²²¹ prefabricated hospitals,

²¹⁶ That a hospital would be built in stone was important from the hygienic perspective, because stone floors made cleaning easier. In Europe, “[c]leaning stone floors with mildly acidic chemicals, such as vinegar, was recommended as early as the sixteenth century. Modern medical scholars have confirmed that the plague bacillus has little resistance to antiseptics, heat, or direct sunlight.” Boeckl, *Images of Plague*, 13, 16.

²¹⁷ Yıldırım, *A History of Healthcare in Istanbul: Health Organizations - Epidemics, Infections and Disease Control Preventive Health Institutions - Hospitals - Medical Education*; Şahin, "Charity and Old Age Care: the Non-Muslim Community Hospitals in Istanbul," 53-59.

²¹⁸ Yıldırım, *History of Healthcare*, 228-256; Çapan, "19. Yüzyıl Sonunda," 50.

²¹⁹ The municipality had also collaborated with the nuns of the Charité during the cholera epidemics. Gilbrin, *Médecins français*, 143.

²²⁰ Çapan, "19. Yüzyıl Sonunda," 28.

²²¹ They would often also include orphanages, rooms for the elderly and the poor, and sometimes even operate as vocational courses. Cf. Şahin, "Charity and Old Age Care," 50-51.

dispensaries, and “physicians’ shops”, where the majority of the physicians and the nurses, who were at the same time nuns, were Italian, Austrian, German, or French.²²² The establishment of these hospitals depended mostly on the initiatives of the respective *millet* and European colonies²²³ who kept close connections and correspondence with their homelands, but the Ottoman sultans would also be financially supportive and approach with a welcoming attitude towards them.²²⁴ The Ottoman sultans also actively contributed to creating hospitals, but some of them ended up as military schools. Nonetheless, although not all of them were new buildings but converted buildings, the number of military hospitals exceeded that of the civil hospitals in Istanbul during the Crimean War.²²⁵

²²² Yıldırım, *History of Healthcare*, 228-256; Çapan, “19. Yüzyıl Sonunda İstanbul’da Yabancı Misyonerler Tarafından Yapılmış Hastahane Binaları,” 31-32; Şahin, “Charity and Old Age Care,” 43.

²²³ “Colony” here is used to indicate European settlements in the Ottoman Empire which are politically and juridically controlled and administered by their consuls. Schmitt, *Levantine*, 19.

²²⁴ Yıldırım, *History of Healthcare*, 228-256.

²²⁵ Torun, “Kırım Savaşı’nda Hasta Bakımı ve Hemşirelik,” 72.

CHAPTER 3

PLAGUE IN THE EMPIRE AND THE IMPLEMENTATION OF QUARANTINE

3.1 On plague in the empire

Nükhet Varlık discusses the emergence, spread and persistence of plague in the empire with relation to possible environmental factors,²²⁶ shows in her studies how plague accompanied the history of the Ottoman Empire, be it in the Balkans, in Anatolia, in North Africa, in the Aegean Islands or in the Arabic Peninsula, since the Black Death pandemic started in 1347.²²⁷ For pointing to certain differences in this long and multi-layered history, Varlık's monograph is greatly precious. Only some key background information can follow here.

Varlık speaks of plague networks²²⁸ and, highlighting the element of mobility, argues that these were not different than the networks and relations of humans, commerce, communication, information, administration, taxation, expansion, and also the networks of animals in empires in connecting regions and cities.²²⁹ In the Byzantine and Ottoman cases, Istanbul had definitely been the place these networks arrived at directly or indirectly. It was perhaps for this reason this the city experienced almost every year occurrences of plague, whereas in the periphery plague would normally occur at the intervals of ten to fifteen years. The disease would likely enter the capital through the same routes as goods, furs, silk, wool,

²²⁶ Varlık, *Akdeniz Dünyasında*, 74-79.

²²⁷ See, Varlık, *Akdeniz Dünyasında*.

²²⁸ Varlık, *Akdeniz Dünyasında*, 26.

²²⁹ Varlık, *Akdeniz Dünyasında*, 22-27. In the context of an expanding empire especially, wars played a consequential role as well. Varlık, *Akdeniz Dünyasında*, 69. See also the role of migration and imperial population policies, and urbanization, Varlık, *Akdeniz Dünyasında*, 70-72.

spice and sugar, books, etc. did. On the basis of the early modern sources, it is also assumed that the cities and towns had significant rat populations.²³⁰

Ancient Roman and Greek civilizations and Judeo-Christian tradition equate plague with divine punishment for human transgressions.²³¹ Until the sixteenth century mainly, significant Ottoman religious, hagiographic and historical literature related plague and pestilence also to human transgressions, especially to adultery and extramarital sex. Natural-environmental and supernatural causes were also articulated in the sixteenth century but became emphasized in the later centuries.²³²

The idea of contagion in conjunction with the practice of very strict isolation actually did exist in the Ottoman Empire, but not necessarily in the context of plague. There were lepers' houses in Istanbul and in Anatolia, and people who had leprosy were not allowed to stay in the city anymore, they had to be taken to the lodges far from the city, if necessary with his/her family and spend most possibly whole of his life in "quarantine", so that the inhabitants of the city would be protected from the disease.²³³ Theological perspectives, traditions, and interpretations could have played a role in this curious situation.²³⁴ But the nature and impacts of these diseases differed greatly; leprosy was not necessarily fatal. So, practical reasons are also to be considered.

²³⁰ Varlık, *Akdeniz Dünyasında*, 26-27, 46. Rats were considered a scourge, and could be listed along with plague as troubles in the same narratives, however they would not be deemed related to the appearance of plague in a place. Varlık, *Akdeniz Dünyasında*, 46-48.

²³¹ Boeckl, *Images of Plague*, 1.

²³² Varlık, "From 'Bête Noire'"; Varlık, *Akdeniz Dünyasında*, 346-347.

²³³ See and *cf.* Sarı, "Üsküdar Miskinler Tekkesi (Cüzzamhanesi)."

²³⁴ An answer to what led to different approaches toward plague and leprosy in the Ottoman Muslim society is a topic in itself which this thesis cannot provide. On the idea of contagion in Islamic societies, see, f. ex, Stearns, *Infectious Ideas: Contagion in Premodern Islamic and Christian Thought in the Western Mediterranean*.

A miasmatic understanding of plague, i.e. basically the belief in the occurrence of the invisible infectious germs evaporating from the decaying material, was also present in the medieval and premodern Islamic societies.²³⁵ Theories of contagion were also known and taken seriously by Muslim scholars but did not herald the end of the Galenic system of medical thought, the beginning of public health policies for the majority, and they did not become translated into institutions such as the quarantine, permanent lazarettos, and taking statistical records of the plague-dead like they did in Europe.²³⁶ Prior to the sixteenth century, Greco-Roman, medieval Islamic and prophetic medical systems would be combined, and referred to without much differentiation with regard to the disease in question. Significant similarities with the contemporary European plague practices concerning the famous practice of fumigation, use of vinegar, and also use of talismans can be therefore spotted in the medical treatises.²³⁷ The authors of these would also see the “earthly” origins of the diseases in the miasmas, and discussed possibilities of contagion.²³⁸ Yet, it is difficult to say how much these ideas were in circulation, if they would be put into practice, and if yes by whom, where, when, how often and to what extent.²³⁹

An “optimistic” perception of plague regardless of its transmission was also present among the Muslims, that is to say, Muslims especially those adhering to the

²³⁵ Bulmuş, *Plague*, 59-60.

²³⁶ According to Bulmuş, this was because their states did not follow mercantilist policies which provided the motivation and determination needed for the establishment of the mentioned institutions. Bulmuş, *Plague*, 43-46, 49, 57. So, Bulmuş highlights the commercial aspects as the reason for the establishment of the institution of quarantine in Europe, to be precise in England in the first place. Important should have been the role they played, they had not definitely been the sole reasons leading to it, at least as far as the continental Europe was concerned (She does not discuss Austria and the *cordons sanitaires*). Other consulted literature for this present study shows that ideas about urban and social life, and medical debates paved at least equally if not necessarily more clearly the ground for the sanitary developments in Europe. See and *cf.*, esp. Chase-Levenson, “Early Nineteenth-Century Mediterranean Quarantine as a European System.”

²³⁷ Varlık, *Akdeniz Dünyasında*, 280-284, 289.

²³⁸ Varlık, *Akdeniz Dünyasında*, 288-289.

²³⁹ Varlık, *Akdeniz Dünyasında*, 290-291.

Asharite school²⁴⁰ perceived it as God's will and regarded it as a fated event, in fact a blessing that presented the plague-victim martyrdom if they were good people. If they were not, then plague would be seen as a punishment. Fleeing the plague-infected people and plague-infested places was therefore not really welcomed and enthusiastically encouraged.²⁴¹ In the Ottoman scholarly discourse on plague, one can find many dogmatic arguments that label any precaution against plague and other epidemic diseases as a betrayal of the trust in God's fate.²⁴² Varlık emphasizes that this juridical/religious stance should not be taken for a monolithic picture nonetheless, for Muslims would also share other conceptualizations that were present in the larger Mediterranean basin. From the beginning of the history of Islam, opinions on fleeing the plague, or any epidemic for that matter, had been articulated. And there are many examples for opinions, be they juridical or medical, sanctioning one or the other.²⁴³ In the sixteenth century and later, the imperial elite and the higher echelons of the Ottoman society mainly accepted fleeing the plague as a religiously safe and sound precaution.²⁴⁴

As far as first and foremost the scholarly discourses were concerned, in the fourteenth- and fifteenth centuries, ordinary human actions would be rather considered useless, whereas saint-like figures would be invoked for intercession.²⁴⁵ Varlık speaks of plague's having been regarded as a bad, in fact, apocalyptic omen and a divine warning as well.²⁴⁶ In the sixteenth-century an image of plague that was

²⁴⁰ "The Asharites denied that humans, or nature itself, had any power of causation. Habits of God formulated all events, atomising time and space, and making autonomous natural law impossible." Bulmuş, *Plague*, 18.

²⁴¹ Bulmuş, *Plague*, 7-10, 18.

²⁴² Bulmuş, *Plague*, 15.

²⁴³ Varlık, *Akdeniz Dünyasında*, 299-301.

²⁴⁴ Varlık, *Akdeniz Dünyasında*, 304-307, 344.

²⁴⁵ Varlık, *Akdeniz Dünyasında*, 278-279.

²⁴⁶ Varlık, *Akdeniz Dünyasında*, 262-263. Especially when concurred with some natural phenomena such as the appearance of comets: The Istanbul observatory was abolished for this reason in 1577. Varlık, *Akdeniz Dünyasında*, 79.

isolated from other natural and supernatural phenomena started to appear more and more in the sources.²⁴⁷ Varlık points to the partial medicalization of plague in the empire with regard to its having been approached, described, handled and produced knowledge about more systematically and in a way that had relatively more room for causal agents in this century,²⁴⁸ and notes that the Ottoman sources prior to the sixteenth century mentioned plague rarely and only when in relation to the dynasty such as in cases when the emperor or a military man of high rank would decide to alter his course due to the plague that occurred in the previous destination. Later on, more clearly especially from the seventeenth century onwards, though, it was perhaps due to increased urbanization, having been more acquainted and experienced with the disease with the passage of time, and development and changes in the Ottoman historiography, that plague received definitely more attention and became a topic in itself.²⁴⁹ According to Varlık, the attention that the state paid to the cleanliness of Istanbul's streets in the seventeenth century should be read in this context.²⁵⁰ Yet, it should be underlined that in the sources she cites there is no explicit reference to the idea of miasma and miasma as a factor leading to plague epidemics. So, the intention to prevent the formation of miasmas in the actions taken by the state can be deemed only indicated.²⁵¹ The explicit formulations seems to have arrived in the early nineteenth century with the rule of Selim III.²⁵² However, a thorough study exploring the Ottoman sources of the seventeenth and eighteenth century in this regard is lacking, so, the date suggested here may need revision.

²⁴⁷ Varlık, *Akdeniz Dünyasında*, 81.

²⁴⁸ Varlık, *Akdeniz Dünyasında*, 284-294.

²⁴⁹ Varlık, *Akdeniz Dünyasında*, 93-98, 275.

²⁵⁰ Varlık, *Akdeniz Dünyasında*, 341-345, 357.

²⁵¹ In contrast, precautions in medieval and pre-modern Europe were taken explicitly first and foremost against plague. Crawshaw, "The Places and Spaces of Early Modern Quarantine."

²⁵² Sarıyıldız, "Karantina Mecilisi'nin Kuruluşu ve Faaliyetleri," 331.

From the sixteenth century onwards, as Bulmuş notes “[t]he majority of authors countered this fatalist position by noting that taking precautions fulfilled God’s obligation on people to take the initiative in dealing with worldly trials and tribulations[,]”²⁵³ and considered the diseases natural phenomena leaving the door open for active precautions against them.²⁵⁴ As far as the capital is concerned, there is evidence demonstrating that the number of deaths would be recorded during the plague epidemics, and the corpses would be buried outside the city walls in the sixteenth and seventeenth centuries.²⁵⁵ Contemporary records actually inform that many Muslims too would flee the plague-infested areas.²⁵⁶ Especially, in the military context, movements of soldiers would be halted either to protect the destination-place from the plague among the army or the army from the plague in the destination place.²⁵⁷ However, rather scholastic, theological, and not seldom contradictory debates went on for centuries, and whether material and practical measures against plague were sanctioned by the Islamic law continued up until the implementation of quarantine in 1838,²⁵⁸ and a public health policy that would effect a broader population than only the soldiers for example, in this form did not exist. So, at least as far as medical learned discourses are concerned, recent studies show that labeling Ottoman conceptions of health and medicine as “passive” and “fatalistic” would be not correct.²⁵⁹ And accounts on well-off Muslims fleeing the plague are actually

²⁵³ Bulmuş, *Plague*, 15.

²⁵⁴ Bulmuş, *Plague*, 16-36; Varlık, *Akdeniz Dünyasında*, 260.

²⁵⁵ Varlık, *Akdeniz Dünyasında*, 315-320. Deaths of the ordinary people, the *reaya*, i.e. taxpayers, would normally not be recorded by the state unless a court case was involved. Varlık, *Akdeniz Dünyasında*, 553.

²⁵⁶ Bulmuş, *Plague*, 23-26; Varlık, *Akdeniz Dünyasında*, 245, 249, 251-252.

²⁵⁷ Varlık, *Akdeniz Dünyasında*, 243.

²⁵⁸ Ayalon, *Natural Disasters*, 46-47; Bulmuş, *Plague*, 16, 18-28. See and *cf.*, f. ex., Bulmuş, *Plague*, 106. More than the medical/epistemological beliefs, the fact the measures intervened with the social life, isolated individuals, and above all, included post-mortem examination the dead bodies and interfered with how the dead were to be buried (f. ex. with lime) seems to have caused negative reactions from the Muslims. See, Yıldırım, “Osmanlı Coğrafyasında Karantina Uygulamalarına İsyancılar ‘Karantina İstemezük!’”

²⁵⁹ Shefer-Mossensohn, “A Historiography of Epidemics in the Islamic Mediterranean,” 16.

numerous enough to consider the financial factors' role in assessing people's reaction to plague.²⁶⁰ However, it is also clear that talking about plague included and continued to include in one way or another an apologetic aspect or aspects; and the evidence discovered and discussed by the scholarship so far does suggest that the majority of the Ottoman Muslims would not practice flight as a precaution against plague.²⁶¹ It shall be underlined here that the sources this thesis consults are not chosen to answer the question whether the flight from plague was unique to the non-Muslims or not. For the purpose of this study what it is important, though, is to note that the authors did refer to religious identities when they represented the diseased city, and shaped their narratives. Some of these representations were the results of learned and pre-conditioned, creations of expectations, and expectations from religious identities.²⁶² As far as Istanbul in "the long nineteenth century"²⁶³ is concerned, the following dates were the when severe plague outbreaks and/or epidemics took place: 1791–1792, 1812–1813 and 1836–1837.²⁶⁴ So, in the early nineteenth century, Istanbul continued to be infamous for being a stable plague center.²⁶⁵ This study concentrates on the decades around the two last epidemics. For

²⁶⁰ See and *cf.*, f. ex., Ayalon, "Religion and Ottoman Society's Responses to Epidemics in the Seventeenth and Eighteenth Centuries," 184-190.

²⁶¹ Ayalon, "Religion and Ottoman," 188-189.

²⁶² Ayalon, "Religion and Ottoman," 184.

²⁶³ For the Ottoman "long nineteenth century", see, Ortaylı, *İmparatorluğun En Uzun Yüzyılı*.

²⁶⁴ Varlık, "İstanbul'da Veba Salgınları.", 150. Varlık limits her study with the beginning of the seventeenth century, but informs that outbreaks of plague was recorded for almost every year in the empire in the later centuries, and severe epidemics were recorded for 1603, 1611–13, 1620–24, 1627, 1636–37, 1647–49, 1653–56, 1659–66, 1671–80, 1685–95, 1697–1700s, 1713, 1719, 1728–29, 1739–43, 1756–65, 1784–86, 1791–92, 1812–19, 1835–38. Varlık, *Akdeniz Dünyasında*, 358.

²⁶⁵ "It is ... an indubitable fact, that the plague has always first appeared and established its headquarters in the filthiest part of the crowded, ill-constructed, and large cities, and has committed its most fatal ravages among the lowest of the people. Thus [emphasis added] at Grand Cairo and Constantinople it appears almost annually." "Plague," in Rees, *The Cyclopaedia; or, Universal Dictionary of Arts, Sciences, and Literature*, vol. 27. See this entry also for an English source on what Europeans in general knew in the early nineteenth-century about plague such as its presence in the historical sources, its kinds, symptoms, etc.

In fact, both in Byzantine and Ottoman historiographies themselves plague had often been underlined as a Constantinopolitan reality/trouble. Varlık, *Akdeniz Dünyasında*, 174.

the epidemic of 1812/13 in Istanbul, 150,000 people were reported to have lost their lives to this disease, in that of 1836/37 in Istanbul the number of dead people was around 80,000.²⁶⁶ With the exception of the year 1776, from 1701 to 1844, plague had always been present at least in one part of the empire which would often then become the origin of an epidemic.²⁶⁷ In this period, Istanbul endured 94 years of plague of different levels of severity from benign to terrible (83% of the contaminations did not turn into epidemics and did not leave too big numbers of dead behind). This meant out of every six years four years were infected with plague, and twenty-two epidemics occurred each of which lasted circa four years. The plague-season in Istanbul would usually begin in April and end with the beginning of winter.²⁶⁸ So, in Istanbul's case one should also speak of endemics for the city.²⁶⁹ Almost ten years later, though, it "disappeared" from the empire probably owing to tight quarantines and new official health authorities.²⁷⁰ Panzac underlined that the Ottomans were familiar with the disease, when it appeared in benign form, its symptoms did not defer much from those of the diseases which troubled the miserable populations. One died of it just one would die of undernourishment, typhus, malaria, smallpox,²⁷¹ and other diseases that were caused by parasites or

²⁶⁶ Osterhammel, *The Transformation of the World*, 185-186.

²⁶⁷ Panzac, *La peste*, 207.

²⁶⁸ Panzac, *La Peste*, 198-199, 217, 221, 223. For more on the chronological and statistical data, see, Panzac, *La Peste*, Chapter 9 "Frequence, cycles et calendrier de la peste", 195-227.

²⁶⁹ Varlık, *Akdeniz Dünyasında*, 236-237.

²⁷⁰ Panzac, *Quarantaines*, 21; Osterhammel, *The Transformation of the World*, 185-186. Nevertheless, Varlık suggests that natural historical phenomena's role should also be discovered. Varlık, *Akdeniz Dünyasında*. Another explanation that the scientists and historians consider to have been influential is as follows: "These two facts - the proximity of rats to humans and the use of wool as the primary material for clothes - seem to explain why past societies saw many plague epidemics. Once farm animals were banned from residential neighborhoods, concrete and asphalt were used to pave the streets and keep rats underground, cotton replaced wool as the chief component of clothes, and waste and excrement were disposed of in orderly fashion the occurrence of plague decreased considerably." Ayalon, *Natural Disasters*, 16.

²⁷¹ It is well known that smallpox vaccines were applied in the Ottoman Empire in the early eighteenth century. But the regulation of vaccination by state institutions out of concern for and policies regarding the public health took place in the 1840s. Balsoy, *Gender*, 27-29. More on the history of variolation, see, Yıldırım, "İstanbul'da," 108, 110.

deficiencies.²⁷² Yet, as demonstrated by Varlık and as will be discussed below, plague occupied culturally, politically and socially a remarkable place.

3.2 Beginnings of the implementation of quarantine

Plague in the Ottoman Empire in the eighteenth century is not researched as systematically as for the earlier centuries. No extensive study is known to me that would examine and present clearly the measures taken by the state and the medical communities against plague in Istanbul based on Ottoman Turkish sources. However, some studies touch on plague in this century.²⁷³ Zarinebaf notes:

Cleanliness, dry weather, good personal hygiene, health, and lack of human contact were considered natural protections against the plague. However, it was very difficult to maintain order, cleanliness, and human isolation in a port city like Istanbul. Human refuse and garbage were disposed of in the Sea of Marmara and on the outskirts of the city. Moreover, nomads, merchants, soldiers, sailors, and pilgrims helped spread the bacillus from Iran and eastern Anatolia to the Balkans, the Aegean, the Mediterranean, and North Africa and vice versa.²⁷⁴

Prior to the Tanzimat keeping the city clean was the duty of the local residents, attendants of mosques and public baths, and shopkeepers although “[t]he chief of city cleaners and the chief of garbage collectors employed 1,000 workers to collect the garbage from the streets of greater Istanbul.”²⁷⁵ Garbage was collected in receptacles and thrown to the sea.²⁷⁶ Although one was threatened with punishments for the dirt that was not disposed of, some streets, neighborhoods and market places were notoriously dirty.²⁷⁷ Municipal organizations did not exist; the *kadıs* were in

²⁷² Panzac, *La peste*, 279.

²⁷³ See especially, Ayalon, *Natural Disasters*; Mikhail, *Nature and Empire*.

²⁷⁴ Zarinebaf, *Crime and Punishment in Istanbul 1700–1800*, 36.

²⁷⁵ Zarinebaf, *Crime and Punishment*, 36. See, also, Yerlikaya, “Tanzimat’tan Önce Osmanlı Devleti’nde Belediye Hizmetleri,” 33.

²⁷⁶ Yerlikaya, “Tanzimat’tan Önce,” 33-34.

²⁷⁷ Cf. Mazak, “Osmanlı’da Sokak ve Çevre Temizliği,” 64-67; Yerlikaya, “Tanzimat’tan Önce,” 33.

charge of the juridical and administrative issues such as policing, inspection of the market, market prices and the guildsmen and handicraft producers, and management of financial resources, tax collection, determination of prices for produce, controlling of produce with regard to cleanliness and quality, transportation regulations, building and repairing of the buildings and pavements in the cities and towns that belonged to their respective *daires*, i.e. administrative units for which they were responsible.²⁷⁸ The *kadis* were assisted by groups some of which belonged to the janissaries.²⁷⁹ With the abolition of the janissaries in 1826, the duties mentioned above were assigned to the newly established *İhtisab Nezareti*, i.e. the ministry of the marketplace, which became *Şehremaneti*, i.e. municipality, in 1854.²⁸⁰

The streets of Istanbul were in general waterlogged, unpaved, were narrow and mostly dead-end streets. There was no sewage system either. There were dumps between the narrow streets where dead cats, dogs, and rats would be found.²⁸¹ So, it was not a very clean city, at least not in the eyes of both the Ottoman and European contemporaries.²⁸² Restricted and sporadic state interventions would take place if there were public petitions.²⁸³ In fact, when discussing the quarantine the issue of

²⁷⁸ Yerlikaya, "Tanzimat'tan Önce," 17, 22-47.

²⁷⁹ These consisted of *ihtisab ağas*, *subaşı*, *kadı nâibis*, *böcekbaşı*, *çöplük subaşı*, *tulumbacıbaşı*, *mimarbaşı*. Yerlikaya, "Tanzimat'tan Önce," 15. For more information, see, Yerlikaya, "Tanzimat'tan Önce," 22-47. See, esp., the *çöplük subaşı*, in Mazak, "Osmanlı'da Sokak." For the cleanliness of military spaces and large public spaces such as the Sultanahmet Meydanı janissaries were in charge; but neighborhoods and commercial areas had to be cleaned by the residents and shop owners. Mazak, "Osmanlı'da Sokak," 56-57.

²⁸⁰ Yerlikaya, "Tanzimat'tan Önce," 17, 47.

²⁸¹ Mazak, "Osmanlı'da Sokak," 63.

²⁸² Ayalon, *Natural Disasters*, 58; Mazak, "Osmanlı'da," 59-63. See, for the issue of dirtiness and laziness with regard to cleaning of the city in the official documents, Mazak, "Osmanlı'da Sokak," 65-67; Appendix in *Orijinal Belge ve Fotoğraflar*, "Belgeler," 118-251. These selected documents mention that garbage, waste matter and swamps would cause disturbances, but the majority of them do not relate them to miasmas or odors spreading diseases. In fact, only one court register from 1836 in the mentioned work underline that foul smelling filth would cause some diseases. Appendix in *Orijinal Belge ve Fotoğraflar*, "Belgeler," 248-249.

²⁸³ Shefer-Mossensohn, "Health," 166-169.

cleanliness of the streets prior to its introduction should be considered. Because the articulated quarantine principles did pay attention to it.

In Istanbul, plague would spread quickly “along the Golden Horn and Galata by travelers and mariners to hans, janissary barracks, public baths, coffeehouses, barbershops, and bachelors’ rooms, and from these places it [would infect] the rest of the city through human contact.”²⁸⁴ Zarinebaf counts the periodic inspection of *hans* and bachelors’ chambers, which would primarily serve preventing migration into the city, and the isolation of the infected and the dead among the plague-control measures.²⁸⁵

Social control, policing, investigation the quarters of Istanbul, listing individuals who stayed at bachelors’ quarters, inns, shops, bathhouses, dervish lodges, and *medreses* were among the topics that marked the rules of Selim III (1789–1807) and Mahmud II (1808–1839).²⁸⁶ Betül Başaran argues for the period begging with Selim III’s rule as follows:

The emphasis on social regulation and surveillance during the early 1790s demonstrates an official, authoritarian attempt to exert direct control over the inhabitants of Istanbul in the face of social and economic tensions, fires, plagues, and war, even as the central administration increasingly lost its grip over many of the provinces. During the so-called reform era (1839–76), especially under Mahmud II (r. 1808–39), this trend became pronounced. Ottoman rulers employed net-absolutist policies, which were increasingly defined by the “interests of the state as defined by the people in charge of it.” We can see the beginnings of this shift in the 1790s, especially with regard to increased surveillance. Broadly speaking, surveillance refers to administrative practices such as censuses, surveys, registrations, and the collection of information for fiscal and political purposes; it is based on a new understanding of society as a knowable entity over which social control is integral. At the same time, it is a means for the state “to act upon, and to shape and manage the population.”²⁸⁷

²⁸⁴ Zarinebaf, *Crime and Punishment*, 35.

²⁸⁵ Zarinebaf, *Crime and Punishment*, 36.

²⁸⁶ See, Başaran, *Selim III, Social Control and Policing in Istanbul at the End of the Eighteenth Century*; Tanyeli, “İstanbul Mimarisinde,” 313.

²⁸⁷ Başaran, *Selim III*, 5.

So, this factor was also important for the introduction of the quarantine and hints at the active role of the Ottoman state.²⁸⁸ This aspect will not be discussed in detail in this present study. However, being aware of the significance of Selim III's and Mahmud II's reigns in this regard, this aspect should be taken notice of. That is to say, the establishment of the institution of quarantine served obviously several goals and fit into several contexts.²⁸⁹ Among other scholars, Başaran and Zarinebaf show that the state perceived immigrants, beggars, vagrants, and bachelors as posing threats to the public order in the late eighteenth century.²⁹⁰ Shirine Hamadeh observes and contextualizes the perceived threats from these populations in relation to spatiality, regulation of space and movement in the city. In a remarkable article, she also discusses the document that will be briefly referred to here.²⁹¹

So, as far as our topic is concerned, a demolition that took place in 1812 which concerned the bachelors' chambers in Galata and Kasımpaşa is quite interesting. I could not find a similar case of demolition, where plague was used as a reason, documented in the Primary Ministry Ottoman Archives. But a more thorough research should be undertaken. According to this document from 1812, the wooden ones among these bachelors' chambers were demolished, the stone ones blocked and

²⁸⁸ Bulmuş, *Plague*, 112-113. The institution of quarantine was certainly part of social policing policies in Europe. Bulmuş argues that in the Ottoman Empire it was rather given the role of being a guard against colonialization and a tool for modernization. Official documents demonstrate that the state thought that the implementation of quarantine would make policing the foreign ships possible. Sarıyıldız, "Karantina," 343.

²⁸⁹ The quarantine projects and practices especially among the reaya (a search through the archival records indicate that there were cases involved the state) during the reign of Selim III must yet be researched and published on. It seems it would fit into a contextualization provided by Başaran, but also by Fariba Zarinebaf in her *Crime and Punishment*, esp. 128-129.

²⁹⁰ Başaran, *Selim III*, 56; Zarinebaf, *Crime and Punishment*, 36.

²⁹¹ Hamadeh, "Mean Streets: Space and Moral Disorder in Early Modern Istanbul." "Remarkably, [the regulation of immoral or criminal behavior in the pre-Tanzimat period] resonated closely with contemporary ideals of urban sanitation and hygiene. The idiom *tanẓīf ve taḥhīr* (lit. "cleaning and purifying"), which recurrently appears in official documents concerning garbage collection, street sweeping, the dumping of rotting animal carcasses, and unwanted individuals, encapsulated this relation." Hamadeh, "Mean Streets," 270. See, her more extensive article on the issue, Hamadeh, "Invisible City: Istanbul's Migrants and the Politics of Space".

sealed, and were never to be re-opened.²⁹² A further relation to the disease or an indication that the demolition was to take place to preserve the public health or hinder further appearances of plague is slightly present in the document. Plague among the inhabitants was given for a reason, but so were other “transgressions” and immoralities for the demolition. And these seem to have been the real cause of trouble.²⁹³ What interests us here is that the appearance of plague, nonetheless, found itself a place in a decree issuing an urban demolition, and was used as a factor of justification.

The first official introduction of Western medicine at state, to be more precise, military institutions, and the establishment of modern (military) hospitals were started, and the intention to implement quarantine principles was set under the rule of Selim III.²⁹⁴ It was under the reign of Mahmud II that the former solidified, and the latter became realized. However, the establishment of quarantine as a system, hence not only as individual and partial practices, was subject to a process that was not linear.

It is known that European merchant and some Greek communities in the Ottoman port cities such as Istanbul, Izmir, Chios, Crete, Cairo, Aleppo and Beirut would impose their own quarantine if they wished, and some Ottoman notables and statesmen would sometimes also do so even in the early eighteenth century.²⁹⁵ Along

²⁹² Prime Ministry Ottoman Archives. C. SH. 6/290/1/1. 29 Za [Zilkade]1227 [4 December 1812].

²⁹³ In fact, bachelors’ chambers, where migrant worker males lived, in relation to uncontrolled migration to Istanbul had always been a politically sensitive issue. These quarters had often been the subject of official reports and inquiries. Behar, *A Neighborhood in Ottoman Istanbul: Fruit Vendors and Civil Servants in the Kasap İlyas Mahalle*, 96.

²⁹⁴ Bulmuş, *Plague*, 97. Moreover, Selim III gave permission to some Italian physicians to study plague in Istanbul at the Greek Plague Hospital in Yedikule and in Anatolia. Sarıyıldız, “Karantina,” 331.

²⁹⁵ Ayalon, *Natural Disasters*, 68-69; Bulmuş, *Plague*, 57-59, 64; Zarinebaf, *Crime and Punishment*, 53. See the remark by Ayalon: “These measures resembled those employed in Europe at the time, and we may assume that they were inspired, at least in part, by the interactions of Ottoman officials with European diplomats and merchants.” In a footnote he explains: “Although I have not found direct evidence for this, it was probably not by chance that quarantine and other preventive measures were

with Europeans and Levantines, Greeks, Armenians, and Jews would also flee when plague appeared,²⁹⁶ if they had the means to do so. It was the French armies that first established the systematic quarantines and lazarettos in the Middle East when they occupied Egypt in 1798 and Algeria in 1830.²⁹⁷ Selim III lacked the support of the Muslim officials in implementing contagionist reforms which Mahmud II succeeded in securing for himself in the 1830s.²⁹⁸ Official documents clearly show that the state had concerns about how people, whom it perceived as not believing in contagion, would react to the adoption of the “Frankish” measures. It was also concerned about possible failure in implementing the quarantine practices and what the Europeans would then think of the Ottoman state.²⁹⁹ Nonetheless, apparently a good number of Muslim physicians, religious scholars and jurists, in fact, overtly supported him in his efforts and even published treatises or issued *fetvas* proclaiming that the institution of quarantine was not against the Islamic law and principles.³⁰⁰

With also Austrian and French initiatives, sanitary measures Europeans had been taking for centuries began to be implemented in the Ottoman Empire from 1830 onwards, as increased military actions, in fact wars, in the Balkans and against Mehmed Ali Pasha, led to cholera and plague epidemics with severe consequences forcing the old and the new states to take action.³⁰¹ The rivalry between Mahmud II and Mehmed Ali Pasha with regard to modernizing initiatives could have played a

introduced by local Ottoman officials in cities with a significant European presence.” Ayalon, *Natural Disasters*, 69, footnote nr. 38.

²⁹⁶ Başaran, *Selim III*, 65.

²⁹⁷ Bulmuş, *Plague*, 98-99.

²⁹⁸ Bulmuş, *Plague*, 102.

²⁹⁹ Sarıyıldız, “Karantina,” 335.

³⁰⁰ Bulmuş, *Plague*, 102.

³⁰¹ Panzac, *Quarantaines*, 95-96. Political and ideological motivations played a part too. The newly emerged states in the Balkans were interested in increasing their population, and creating solid boundaries with the Ottoman empire and protecting themselves from the plague like the European states could. Establishing quarantine stations on the border to the Ottoman empire meant in a way becoming part of Europe. Panzac, *Quarantaines*, 96.

role in terms of accelerating the process. Mehmed Ali Pasha was determined to implement Western medical institutions in Egypt. Kuhnke shows that the implementation of the maritime quarantine in Alexandria and the establishment of the Egyptian Academy of Medicine were the key institutions in Muhammed Ali's modernization projects in 1810s.³⁰² Mahmud II's modernization program clearly followed the same pattern which meant hiring European medical experts who were especially from France and Austria, and raising native physicians practicing Western medicine.³⁰³ As far as the institution of quarantine and the creation of schools teaching Western medicine are concerned, these were two steps that were both parts of a project of a native-led state formation and European-inspired and guided reforms, and were not steps taken *only* due to political or commercial imposition.³⁰⁴

Since "plague" had become more or less a taboo-term, actually a concept, cholera, a new fatal disease, allowed for room to adopt the "Frankish" measures, i.e. quarantining the arriving ships in the first place. One of the most important steps was taken in 1831 when the Maiden's Tower was turned into a lazaretto for the soldiers.³⁰⁵ Ships started to be quarantined at Çanakkale in 1835 more or less systematically. Quarantine administrations were formed already in some provinces but the majority worked only during the epidemics.³⁰⁶ So, some practices of quarantine had been practiced then.³⁰⁷ The Ottoman administration officially and bindingly implemented maritime and overland quarantines in 1838/9 which included

³⁰² LaVerne Kuhnke, *Lives at Risk: Public Health in Nineteenth-Century Egypt*, 33-48.

³⁰³ Bulmuş, *Plague*, 11.

³⁰⁴ See, Bulmuş, *Plague*, 11.

³⁰⁵ See *Takvim-i Vekayi*, 14 C [Cemaziyelahir] 1247 [20 November 1831]. Between 1838 and 1842, the Kuleli Barracks served as the main lazaretto in Istanbul.

³⁰⁶ Yalçınkaya, "Fransız Epidemiyolog Antoine Fauvel'ye Göre 1849'da Karadeniz Karantinaları," 439.

³⁰⁷ Some of the accounts discussed below indicate that policing took place in Pera to implement some quarantine practices.

use of disinfection and sanitary practices³⁰⁸ after the official establishment of the Quarantine Council in Istanbul in 1838. The council would gather at a restored wooden building next to the Arap Camii. It demanded the people who died from plague be reported immediately to the religious authorities. Quarantines were established at the port cities of the empire many of which did not have lazarettos; quarantines would be either performed on board, in tents, or buildings available in the area. An Austrian physician, Dr. Minas, instructed the Ottomans in prophylactic quarantine measures.³⁰⁹ The quarantine was implemented initially only in Istanbul on both sides of the Straits.³¹⁰ Then, maritime and land quarantine stations were opened empire-wide.³¹¹ In 1840, European delegates joined the Quarantine Council, not least to advocate their interests, and several other European physicians assisted the quarantines in the empire.³¹² So, both the Ottoman state and European consuls were involved in the process of the establishment of quarantine in the empire. Among the Europeans, especially the French and the Austrian, played a significant role in eliminating plague from the Ottoman lands as they guided - if not thoroughly shaped - the Ottoman's sanitary policies. The necessary measures proposed by the Austrian physicians were based on contemporary European medical knowledge that combined miasma and contagion; the role of miasmas was stressed, and sanitary improvements were demanded. Cities were to be protected by quarantining ships coming mainly

³⁰⁸ Varlık, *Oriental Plague*, 66.

³⁰⁹ Demirhan Erdemir and Erer, "Arşiv Belgeleri Işığında Türk Tıp Tarihinde Veba Hastalığının Yayılması ve Önlenmesi Üzerine Yorumlamalar," 866; Yıldırım, "Osmanlı Coğrafyasında," 19; Ayar and Kılıç, "Osmanlı'da Vebanın Son," 170-171; Sarıyıldız, "Karantina," 344-345.

³¹⁰ Bulmuş, *Plague*, 111.

³¹¹ Panzac, "Politique sanitaire et fixation des frontières: l'exemple ottoman (XVIIIe-XIXe siècles)," 99.

³¹² Yıldırım, "Osmanlı Coğrafyasında," 19-20. See for the Austrians, who wanted to reduce the quarantine stations, costs and their impediments to trade and believed that the plague had to be fought against in their countries of origin, i.e. the Ottoman Empire and Egypt, f. ex., Chahrour, "A civilizing mission? Austrian medicine and the reform of medical structures in the Ottoman Empire, 1838-1850," 687-705.

from Egypt and other Eastern ports, relocating every workshop and factory that would create miasmas.³¹³ The Ottoman protomedici Abdülhak Molla wrote a treatise on how to take measures against the plague. He basically repeated the ideas European arguments on miasmas and contagion. Moreover, he stated that wooden buildings were prone to spread disease, whereas stone buildings were not. He added, graveyards were to be taken out of the cities; the dead were to be buried with lime; houses where a person died from plague was to be cleaned and fumigated; worn-out clothes were to be burnt; foods and drinks were to be checked properly; filth, waste and dead animals were not to be thrown to the streets; waterlogged streets were to be cleaned and paved.³¹⁴

Europe had a long and traumatic plague-history which eventually ended, lost its terrible intensity, especially in central and northern Europe, owing to strict sanitary policies, i.e. taking quarantine at lazarettos, which began in the late fourteenth/ early fifteenth century, and intensely employed from the latter half of the seventeenth century onwards.³¹⁵ In the following century, plague appeared mainly in the port-cities which were connected to the Ottoman cities via navigation. So, the Ottoman Empire and its sanitary situation became an issue for the European powers in order to protect themselves from waves of plague epidemics coming from the Levant. Striving against plague's reappearance in Europe via establishing institutions of quarantine and *cordons sanitaires*³¹⁶ in the Levant and sending off sanitary

³¹³ Tetik, "Osmanlı Devleti'nin Tanzimat Dönemi Kamu Sağlığı Politikası (1839–1876)," 34-35.

³¹⁴ Demirhan Erdemir and Erer, "Arşiv Belgeleri," 867.

³¹⁵ For more on the lazarettos in Europe, see, Panzac, *Quarantaines*, Chapter II "La Défense Maritime", 31-56, Chapter III "La Protection Terrestre", 57-78. The symptoms of the plague that were recognized by the contemporaries were buboes in the armpits and groins, violent pains that stunned the victims, high and rapid mortality, appearance in favorable seasons, and contagion. Panzac, *La peste*, 48.

³¹⁶ "Credit for stamping out plague in eighteenth-century Europe and ridding the continent of this scourge must be given, at least in part, to empirical remedies. At that time, physicians were still fighting a phantom; therefore precautionary measures such as quarantines, disinfection, basic hygiene, and some surgical procedures played an important role in fighting bubonic plague. Stringent sanitary

physicians there, especially to Istanbul, Cairo, and Alexandria, was relatively successful. However, Europe was confronted with the fact that quarantine alone would not be a solution for the troubles with an another deadly disease, namely cholera, the epidemics of which it had experienced for the first time in the nineteenth century.³¹⁷ The densified networks of commerce, travel, communication and transport rendered quarantines and *cordons* less practicable.³¹⁸ In addition to the quarantine's lack of success vis-à-vis cholera, and their pursuing liberal commercial policies, European powers were ready to question the practice of quarantine. The practice of quarantine was perceived highly harmful to liberalism and commercial activities. And mainly according to the British it therefore had better be abandoned in some cases, at least the days detained in quarantine be shortened significantly or the requirements be reduced.³¹⁹ Scientifically correct and proven medical knowledge³²⁰ having been lacking and commercial interests having been tempting, the discussions around the practice of quarantine did not always remain purely scientific and specialist debates between the contagionists and anti-contagionist medical

sanctions were imposed if there was a cause for concern in surrounding regions. To avoid contagion, trade was stopped and travel forbidden. The harbors were strictly patrolled; boats, cargo, and crews had to remain in quarantine from 22 to 45 days. Wool and other textiles were recognized as being highly suspect and gave plague the name 'sticking disease.' In 1718 the eastern land routes into central Europe, were blocked with a 2000 km border, lined with military posts and reinforced by numerous watchtowers. Traders and their merchandise were allowed to pass through designated checkpoints only after they had been cleared of any suspicion of infection. This sanitary cordon was not abandoned until the 1870s." Boeckl, *Images of Plague*, 17. "[T]he ceaselessly existing plague cordon' was established five years after the last outbreak of bubonic plague in Vienna when Emperor Charles VI decided to rebuild a frontier against disease as well as against Turkish invasions. The sanitary cordon stretched from the Carpatian Mountains to the Adriatic Sea. At the beginning of the nineteenth century, the project employed between five thousand and eleven thousand [!] men, depending on the danger factor, i.e., how many deaths of bubonic plague were reported in the neighboring eastern regions. The effectiveness of this border watch has been debated in twentieth-century literature." Boeckl, *Images of Plague*, 178. An article shows that the quarantine measures at the border had begun actually in the early century but had become systematic after the war. See, Gezer, "XVIII. Yüzyılın Başında Osmanlı-Habsburg Sınırında Veba," 72-83.

³¹⁷ See Panzac, *Quarantaines*; Panzac, *La Peste*.

³¹⁸ Huber, "The Unification," 460.

³¹⁹ Huber, "Unification," 457; Chase-Levenson, "Early Nineteenth-Century," 44.

³²⁰ The epidemiology of plague was fully deciphered only in the 1960s. Panzac, *La peste*, 81, 85-88, 100-101; Varlık, *Akdeniz Dünyasında*, 53-54.

professionals, but became intertwined with political and economic concerns.³²¹

However, this should not mean that scientific interests were not sincere at all.³²² It was for these reasons that numerous European physicians researched, discussed, and published on plague, *the* disease that led to the creation of the institution of quarantine, in the first place - and naturally in conjunction with the practice of quarantine - in the Ottoman lands in which plague was thought to be originating already in the eighteenth century.³²³ In fact, plague, once a universal disease, became *the* plague of the Levant in the second half of the eighteenth century where it continued to turn into epidemics. This geographical restrictive precision clearly

³²¹ It was especially the French who were still interested in researching, talking about, and depicting this disease even after it subsided in Europe after 1721. Brayer noted the French expedition in Egypt brought plague back to the attention of Europe. Brayer, *Neuf années à Constantinople, vol. II*, 19. See and *cf.* the following: “Within Western art, France holds an isolated position in regard to the depiction of plague themes. It is the only country where, in the late eighteenth and throughout the nineteenth centuries, such images were plentiful. Above all, the reasons France remained interested in plague imagery need to be investigated. First and foremost, the country’s expansionist policies and colonialism prolonged the threat of potential epidemics well into the twentieth century. Even with the observance of rigid quarantine laws, the reprieve from epidemic diseases was short-lived. Since the 1830s, cholera had replaced the old affliction. Cholera and yellow fever gained entrance through the same ports that, in earlier years, had admitted bubonic plague.” Boeckl, *Images of Plague*, 138. Indeed, the last plague scene painted in the grand manner, *Napoleon in the Pesthouse of Jaffa*, belongs to a French artist, Antoine-Jean Gros. The canvas depicts General Bonaparte in 1799 visiting the plague-stricken, who are shown either naked or half-naked and rather in a miserable situation, after the sack of the ancient city of Jaffa. Napoleon portrayed in heroic gesture does not fear the plague and touches the bubo of a man there. The painting can be interpreted from different perspectives, especially when one takes into consideration that Napoleon did use art as a propaganda tool. It demonstrates Orientalist traits, can be placed in the contexts born from the *mission civilisatrice*. What is important to note for the purpose of this study, though, is that this picture helps clarify whence the French physicians’ interest in denying the plague’s being a communicable disease at least to some extent: The Enlightenment thought encouraged not to fear the nature; natural phenomena were to be studied, deciphered, understood, and mastered. So, showing fear against the plague was actually not so welcome; studying the plague with the objective to prove that it was not contagious was perceived as an act of bravery in a sense. Moreover, some contemporaries believed that the disease was psychosomatic and attacked the cowardly. See and *cf.* Boeckl, *Images of Plague*, 138-141, 156. Another very important aspect in these debates is highlighted in Kelly, “Medicine and the Egyptian Campaign: The Development of the Military Medical Officer during the Napoleonic Wars c. 1798–1801”. According to this article, not because they necessarily believed in it from a medical philosophical point of view, but in order to prevent the spread of fear of contagion and plague, Napoleon and his physicians followed the policy of arguing for non-contagion during the Egyptian campaign.

Further see and on *cf.* Huber, “Unification”; Panzac, *Quarantaines*, 5-7, 11, 20, 102–105, 107-108.

³²² Kelly, “Not From the College, but Through the Public and the Legislature”.

³²³ Panzac, *Quarantaines*, 14, 19, 102-103. More specifically, Istanbul, Izmir and Alexandria were thought to be *the* places of origin for the spread of the disease due to incoming and outgoing ships, caravans, merchants, travelers hence to the busy commercial traffic. Panzac, *Quarantaines*, 19.

demonstrates that being eliminated from Europe plague was transformed into an “imported foreign disease” for the Europeans.³²⁴ So, Europeans perceived themselves as “knowledgeable” as to how to keep themselves as much as possible. But they were not alone in this. The Ottomans as well perceived Europeans “knowledgeable” in this regard.³²⁵

Other steps that aimed at preserving the public health followed immediately. For instance, at the Mekteb-i Tıbbiye *hıfzısıhha*, or public health, lessons were started to be taught in 1839 by İstefanaki Karateodori, a graduate of Pisa. A medical journal, *Vekayi-i Tıbbiye*, began to be published. It had news items and educative articles about medicine, public health and hygiene.³²⁶ Inspections, policing, investigations, reporting in the name of public health and hygiene began in the later decades. Urban development, at least urban planning if not always their realization, with the influence and guidance of medical ideas and concerns was also intensified. Cholera had been the dreaded disease for these later years.³²⁷

In the field of medicine, pharmacy and chemistry, and the education thereof Italian and French universities occupied a central place in Europe in the early nineteenth century. French medicine was also to play the authoritative role in

³²⁴ Panzac, *Quarantaines*, 93. And one should also note contemporary Europeans used the Levant as the synonym for the Ottoman Empire. Panzac, *La peste*, 12. Also cf. Varlık, "Oriental Plague."

³²⁵ Shefer-Mossensohn, "Health," 147-175. "Part of the growing attentiveness to public health was indeed functional, as the modern city was deemed more dangerous to one's health. The motif of the 'diseased city' was also a metaphor for social failure and backwardness. During the nineteenth century, the Ottoman state wished to project an image of renewal, progress and modernity, both to its subjects and to the European powers. One practical outcome was the Ottoman state's growing concerns about sanitation and public health, as tied to the appearances of urban spaces." Shefer-Mossensohn, "Health," 163.

On the perception of knowledge's, i.e. science's, deserting the empire so-to-speak as a threat to fight against, see and cf. Akyürek, *Bilgiyi Yeniden İnşa Etmek: Tanzimat Döneminde Mimarlık, Bilgi ve İktidar*, 14-65. The author presents a very clear and coherent narrative based on primary sources and their interpretation. Also see and cf., f. ex., Deringil, "II. Mahmud'un Dış Siyaseti ve Osmanlı Diplomasisi,;" Kuran, "Sultan II. Mahmud ve Kavalalı Mehmed Ali Paşa'nın Gerçekleştirdikleri Reformların Karşılıklı Tesirleri."

³²⁶ Yaşayanlar, "Osmanlı Devleti'nde Kamu Sağlığının Kurumsallaşmasında Koleranın Etkisi," 5-7.

³²⁷ Yaşayanlar, "Osmanlı Devleti'nde".

modernizing medicine in the Ottoman Empire. The process of the modernization, which can be justly also labeled as westernization, of medicine in the Ottoman Empire has been studied by many scholars and from many different perspectives. Medicine in the Ottoman Empire in the early nineteenth century was actually more influenced by the Italian medicine and physicians in the first place, for many Greek, Armenian, and Jewish medical and pharmaceutical students had been graduating from Italian universities, translating medical books from Italian into their respective languages, and offering medical care from the late seventeenth century onwards in the empire.³²⁸ In fact, there had always been European physicians and pharmacists present somewhere in the empire.³²⁹ As far as the nineteenth century is concerned, Italian and Levantine physicians and pharmacists have been especially highlighted by the research. One of them is Edouard Ottoni who studied pharmacy in Rome and came to Istanbul in 1819 and became an Ottoman subject. Ottoni had a pharmacy in Grande Rue de Péra before the Russian Consulate active between 1819 and 1869,³³⁰ served the Ottoman army, instructed the protomedici who was responsible for the army hospitals on some drugs and their composition around 1834–1837.³³¹ In the petition he presented to the Grand Vizierate in 1854, he expressed that together with two physicians he taught Muslim students pharmacy at his own home for free when there was *no school in Istanbul where medicine was taught*.³³²

³²⁸ The first pharmacopeia that was published in Istanbul in 1818 was a Greek translation (*Farmakopiia Genike*) of the work of an Italian professor called Luigi Valentino Brugatelli at the University of Pavia. The translator was a Greek student of his. Sandalci, “İstanbul’un İtalyan Eczacıları ve İstanbul’da Yayımlanan İtalyanca bir Farmakope Üzerine,” 196.

³²⁹ Günergün, “Ottoman Encounters with European Science: Sixteenth- and Seventeenth-Century Translations into Turkish,” 198-200, 205-210; Russell, “Physicians at the Ottoman Court.”

³³⁰ Yıldırım, “İtalyan Asıllı Bir Osmanlı Eczacısı,” 210-211.

³³¹ Yıldırım, “İtalyan,” 202-206.

³³² Yıldırım, “İtalyan,” 202, 206. He referred to the period before the establishment of the Medical College at Galatasaray. This is actually a remarkable expression, for it shows that the qualification that the medical education offered at medical *medreses* provided with was nullified in the contemporary perception and this could be communicated in an official document, which clearly hints at the transformation the concept of “medicine” experienced in the nineteenth century. It began namely to denote the academic, institutionalized medicine based on systematic research instead of the

The measures against plague were regarded as “European” by the contemporaries themselves.³³³ So, this “synchronization” - at least as was so perceived by the higher echelons of the Ottoman society regardless of whether these ideas had been formulated and shared by the Muslim scholars or physicians in the previous centuries already or not - provided with the vocabulary and the perspective to talk about health and hygiene in the city in a similar way to those of in Europe as well. Plague epidemics and the establishment of the institution of quarantine along with the council played a key role in this regard. So, directly and indirectly what had been gained in terms of mentality and ideas in the first half of the century was important for the systematic reorganization of the city.

With the establishment of the institution of quarantine, the Ottoman Empire became a member of the shared, transnational frontier that started during the early Renaissance in Western Europe. But by this time, more precisely, after the Napoleonic era, this frontier with its solid lazarettos had already become a “civilizational barrier” other than a being a demarcation of an epidemiological frontier “bisect[ing] the Mediterranean into zones of health and disease”.³³⁴ In any case, this membership meant joining an international system that was outside of local

humoralist and pluralistic medicine inherited from the Antiquity and expanded in the subsequent periods. This change can be approached from Foucauldian and postcolonial perspectives and explained accordingly as well, but this does not concern us here any further. See and *cf.*, f. ex., Shefer-Mossensohn, “Health,” 164-165.

³³³ Bulmuş, *Plague*, 100-110.

³³⁴ Chase-Levenson, “Early Nineteenth-Century,” 36-37, 41. Ships coming from the Levant and North Africa would be always quarantined. Chase-Levenson, “Early Nineteenth-Century,” 35, 37. On the land, at the so-called *cordon sanitaire*, Austria had been strictly quarantining everyone and everything that came from the Ottoman Empire at the border since after the Passarowitz Treaty in 1718. Sariyıldız, “Karantina,” 330.

Also, the authors, who are cited below, had to perform quarantine when they returned to Europe. It is known that this was the case at least with Albert Brayer, Robert Walsh and Francis Hervé. Informing that plague had more or less disappeared since the establishment of the institution of quarantine in the empire, a contemporary German merchant who lived in Pera for some time articulated a similar view about being on the “healthier” part of the border. Dellenbusch, *Mercantil-Memoiren aus der Türkei*, 28.

jurisdiction to a significant extent,³³⁵ and also a wide epistolary conversation where “[b]oards traded copies of their rules and regulations, information concerning epidemics abroad, enquiries about rumours they had heard, updates about any ships that had arrived with epidemic disease on board, and further material that covered a vast range of matters.”³³⁶ Consuls played a key role in this system, as they followed and observed every novelty, event, rumor, and reported these to their homelands. So, they directed the procedures to an important extent.³³⁷ Commerce and traffic in the Mediterranean was quite intense in this period, which increased the number of individuals who had to perform quarantine in the port cities of Europe such as Marseille,³³⁸ Genoa, Livorno, Ancona, Trieste, Naples, Venice, Nice, Dubrovnik, and the island of Malta. Few could be given apartments in lazarettos; many did their quarantine on board ship. Besides, it was not only sailors, soldiers, fishermen, crew members, merchants in the Levant Trade anymore; among the passengers would be increasingly also leisure travelers, or tourists, and *Hajjis*.³³⁹ Intense disinfection procedures looked like this:

[C]otton was vigorously wiggled; wool was ‘turned and mixed’; beeswax and sponges were put in salt water; furs ... were ‘moved and shaken’; feathered animals were ‘purged by repeated sprinkling with vinegar’ ... All letters from ships subject to quarantine were fumigated ... If much of quarantine practice was unchanging, boards of health proved very willing to experiment with different chemicals for fumigating mail as well as new technologies - such as fumigation boxes that rather resemble toasters.³⁴⁰

³³⁵ Chase-Levenson, “Early Nineteenth-Century,” 51.

³³⁶ Chase-Levenson, “Early Nineteenth-Century,” 42.

³³⁷ Chase-Levenson, “Early Nineteenth-Century,” 42.

³³⁸ Until the 1830s, it was only Marseille as a French port which was permitted to receive merchant ships from the Levant. Chase-Levenson, “Early Nineteenth-Century,” 52.

³³⁹ Chase-Levenson, “Early Nineteenth-Century,” 44-49.

³⁴⁰ Chase-Levenson, “Early Nineteenth-Century,” 50-51.

Quarantine was performed also on board a ship in Galata or at the old customs house (see Appendix B, Figure 6); there was no separate lazaretto built.³⁴¹ Later on, quarantine stations in form of tents were established in Fenerbahçe and some other places in Istanbul; some parts of the Kuleli barracks were turned into a lazaret, and a lazaret was built at Anadolukavağı in 1842 which was demolished in 1950.³⁴²

3.3 Plague and public hygiene: An Ottoman physician's treatise

Some Ottoman physicians wrote on plague in a similar way to the European colleagues who had been combining miasmatic theories of Hippocrates and contagionist theories of the sixteenth-century Italian physician Fracastor.³⁴³ For instance, Anastassiadou-Dumont refers to the following hygienist work addressed to an Ottoman audience, published in French in 1841 and in learned Greek, and in 1846 also in Bulgarian *Hygionomie ou règles pour se conserver en bonne santé à l'usage des habitants de l'Empire ottoman* by Sarandis Archigenis. Anastassiadou-Dumont's brief note on the doctor's life shall be repeated here in English. Accordingly, he was born in 1809 and died in 1874 in Epivates of Thrace. He was orphaned at a very young age. He went to Paris in 1836 to study medicine. Although his finances were limited, he could complete his studies thanks to the support he received from the Ottoman ambassador in Paris who granted him a scholarship with the condition that he would exercise his profession in Turkey. He studied also in Belgium, Germany, Austria, and Italy. He was entitled as the professor of pathology and surgery in

³⁴¹ The first comprehensive practice of quarantine started in Çanakkale in 1835, there was also no separate building built; tents were used instead. Sarıyıldız, "Karantina," 333-334; Yıldırım, "İstanbul'da," 115. There is a Karantina Sokak in Karaköy. The name may hint at an administrative station perhaps established here some time after 1838/9.

³⁴² Yıldırım, "İstanbul'da," 115.

³⁴³ Cf. Panzac, "Politique Sanitaire," 90.

Istanbul where he taught for twenty-five years.³⁴⁴ He dedicated the last chapter of his work to the plague.³⁴⁵ And, in fact, it is the only disease about which he wrote in detail; all the other chapters address virtues of medicine, advices on daily routines and eating-sleeping-exercising habits, how to live a long and healthy life, but also descriptions of healthy spaces/ places. This again demonstrates that the plague had been a factor in leading to heightened concerns for hygiene as the term was understood at the time; and that it was re-conceptualized as a serious threat, and this in European terms and according to the European interpretations. Because referring to the contemporary French physicians' works and opinions, Archigenis told his Ottoman audience that the plague originated in Egypt due the climate, the lack of public hygiene, and even perhaps due to the abandonment of the habit of embalming the corpses.³⁴⁶ Moreover, he stated that the plague was a disease of the nations which lacked the "lights of the civilization", which shows that this re-conceptualization of the plague was perceived as a necessary act for synchronizing with the European civilization. The reasons that caused the appearance of the plague were everything that polluted the air, injured the digestive organs, and inhibited proper transpiration.³⁴⁷ But one could be preserved by following the example of the Europeans. As he noted, in Istanbul plague spread among the poor, but the Franks who isolated themselves were saved.³⁴⁸ So, Archigenis pointed at the Franks only as the group of people who could escape the plague. It is interesting he did not mention the non-Muslim Ottoman communities as also following the principles of quarantine. He stated that no pharmaceutical remedy existed, no vaccination could preserve, but

³⁴⁴ Anastassiadou-Dumont, "Médecine hygiéniste," 67, footnote nr. 4.

³⁴⁵ Archigenis, *Hygionomie ou règles pour se conserver en bonne santé à l'usage des habitants de l'Empire ottoman*, 227-243.

³⁴⁶ Archigenis, *Hygionomie*, 227-228.

³⁴⁷ Archigenis, *Hygionomie*, 228.

³⁴⁸ Archigenis, *Hygionomie*, 230-231.

keeping calm, sober and clean, taking cold baths, changing the clothes one wore in the city when one came back home, exposing oneself to fresh air as much as possible, touching nothing other than one's own belongings, not letting anybody in, getting a moderate amount of sleep, abstaining from coitus, and isolating oneself as much as possible were the only precautions individuals could take against the plague.³⁴⁹ Furthermore, he addressed the authorities who were assigned to the regions infected with plague saying that these measures must be applied and that they had to ensure that people in/from the infected regions would not communicate with people from the non-infected regions. So, people, merchants in the first place, kept in the lazarettos were to expose themselves to the air, their clothes to cold water, or burn them.³⁵⁰ The authorities were not to flee, they had to fight the fear among the people. But most importantly, they had to make sure that people followed the rules. In fact, although he did not name it as such, he was obviously asking for “public health”³⁵¹ measures led by official authorities who were to cooperate with physicians, and make sure that every command was heeded. If necessary people were to be persuaded, paid money, or forced.³⁵² Then his suggestions followed that prescribed the creation of isolated plague-houses that were not only for the poor, but also for the rich; the plague patients were not to be kept at private houses.³⁵³

The principle of quarantine was obviously the red thread to be followed for him. He was also for the surrounding the region with a wide *cordon* so that moving within or without would be prevented.³⁵⁴ The authorities would play a crucial role, not only because they would be the ones providing the people in the quarantine with

³⁴⁹ Archigenis, *Hygionomie*, 233.

³⁵⁰ Archigenis, *Hygionomie*, 234.

³⁵¹ Though he mentioned “public hygiene” occasionally.

³⁵² Archigenis, *Hygionomie*, 235.

³⁵³ Archigenis, *Hygionomie*, 263.

³⁵⁴ Archigenis, *Hygionomie*, 263.

food and other necessities, but they were also to raise the morale of the people.³⁵⁵

During the time of an epidemic disease, principles of isolation and disinfection were to be followed; but in order to preserve oneself in general, one had to avoid all excessive behavior and eating habits.³⁵⁶

Surely, much can be said about this treatise, in which social aspects come forward and clearly reflect contemporary European medical discourses that pay attention to the financial situation of the patients,³⁵⁷ and refer a lot to “civilization” and “progress”. However, this exceeds the limits of this study. For our purpose, it was brought forward to illustrate that plague, public hygiene and health were themes which had clearly established themselves as belonging with each other by the immediate years following the official implementation of the institution of quarantine. It exemplifies how Ottomans educated in medicine in Europe would articulate their knowledge and convey it to Ottoman audiences. It shows also that the “Franks in Constantinople” were “famous” in regard to keeping themselves safe from the plague.

So, how did the Franks experience and observe Pera in the days of plague?

What did they recount?

³⁵⁵ Archigenis, *Hygionomie*, 237-238.

³⁵⁶ Archigenis, *Hygionomie*, 238-240.

³⁵⁷ Also see and *cf.* a retrospective and contemporary perspective, which would also serve to show that a discourse learned in these medical ideas and trained to perceive the city through them was well rooted among the Istanbulite physicians. Alexandros Paspatis (1814-1891), a Chios-born physician who learned medicine at Pisa and Paris and worked at the Yedikule Greek Hospital. His work is also very interesting, it covers the years from 1833 to 1860; but he himself lived in Istanbul after 1840. The accounts related to the earlier dates he gave occasionally were based on the reports of the hospital and the observations by Europeans. He blamed the dirty, narrow, and dark streets of the largely non-Muslim districts for the more frequent appearance of epidemics among the non-Muslims. Since Muslims could buy land and built more spaciouly, they were saved from the dreadful diseases, so Paspatis. The route to health was paved not only by cleanliness, but also by spaciousness, hence airy and bright environments. However, he perceived the city in general as unhealthy, for it was dirty, unpaved, crowded with people, crowded with dogs, foul odor, filled with waste and swamps, moreover, afflicted by the frequent southwester. So, the necessary quarantine practices were being taken, but a fight against the miasma was needed. The text by Paspatis in general is valuable to further investigate the medicalization of discourse on space and the city. Paspatis, *Balıkli Rum Hastanesi Kayıtlarına Göre İstanbul'un Ortodoks Esnafı 1833-1860*, 16, 24-29.

CHAPTER 4

“SHELTERING DIVERSITY” IN THE DAYS OF PLAGUE

Having requested Don Courban one day whether he would let me enter his hospital when there occurred remarkable cases of plague, and whether he would permit for dissection in case death took place: “Come! [How come!] Surprised, he replied to me, *are you not afraid of contagion* [in Italian to indicate Don Courban was speaking, then translated into French by the author] — Well, have you yourself not been exposed to it for thirty-six years? Why should I be afraid of it? Do you have [use] any prophylactics? Do you carry vesicants, a cautery? — *Nothing, my dear*” And in order to persuade me, he hit his arms, thighs and legs quite strongly with his palms [at the relevant places (*au lieu d’élection de ces exutoires*) where the named surgical tools which were used to suppurate the buboes would have been placed]. “Well, then, I replied to him, why should I not be exempted from contagion like you are? — But, my dear, this is one of God’s particular favors.”³⁵⁸

4.1 A note on the medical landscape of Galata and Pera

In Galata and Pera, medical services were provided at homes, physicians’ offices, apothecaries, *millet* and European hospitals, which were but not numerous in the studied period, dispensaries that would be attached to religious buildings, and on ships as long as there were patients on board.³⁵⁹ The majority of the physicians, surgeons, pharmacists, and dentists were Jews, Armenians, Europeans, and

³⁵⁸ Albert Brayer, *Neuf années à Constantinople: observations sur la topographie de cette capitale, l’hygiène et les moeurs de ses habitants, l’Islamisme et son influence, la peste ses causes, ses variétés, sa marche et son traitement; la non-contagion de cette maladie; les quarantaines et ses lazarets avec une carte de Constantinople et du Bosphore de Thrace, vol. II*, 471. (My translation; for the original passage, see Appendix A, Quotation 1)

³⁵⁹ Although they arrived in 1839, hence inform on the later decades than those treated in this study, the annals of the Soeur de la Charité, who were also called as the nuns of Saint Vincent de Paul, constitute perhaps one the best primary sources which abounds with descriptions of the medical care they provided with including the sorts and places.

According to Brayer, for the treatment of the neurotic diseases mainly, help would be usually sought at religious institutions and people considered as holy, and in prayers, talismans and practices of magic, and in “having oneself read”. Brayer refers to the Muslims, Greeks and Armenians as believers in this sort of “medicine” in the first place, but he also refers to some Franks in this regard. Cf. Brayer, *Neuf années à Constantinople, vol. I*, 351-361, 415-416. Brayer recounted, once he met an *efendi*, and checked the prescription given to him by others. He only found one that he deemed appropriate and useful. But the *efendi* told him that it did not work just like the others. Brayer was surprised to hear this and inquired about how he applied it. The *efendi* replied that he had been carrying each of them one after another in his turban for days and nights, but none had helped so far. Brayer, *Neuf années à Constantinople, vol. I*, 359.

Greeks.³⁶⁰ There were numerous pharmacies already in the early nineteenth century. The fact that a group of pharmacists petitioned for the restriction of the number of pharmacies after the fire of 1831 which ruined almost every pharmacy in the region indicates this. The number of pharmacies were then fixed at twenty-five in Galata and Pera in the nineteenth century, and all of these were owned by non-Muslims.³⁶¹ In Galata and Pera, there was no known Muslim hospital/*darüşşifa* or endowment that would offer medical aid. The same was true also for the Jewish community.

Specialized civil institutions for health - be they *darüşşifas*³⁶² run by the Muslims or hospitals usually attached to the churches³⁶³ or community or foreign hospitals - were, in fact, not so many in Istanbul.³⁶⁴ Although the majority of the community hospitals were established in the nineteenth century, some very important ones were created in the earlier centuries and took care of the plague-stricken people.³⁶⁵

The French Plague Hospital at Pera, known also as the *Hôpital Saint-Louis* or the *Hôpital civil* built at the beginning of the seventeenth century is the one that the sources mention mostly.³⁶⁶ Another hospital was the *Hôpital Saint-Jean (des Peyrotes)* or the *Hôpital des Latins*.³⁶⁷ Besides, there was a plague hospital in Galata

³⁶⁰ Yıldırım, "İstanbul'da," 105. The first dentist with a diploma in Istanbul was an Italian named Rafael Kazoli (active around 1820). Yıldırım, "İstanbul'da," 105. Also cf. Brayer, *Neuf années à Constantinople, vol. I*, 341, 399.

³⁶¹ Ülman, "Muallim Antoine Calleja ve Eczanesi," 217. The situation was similar in the 1850s. Cf. Tetik, "Osmanlı Devleti'nin," 20, footnote 35.

³⁶² These were charitable endowments offering medical care to the poor and destitute in the first place. Medical students would also train here. Altıntaş, "Dârüşşifâlar Hakkında".

³⁶³ For Galata and Pera, see, f. ex., "Eglise Saint Georges de Galata", and the Catholic Armenian Church "Eglise de Saint Jean Chrysostome", Ract, *Lieux chrétiens d'Istanbul*, 135, 145; "Beyoğlu S. Harutyun Church", Yıldırım, *A History of Healthcare*, 179; "Saint Jean Baptiste" and "Saint Antoine" in Galata, Darnault, *Latin Catholic Buildings in Istanbul a Historical Perspective 1839-1923*, 221.

³⁶⁴ Cf. Şahin, "Charity," 38-42.

³⁶⁵ Cf. Çapan, "19. Yüzyıl Sonunda," 23.

³⁶⁶ It was the old, then wooden building that stood on the site of the French Institute and Consulate today. The wooden hospital was perhaps built in 1600, the stone building today was built in 1898. Dadyan, *Şehrin*, 87.

³⁶⁷ Marmara, *La communauté*, 159-160.

administered by SS Pierre et Paul as evidenced by the “Documents concernant l’administration spirituelle de l’hôpital Saint Louis pour les pestiférés” from 1759, 1761 and 1781, found at the archives of the church.³⁶⁸ Brayer informed that a general hospital for the Italians and Austrians was found near the Grand-Champ-des Morts, which he then clarified as the Hospital of the Latins.³⁶⁹

The Greek Plague Hospital of Yedikule/ Balıklı was founded in 1753³⁷⁰ and rebuilt in 1793 and in 1836–1838.³⁷¹ There was another Greek hospital in Galata. This hospital could be related to an old hospital which was perhaps created during the Byzantine rule or right after the Ottoman conquest. But we do not know. The Greek Hospital in Galata was built in 1762 on Kemeraltı Caddesi where the Büyük Balıklı Han/ Büyük Millet Han, which was built in 1875, stands today. It was called *To Spitalio Ton Gemicidon*. The majority of the patients would come from the Aegean islands. The hospital was burnt down in a fire, was repaired in the years 1814 and 1823, and continued to serve especially the Orthodox patients till 1839. Later, it was used as a depot and a manufactory till 1873 when it was demolished.³⁷² There was a small Greek Orthodox plague hospital, the *Stavridromiu*, near the Greek cemetery at the end of Pera, perhaps opposite to the French Plague Hospital, which received plague patients.³⁷³ This one was built in 1780.³⁷⁴

³⁶⁸ See the Monastery Collection at SALT Research. I thank Prof. Paolo Girardelli for sharing this information.

³⁶⁹ Brayer, *Neuf années à Constantinople*, vol. I, 30; vol. II, 65.

³⁷⁰ The hospital was built here not because it was in a region far enough from the city, but also because it was believed that the local water had healing effects. Yıldırım, *A History of Healthcare*, 178.

³⁷¹ Paspatis, *Balıklı*, 14, 16.

³⁷² Türker, *Galata’dan Karaköy’e: Bir Liman Hikayesi*, 51-52; See the footnote nr. 15 added by the translator M. Yerasimos in Paspatis, *Balıklı*, 16.

³⁷³ Paspatis, *Balıklı*, 13; Yıldırım, *A History of Healthcare*, 178; Brayer, *Neuf années à Constantinople*, vol. I, 30.

³⁷⁴ Anastasiadou, *Les Grecs*, 218.

An Armenian plague hospital was also present in Pera, built of timber in 1722.³⁷⁵ This hospital belonged to the S. Harutyun Church.³⁷⁶ A Catholic Armenian plague hospital existed already prior to their recognition as a *millet* in the beginning of 1800s on the slope to Dolmabahçe, on the site where the Gümüşsuyu Military Hospital was established in 1846.³⁷⁷ Brayer informs that it was demolished in 1822. The Catholic Armenian patients were then received at the French Plague Hospital.³⁷⁸ There was also an Armenian plague hospital in Yedikule. It was demolished some time, and a small church was built on the area.³⁷⁹ This one was called Narlıkapı Hospital built between 1743–1751.³⁸⁰ It received plague-stricken and mentally ill people.³⁸¹ When the Armenian Hospital in Yedikule, Surp Pırgıç Hospital, which did not only receive plague-patients but also others, was built in 1834 next to the Balıklı Hospital,³⁸² patients in Narlıkapı and Pera were transferred to here.³⁸³ Due to an outbreak of plague, the community decided to construct a separate hospital exclusively for the plague-stricken. Shortly after, the Surp Hagop plague-house was built in İskender Çelebi, hence in a five-minute-walking distance to the Surp Pırgıç.³⁸⁴ Likewise, the Armenian community considered the nearness to the Greek Plague Hospital a danger as well and demanded that it be transferred to a more secluded place. The request was accepted, and the Greek Plague Hospital was demolished to be rebuilt two hundred meters off the main road in 1839, and called

³⁷⁵ Dadyan, *Şehrin*, 87. Esayan Armenian High School stands on the site today. The school was built in 1895. Dadyan, *Şehrin*, 87.

³⁷⁶ Yarman, *Osmanlı Sağlık Hizmetlerinde Ermeniler ve Surp Pırgıç Ermeni Hastanesi Tarihi*, 450.

³⁷⁷ Yarman, *Osmanlı Sağlık*, 375. The author refers to Albert Brayer only. Perhaps not much is known about this hospital.

³⁷⁸ Brayer, *Neuf années à Constantinople*, vol. II, 62.

³⁷⁹ See the footnote nr. 14 added by the translator M. Yerasimos in Paspatis, *Balıklı*, 15.

³⁸⁰ Yarman, *Osmanlı Sağlık*, 450.

³⁸¹ Yarman, *Osmanlı Sağlık*, 451.

³⁸² See the footnote nr. 14 added by the translator M. Yerasimos in Paspatis, *Balıklı*, 15.

³⁸³ Yarman, *Osmanlı Sağlık*, 456.

³⁸⁴ Yarman, *Osmanlı Sağlık*, 456, 461.

Panoliko.³⁸⁵ As had been the case with the Armenian hospitals, the patients at the Greek hospitals in Galata and Pera were transferred to here.³⁸⁶ So, plague hospitals were placed in two districts, Yedikule and Galata-Pera. The majority were found in Galata-Pera and those were the ones built in the eighteenth century. Yedikule or Elmadağ/ Pangaltı were chosen for the new hospitals, not least because the air was deemed healthier here and/ or they allowed for some space between the hospitals and the crowded, dirty city center.³⁸⁷

Although their histories have not been studied and clarified in detail, it should be noted that in 1810s, an Italian hospital started serving Italian seamen in Galata,³⁸⁸ and an Austrian hospital started serving in about 1830s in Azapkapı.³⁸⁹ During the 1830s, when cholera, but especially plague killed many people, new hospitals were constructed by the communities due to the incapacity of the former ones.³⁹⁰ After the official implementation of the practices of quarantine, it was decided and ordered that every religious community was to establish a hospital because it was necessitated by the principles of quarantine.³⁹¹ Building a hospital in Hasköy for the Jewish and Karaite³⁹² *millet*s was considered in this context in 1839,³⁹³ but the

³⁸⁵ Yıldırım, *A History of Healthcare*, 178.

³⁸⁶ Anastassiadou, *Les Grecs*, 220.

³⁸⁷ Yarman, *Osmanlı Sağlık*, 452.

³⁸⁸ Çapan, “19. Yüzyıl Sonunda,” 63.

³⁸⁹ Samsinger, ““Von nicht zu unterschätzender Bedeutung für das Ansehen im Oriente ist das Spital’ Von Segensreichen Krankenhäusern und der liederlichen Posse eines k. u. k. Regimentsarztes,” 305.

³⁹⁰ Yıldırım, *A History of Healthcare*, 179-180.

³⁹¹ Ayalon stresses that, in the Ottoman context, it was not first and foremost the state, but the communities that played a vital role vis-à-vis natural disasters by alleviating miseries and taking care of the poor and sick. Ayalon, *Natural Disasters*, 108; also see and *cf.*, Chapter 3 “Natural Disasters and Ottoman Communities”, 109-133. Establishment of hospitals in growing numbers is read as a sign showing that public health became an issue for the state by the modern scholarship. *Cf.* Kurt, “Osmanlı Doğu Sınırlarında Kamu Sağlığı ve Siyaset: 19. Yüzyıl Bağdad’ında Hastaneler,” 143.

³⁹² Karaites were not officially recognized as a *millet*, but they would be referred to as a *millet* in the official documents, because in practice their different practices from the Orthodox Jews were acknowledged and respected. Masters, “Karaites,” 308.

³⁹³ Prime Ministry Ottoman Archives. HAT 523/25538. 29 Z[Zilhicce] 1254 [March 15, 1839]; C. SH. 14/668. 29 Ş [Şaban] 1255 [November 7, 1839].

project was not realized, it took almost half of a century to establish a Jewish hospital which was built in Balat and not in Hasköy.³⁹⁴

In fact, communities cared a lot about having their own institutions. To plague, especially to plague epidemics, they clearly wished to react by ensuring that the infected people would find shelter somewhere. Except for the mentioned plague hospital, the Armenian Catholics' other major, and better documentable step in this regard was the conception of a hospital in addition to the new church that was yet to be built as well. However, the epidemics in 1831 reminded them that choosing a more remote place would be better to keep the healthy people safe perhaps basically from contagion.³⁹⁵ The origins of the Surp Agop Hospital in Pangaltı began with the erection of tents for the plague-stricken in Elmadağ in 1833; the hospital was built between 1836–1838.³⁹⁶

As far as individuals are concerned, at the occasion of the appearance of plague, European statesmen, embassies and their families along with some members of their households would reside in their country houses, or summer embassies which they would either rent or buy in the villages on the Bosphorus or in the village of Belgrade or on the Prince Islands with the consciousness that they would need to take refuge from plague in these.³⁹⁷ They would explicitly communicate that they had to reside outside Pera in order to avoid the plague.³⁹⁸ And not only individuals,

³⁹⁴ Yıldırım, *A History of Healthcare*, 182.

³⁹⁵ Yarman, *Osmanlı Sağlık*, 376.

³⁹⁶ Yarman, *Osmanlı Sağlık*, 376.

³⁹⁷ Almost every European account mentioned this. Eduard Dellenbusch specified these families as “the richer Franks”. Dellenbusch, *Mercantil-Memoiren*, 24.

³⁹⁸ Cornelissen, “The World of Ambassador Jacobus Colyer: Material Culture of the Dutch ‘Nation’ in Istanbul during the First Half of the 18th Century,” 142, 148, 182-183, 314-315.

Interestingly, younger sources inform that on the hills on the Bosphorus one could also come across the inhabitants of the hills infected with cholera lying on the ground, because they would be abandoned at the foots of the trees or under some tents, without any help, any remedy, and any physician. And everywhere in the city, but especially on the hills, the nuns would find many abandoned ill people infected with a disease such as cholera or pox. So, if one could not escape from the disease herself/himself and find shelter in her/his home on the Bosphorus, one could also leave the heavily diseased there. And it is in this context that the maxim “*Allah Kerim*” which will be discussed

but whole institutions could participate in this “migration”. The case of St. Benoît in 1832 can be named as an example. The monastery and the college continued their activities for some time in Yeşilköy due to the plague in Galata.³⁹⁹ However, fleeing Pera sometimes was not enough to escape from the plague.⁴⁰⁰ The Ottoman Prime Ministry Archives are rather silent in this regard, at least as far the catalogued documents are concerned. Nonetheless, I would like to bring forth a document here, because it is a fairly good illustration of how serious the embassies actually were about the situation, and it makes one think that the embassies’ archives and the Galata court records should contain accounts of comparable cases, hence valuable information. But a study of these archives in this regard is an arduous task to be met by another study. Our document dates from the year 1250 AH, i.e. 1834/35. It informs that upon his brother’s death from plague, the British ambassador had employed some *reaya çorbacıs*, i.e. some men from the non-Muslim nobility of the

below encounters us again. The author of the following account did not specify the religious and ethnic identity of the patient of whom she spoke below, however, a mixture of beliefs and reactions seems to have played a role in shaping his destiny, hence make it difficult to guess his ethnical and religious background:

“We find everywhere much misery and certainly cases of abandonment, especially when the disease appears to be contagious, they leave the patient absolutely alone, just saying ‘God is great, if he must die he will die, if he must live, he will recover.’ Recently we have found an unfortunate man alone in a room, on an isolated mountain: he was covered with smallpox, almost dying, and so well shut up that it was only with great difficulty that we could get the door opened ... It seems that they had been transported here so that no one could communicate with him; but as we go up and down the mountains, it would have been difficult to hide it from us.” (My translation.) The letter of Soeur Merlis, in *Annales de la congrégation*, vol. 14, 688-689. Further in her letter, though, she wrote about a young man who converted to Catholicism after having witnessed how the soeurs treated a Greek priest who was infected with cholera and therefore left alone by everyone. The letter of Soeur Merlis, in *Annales de la congrégation*, vol. 14, 690-691.

Hervé also spoke of abandoned plague-stricken people out of fear of contagion. Francis Hervé, *A Residence in Greece and Turkey With Notes on the Journey through Bulgaria, Servia, Hungary and the Balkan* (London: Whittaker, 1837), vol. II, 182. Francis Hervé (1781–1850) was a British artist and traveler.

³⁹⁹ Poole, “Eugène Boré and the Vincentian Missions in the Near East,” 73.

In a passage where Brayer informs about the education of the Perote or Levantine (he uses these terms usually interchangeably, and even occasionally uses “Frank” for the same population, but Perotes are from Pera, while Levantines do not have to be) children, Brayer writes that education is suspended during plague epidemics both at the convent of St. Benoit and at homes. Brayer, *Neuf années à Constantinople*, vol. I, 404.

⁴⁰⁰ Cf. Walsh, *A Residence at Constantinople during a Period Including the Commencement, Progress, and Termination of the Greek and Turkish Revolutions*, vol. II, 155-156.

region, to clean his house. But he complained that they did not conduct their duty well enough, and acted carelessly, which led eventually to the death of four other people in his house. So, via his dragoman he petitioned that they be punished. The *sadrizam* considered an imprisonment of a couple of days an appropriate punishment stating the issue of cleanliness was important and the ambassador was to be contented. Yet, the sultan did not approve of the punishment of imprisonment, but the *çorbacis* were warned.⁴⁰¹ The document does not entail information about what was done wrong or which rules were not respected according to the British ambassador.

4.2 Pera and the plague in the European sources

The authors of the works selected to be examined for this study reflect the contemporary European discourses on contagion, hygiene and quarantine practices. In fact, all of the authors examined here show a significant acquaintance with these, even if they were not physicians by profession. Nonetheless, here, their contribution to the scientific debates and realizations will not be discussed, but it is important to note that this familiarity with medical theories had an imprint in their perception of the city. So, it is the attitudes of the Perotes⁴⁰² vis-à-vis plague they describe, the role they ascribe to the physical constitution of the district that this study examines. In the same way, the places they mention help to sketch the urban life during the times of

⁴⁰¹ Prime Ministry Ottoman Archives. HAT 1172/46376/1. 29 Z[ilhicce] 1250 [April 28, 1835].

⁴⁰² I use it here to denote the general population of the district; but when the contemporary French primary sources are cited or paraphrased, Perote can stand for a Levantine, a Catholic with or without a West European background, or often for a Frank, but sometimes also unspecified, a Christian dweller of the district. The context often helps to understand but does not usually point to a single identity exactly. Franks and Levantines could be used interchangeably. In fact, it is not really possible to determine what differences were indicated exactly between the following names, and whom the authors always meant by them: “Levantine”, “Perote”, “Frank”, “Latin”, “Catholic”. Cf. Schmitt, *Levantiner*, 53.

“Perote” in modern scholarship can refer to the district as well. See and cf. the use of the term in Anastassiadou, *Les Grecs*. She refers to the Greek residents of Pera as “Perotes”.

plague, and the landscape of disease in Pera. In this chapter, the reader will find the sub-headings “Contagion, miasma, and hygiene”, “Fear and mercy: To be or not to be quarantined”, “Hospitals”, “The phantom of plague, the phantom of death”, and “Poverty and plague” to indicate the concentration of topics in the passages that follow. However, the reader will find traces of each of these themes in the whole chapter. Direct quotations from French, German or Italian sources in the main text are translated by me, the original versions are quoted in the Appendix A.

4.2.1 Contagion, miasma, and hygiene

Panzac has referred to the French physician Guillaume Antoine Olivier’s (1756–1814)⁴⁰³ views on the issue as representative of his time.⁴⁰⁴ Olivier visited the Ottoman Empire and Persia between 1792 and 1798,⁴⁰⁵ and, unsurprisingly, he stayed also in Istanbul for some time. He stated that Istanbul could have been the healthiest city on earth, had it not been for the existence of plague which appeared so often there taking many lives all at once. Since the climate was temperate, topographic features were not disadvantageous, food was of good quality, the occurrence of plague epidemics required explanations to be found elsewhere than in these.⁴⁰⁶ Olivier was a contagionist, he was convinced - as his observations in Istanbul showed him - that the primary cause was human-to-human contacts that transmitted plague, and it was never the Europeans in the city who started an epidemic, because they took isolation so seriously and knew about the preventive

⁴⁰³ He was a French physician, entomologist, naturalist and a traveler.

⁴⁰⁴ Olivier, *Voyage dans l’Empire othoman, l’Égypte et la Perse fait par ordre du Gouvernement, pendant les six premières années de la République, vol. I*, Chapter XV “De la peste: Indications curatives de cette maladie,” 243-266.

⁴⁰⁵ Panzac, *Quarantaines*, 19.

⁴⁰⁶ Olivier, *Voyage dans l’Empire othoman, vol. I*, 243-244, 248.

measures.⁴⁰⁷ Olivier indicated that the Turks too had to take the preventive measures in order to be saved like Europe could be saved from the plague epidemics, and he expressed his wish that they understood one day the importance of these measures.⁴⁰⁸ And if the plague's progress could be retarded, this had only to do with the Turks' using the Europeans' ships to transport their goods; and the European seamen knew to take precautions.⁴⁰⁹ Last but not least, he added that he had heard many times that dogs in Istanbul usually would also fall victim to plague and buboes would be seen on their bodies as well.⁴¹⁰

As for the knowledge of the European contemporaries about the plague in the Ottoman empire, they, being, of course, ignorant of the ectoparasite as the vector of the malady, would usually recognize or curiously observe and note a relation between textiles and the infected. They would assume that the carpets; cushions; furs, which were not only quite popular - hence dangerous in this context - because they saved from cold and but also because they evidenced prosperity; re-used clothes of the dead; re-used clothes in general (because one had a few, more often than not, due to poverty); direct contact with the diseased or the cadaver had to do with the transmission of the disease. In fact, they would speak of *vêtements infectés*, or infected clothes. Clothes and textiles - raw or refined, new or used alike - had especially been suspected first and foremost.⁴¹¹

⁴⁰⁷ Olivier, *Voyage dans l'Empire othoman*, vol. I, 248.

⁴⁰⁸ Olivier, *Voyage dans l'Empire othoman*, vol. I, 250, 254.

⁴⁰⁹ Olivier, *Voyage dans l'Empire othoman*, vol. I, 252-254.

⁴¹⁰ Olivier, *Voyage dans l'Empire othoman*, vol. I, 265.

⁴¹¹ Panzac, *La peste*, 174-180; Varlık, *Akdeniz Dünyasında*, 51.

Another French physician, Albert Brayer (1775–1848),⁴¹² resided in Istanbul⁴¹³ for nine years between 1815 and 1827,⁴¹⁴ and he studied the plague here, and based on his observations eventually argued for his opinions against contagion,⁴¹⁵ which was actually interesting, because the “established” French medical knowledge had accepted that plague was contagious.⁴¹⁶ Actually, a non-contagionist trend emerged at the beginning of the nineteenth century as was mentioned earlier, but had not developed fully yet. So, he was one of the contemporary physicians who questioned contagionist explanations and measures in a detailed publication.⁴¹⁷

When Brayer first arrived in Istanbul, he was surprised to see that no one would take the necessary precautions against a disease that was famous for being contagious. Although, initially, he would wear his waxed, taffetas-cloak when walking in the various districts of Istanbul, he soon took it off because he did not

⁴¹² It seems he was given a place in the *Grand dictionnaire universel du XIXe siècle* owing to his book; but unfortunately, this entry does not contain detailed information that would add to what we can deduce from his own work or the modern scholarly works. See, Larousse, *Grand dictionnaire universel du XIXe siècle, Français, historique, géographique, mythologique, bibliographique, littéraire, artistique, scientifique, etc., etc. . . .*, vol. 2, 1216, 4th column.

⁴¹³ Foreigners, among whom travelers, seamen, pilgrims, merchants should be counted, would usually stay at pensions, hotels or rent rooms in Galata or Pera; they would later also be able to stay at grand hotels there. Some of them would be received at the embassies. They would visit the city-proper daily if they wished but would not able to stay there as easily. Baslo, “Tarih Boyunca,” 159-160. On accommodation and some information about some particular hotels, a more recent publication is Tellan, “Pera Inns: The Emergence of Hosting as a Business in Istanbul in the First Half of the Nineteenth Century.”

⁴¹⁴ Perhaps he spent some years elsewhere in between, for some of his observations were dated to 1825, 1826 or 1827. Brayer reported that plague appeared every year during his stay in Istanbul, and he noted that in the year 1819 it was more severe. Brayer, *Neuf années à Constantinople*, vol. II, 108, 230. Like many other Europeans he left Istanbul when Russia, Britain and France intervened in the War of Greek Independence in 1827, because he did not feel safe in Istanbul. Brayer, *Neuf années à Constantinople*, vol. II, 373.

⁴¹⁵ Brayer, *Neuf années à Constantinople*, 340-341. See also, Girardelli, “Religious Imprints,” 126.

⁴¹⁶ Cf. Panzac, *Quarantaines et lazarets*, 13-14.

⁴¹⁷ See his account on the contemporary opinions about plague - such as that it was endemic in Egypt and along the Syrian coast, and that it was contagious under certain circumstances - since the Egyptian campaign, Brayer, *Neuf années à Constantinople*, vol. II, 20-60. The construction of the cities, unpaved streets, the construction of houses, the climate and humidity, cemeteries were seen as factors causing miasmas and infecting the air. Brayer, *Neuf années à Constantinople*, vol. II, 26.

want to be ridiculed.⁴¹⁸ Since it was believed that plague had its origins in miasmas, he looked for such places in the city.⁴¹⁹ The news that a European physician had arrived in the city spread quickly, and Brayer soon had many clients, and colleagues who were contagionists but, according to Brayer, were not too afraid of contagion, at least were not too strict in taking measures.⁴²⁰ In the nineteenth century, Helmuth von Moltke was perhaps not wrong in informing that European physicians were numerous enough in Galata and Pera to make the dwellers and frequenters of the district hold every man with a hat to be either a captain or a physician.⁴²¹ Francis Hervé also mentioned that there were many European doctors in the city.⁴²² In fact, a German reviewer of Brayer's publication, who praised him for his social observations in the first volume but criticized him for his second volume in which he

⁴¹⁸ Brayer, *Neuf années à Constantinople*, vol. I, xi. He thought that plague had to be always devastating each time it occurred had it been contagious. Istanbul, a crowded city where people constantly moved, ships were not quarantined, the majority of the population would not take measures against contagion, was for him a proof that plague was not contagious. Brayer, *Neuf années à Constantinople*, vol. II, 77.

⁴¹⁹ Brayer, *Neuf années à Constantinople*, vol. I, xiii.

⁴²⁰ Brayer, *Neuf années à Constantinople*, vol. I, xii-xiii.

⁴²¹ Moltke, *Briefe über Zustände und Begebenheiten in der Türkei aus den Jahren 1835 bis 1839*, 20. Brayer, too, once wanted to refuse a woman, who wanted his help, by pretending to be a captain. Brayer, *Neuf années à Constantinople*, vol. I, 135.

Moltke, who was a military man, composed a letter about the plague in Pera dated February 1837 in a remarkably beautiful style containing most clear and actually knowledgeable arguments. So, he, too, will be referred to at relevant occasions. See the letter, Moltke, *Briefe*, 111-119. He knew that plague was definitely infectious but still somehow to a certain extent. This extent he did not leave unspecified: One had to keep the contact on the warm skin for some time, and the body had to be predisposed to getting infected. Objects were therefore more dangerous than humans. Moltke, *Briefe*, 113-114. Moltke was in Istanbul because he was assigned to participate in the modernization of the Ottoman army, to prepare surveys of the Dardanelles, the Bosphorus, and Istanbul itself. Gül and Lamb, "Mapping," 428-429.

In their article, referring also to Mustafa Cezar, who ascribed the authorship to an Ottoman statesman, Gül and Lamb argue very convincingly that although the majority of the scholars have repeatedly ascribed it to Helmuth von Moltke without basing it on evidence, he was not the author of the 1839 Development Policy. In the context of urban history of Istanbul, Moltke is known for his map of the city in 1837. However, as the authors demonstrate, there is actually no evidence that would justify the highlighted role ascribed to him with regard to the urban planning and development of Istanbul. Gül and Lamb, "Mapping," 433.

⁴²² "Constantinople is well supplied with European doctors; Drs. M'Guffue, M'Carthy, and Millengen, are British, and a Dr. Zorab, though of Armenian descent, has been educated in Edinburgh, and is much employed by the English. There is also a Dr. Ansaldi, an Italian, who has some reputation amongst the Europeans, and has much practice in the Turkish quarters..." Hervé, *A Residence in Greece and Turkey*, vol. II, 159-160.

missed proper evaluations of his medical observations, conveyed his opinion that Brayer must have hoped to find his luck, which he must have missed in France, in the Orient like “some other restless and dissatisfied souls from the south European lands” who would set off for the Ottoman capital.⁴²³ Drawing from Brayer’s accounts, the reviewer stated that medical bunglers and adventurers could abound there, for the Turks would not ascribe physicians any power or capacity to induce their recovery or their death.⁴²⁴ In fact, Varlık writes that observing plague in the “Ottoman laboratory” and publishing on it would make a physician a popular name in his home country since the middle of the eighteenth century.⁴²⁵ Moltke mentioned a German physician, who wanted to examine the disease. He had basically been using his own body as a subject of experiment for thirty days when he eventually came into contact with a person who had plague at a Turkish bath and lost his life within twenty-four hours.⁴²⁶ Baths were considered as hearths of contagion; Brayer, too, hesitated at first going to the bath behind the Galata Sarayı, the Franks actually deterred him from doing so, but he eventually did, although plague was in the city.⁴²⁷ Physicians like Brayer seems to have frequented the city more in the 1830s. Like Hervé noted:

⁴²³ *Göttingische gelehrte Anzeigen. Unter der Aufsicht der königlichen Gesellschaft der Wissenschaften*, 1751-1752.

⁴²⁴ *Göttingische gelehrte Anzeigen*, 1757. With this the reviewer may have implied that Brayer had been such one adventurer or a bungler. Because he found it weird enough that a physician had been trying to argue against contagionism, which was an almost universally accepted principle; and explained why Brayer thought what he thought, and was wrong: Because, among others, he had a friendly and sympathetic attitude towards the Turks and their opinions, and he was not following the scholarly literature well enough. “Contagion” depended on “individual receptivity” and on certain circumstances; everyone could think that “the Orient” would be totally depopulated had it not been so. *Göttingische gelehrte Anzeigen*, 1758-1760.

⁴²⁵ Varlık, *New Science*, 203.

⁴²⁶ Moltke, *Briefe*, 113.

⁴²⁷ Brayer, *Neuf années à Constantinople, vol. I*, 166.

I found most of the European physicians at Constantinople⁴²⁸ deny that the plague was contagious. All admit that it is infectious, but they have such a host of arguments to support their favorite theories, that one is afraid to enter on the subject, not knowing when it may ever end. In support of its not being contagious many instances have been adduced, of persons who have slept in the same bed, one having died of the plague, and the other never catching it, as it often happens that the disease will have proceeded to nearly to the last extremity, before it is pronounced the plague.⁴²⁹

So, Brayer was not an exceptional or an “exotic” individual for the dwellers and frequenters of Pera (including Galata). His work was also part of the contemporary French discourse on the use and advantage of quarantines vis-à-vis disease prevention and disease research which in general along with scientific motivations touched on political and commercial issues.⁴³⁰ Although, Brayer seems to have been motivated by scientific pursuits in the first place, his observations of the Frank physicians and Franks in general in the district differ from the rest of the sources. He was more inclined to portray them as less careful or strict with regard to taking measures, although they were firm believers of contagion.⁴³¹ Political and commercial issues do not occupy a major place in his work, in fact, they are barely present if at all. The narrative of his encounters with the local population signifies that he should have been a curious and extrovert personality. One can deduce from his work on the whole that many Istanbulites, dwellers and frequenters of Pera usually, were curious about his medical opinions too. For instance, Brayer stated it was thanks to him that the method of applying leeches in case of inflammatory

⁴²⁸ Francis Hervé did not use Constantinople to denote “Stamboul”, or the historic peninsula, but to denote where he was, i.e. the whole city, in his case to be more precise, Pera.

⁴²⁹ Hervé, *A Residence in Greece and Turkey*, vol. II, 183.

⁴³⁰ Cf. Bulmuş, *Plague*, 49.

⁴³¹ For him the Frank physicians were alive proofs of non-contagion, because none of them died of plague. Brayer, *Neuf années à Constantinople*, vol. I, xv.

diseases was embraced by the Frank physicians, the *reaya*, the wise women, the barbers, and last but not least, the sick people themselves.⁴³²

He observed that water was pure in Pera, food was abundant and of good quality. There were no marshes around that would be the hearths of infection; the climate was salubrious; old-aged people were around, so chances of living a long life did apparently exist.⁴³³ In Pera, especially on the Grande Rue de Pera, he encountered daily Franks or Europeans,⁴³⁴ Greeks, Armenians, Catholic monks, Armenian priests, Greek *papas*, Jews, janissaries, and sometimes African eunuchs.⁴³⁵ Captains, supercargoes, other crew members, artisans, workers, shopkeepers, clerks, brokers, and merchants of Galata would become especially visible on Sundays and on the festival days to attend the mass at St. Antoine. The latter mentioned population would also come to Pera to leave their humid shops and dark houses to breathe the pure air of Pera. A crowd would be present before St. Antoine whenever a religious mass would take place. According to Brayer, this crowd would be interested in seeing the Greek Catholic ladies, Catholic Armenians, Perotes, and Franks.⁴³⁶ Although it was a “center of active diplomacy”, Brayer found it surprising that the “grand rue” was actually not that grand, in fact, rather narrow, rarely cleaned, not orderly paved with stone but with a mixed and flapping construction of

⁴³² Cf. Brayer, *Neuf années à Constantinople*, vol. II, 137. It is perhaps not possible to tell for sure whether he was right or wrong in his assumption that it was him who encouraged the use of leeches in great numbers in Istanbul. However, like Ayşe Yasemin Baran has shown, the consumption of leeches and export of medical leech were remarkably increased between 1840 and 1870, hence about a decade later Brayer’s stay in the city. This was both due the popularity of the theories of Broussais, who advocated the employment of leeches for treatment, and the ensuing European demand for medical leech, for which the Ottoman Empire became a supplier, as well as due to the relative popularity of his theories in the empire and the ensuing domestic demand. Baran, “The Medicinal Use and Commodification of Leeches in the Late Ottoman Empire.” See for a historical review of the use of medicinal leech both in Europe and the Ottoman Empire, Baran, “The Medicinal Use,” 6-81.

⁴³³ Brayer, *Neuf années à Constantinople*, vol. I, 4.

⁴³⁴ He used these terms interchangeably.

⁴³⁵ Brayer, *Neuf années à Constantinople*, vol. I, 8-9.

⁴³⁶ Brayer, *Neuf années à Constantinople*, vol. I, 10-11. In general, he noted that the streets of Istanbul were populated by dogs whose ordure and corpses would never be removed. Brayer, *Neuf années à Constantinople*, vol. I, 338.

timber and some stones, partially waterlogged where water and filth remained till they eventually evaporated. The alleys around the Petits-Champs-des-Morts were especially dirty, dark and repugnant.⁴³⁷ Dogs would wait before the fish market, butchery, and the sellers of fruits and vegetables.⁴³⁸ The cafés were small, dark, dirty, and the habitual refuge of “the middle-class” and all “the unproductive people” and “adventurers” who filled Pera. It was especially nice to see many Frank pharmacies around.⁴³⁹

However, primarily, Brayer tried to challenge the idea of contagion since it had not been proven as to eliminate all the possibilities of debate.⁴⁴⁰ He stated that it was not the quarantines that would keep the plague, which he thought originating in and due to Oriental climates,⁴⁴¹ away from Europe, but improved agriculture, progress in public hygiene and medical sciences.⁴⁴² The idea that filth, bad air, and crowd led to the appearance of plague was explicitly articulated by Francis Hervé:

⁴³⁷ Brayer, *Neuf années à Constantinople*, vol. I, 11-12. Observing that many Franks, Perotes, and Armenians resided in houses built very close to the cemetery, Brayer deduced that the miasmas resulting from the decomposition of the corpses did not lead to plague in Istanbul. Brayer, *Neuf années à Constantinople*, vol. I, 160.

⁴³⁸ Brayer, *Neuf années à Constantinople*, vol. I, 12-13.

⁴³⁹ Brayer, *Neuf années à Constantinople*, vol. I, 13.

⁴⁴⁰ In the late eighteenth century and early nineteenth century, anticontagionism was on the rise among the French physicians. See, Heaman, “The Rise and Fall of Anticontagionism in France.” Brayer’s work was known among and referred to by the French physicians. A comparable contemporary work that argued also for non-contagionism and referred to Brayer was composed by Louis Rémy Aubert-Roche, *De la peste, ou typhus d’Orient, documens et observations recueillies pendant les années 1834 à 1838, en Égypte, en Arabie, sur la Mer Rouge, en Abissynie, à Smyrne et à Constantinople. Suivis d’un essai sur le hachisch et son emploi sans le traitement de la peste*. Sarandis Archigenis, who has been mentioned above, also spoke of Brayer in his work as a physician who considered plague as non-contagious. Yet, he did not agree really. He gave the example of the plague of Marseille in 1720, and the success of the sanitary laws followed in Europe. Archigenis, *Hygionomie*, 231-232. The passage in this work is not only interesting because it shows that Brayer’s report and the contemporary debates about plague were known among the Ottoman physicians. It is also interesting, because it shows that an Ottoman physician referred to a European experience of plague to learn from it when addressing an Ottoman audience.

⁴⁴¹ Brayer, *Neuf années à Constantinople*, vol. I, ii.

⁴⁴² Brayer, *Neuf années à Constantinople*, vol. I, iii. Dr. Aubert-Roche, whose opinions were in line with Brayer’s, made the following statement on the title page of his book, hence making it directly visible as the message of the book: “La civilisation SEULE a détruit la Peste en Europe, SEULE elle l’anéantira en Orient.” “It was ONLY civilization what destroyed the plague in Europe, and ONLY it will annihilate it in the Orient.” Aubert-Roche, *De la peste*. With civilization here, he referred to the need of improving the living conditions in general, hygiene, habitation, nutrition, cultivation of the land, education, etc. Cf. Aubert-Roche, *De la peste*, 121, 278.

At Constantinople there is no doubt but that the filthy state of the streets and lanes often promotes disease, and is one cause of the plague making such ravages in those quarters which are the most thickly inhabited, and generally the dirtiest. However many eminent medical men hold an opposite opinion, I still feel persuaded that England, France, Germany, &c. are indebted to their increased cleanliness and quarantine laws, that they are no longer cursed with that dreadful scourge, which formerly raged in our own country to such a destructive degree. In fact, to what other cause can be attributed its entire disappearance in those parts where proper precautions have been enforced.⁴⁴³

So, with sanitation as was understood then, Istanbul could be saved from plague. For Hervé, it was not inherent to the city or to the climate.

Especially in line with the anti-contagionist⁴⁴⁴ stance's practices, Brayer reported on the topographic and climatic traits of the city and the habits of the population in a detailed way.⁴⁴⁵ He remarked that the Turkish government long had "had the wisdom" to relocate the cemeteries,⁴⁴⁶ insalubrious or dangerous establishments such as the gunpowder manufacture, slaughterhouses, candle and starch manufactures outside the walls.⁴⁴⁷ In the section devoted to Pera, he, further

⁴⁴³ Hervé, *A Residence in Greece and Turkey*, vol. II, 177-178.

⁴⁴⁴ The contemporary term was non-contagion, but the modern scholarship designated physicians adhering to the theory of non-contagion as anticontagionists.

⁴⁴⁵ Brayer, *Neuf années à Constantinople*. The structure and content of his report corresponded the contemporary way of discussing diseases. It was, namely, embedded in the understanding which regarded people, their state of health, and the environment they lived in and were surrounded with, interconnected. Cf. Kisacky, "An Architecture of Light and Air," 12-14.

⁴⁴⁶ In fact, the establishment of the first extra muros graveyards in the city had to do with the plague epidemics during the reign of Bayezid II. Varlık, *Akdeniz Dünyasında*, 334-335. Varlık is of the opinion that burying the dead outside the city walls was because of the idea of miasma, hence the intention to protect the health of the city dwellers. Varlık, *Akdeniz Dünyasında*, 337-338.

⁴⁴⁷ Brayer, *Neuf années à Constantinople*, vol. I, 3. The relocation of cemeteries outside the city limits began in the eighteenth century in Europe with the recognition of the corpses' posing a threat to the public health and hygiene and with the intention to ward off this threat. See, Suman, "The Silent City: Reading Tomb Structures at the Latin Catholic Cemetery in Feriköy Istanbul," 49-60. So, cemeteries as a potential threat to public hygiene had been articulated in Europe and trained the eyes of the physicians to be sensitive to their location. And Aubert-Roche would disagree with Brayer: "In Constantinople, like in all the Muslim cities, there is no public hygiene; cemeteries are everywhere; filth and corpses of dogs rot and infect the air." Aubert-Roche, *De la peste, ou typhus d'Orient*, 117. However, until the late eighteenth century actually "the distance of Pera's cemeteries to the historical center of Istanbul was taken to be a novelty by the visitors. With the nineteenth century, this attitude was replaced by a fascination with the Turks' careless interaction with their dead. Two reasons might be given for this change of heart. The relocation of cemeteries from European urban centers began around this time, and the simultaneous urban growth of Pera and the northward shift of Istanbul's center put the cemeteries of Pera in an increasing proximity to the spaces of the living." Kentel, "Assembling," 120.

spoke of unattended dogs around sellers of fruits and vegetables, and dark⁴⁴⁸ cafés, and other places which received insufficient light and blocked air circulation in general.⁴⁴⁹

Brayer dedicated the seventh chapter of his first volume to the description and discussion of the hygienic habits of the Muslims, the Armenians, the Greeks, the Jews, and the Perotes and Europeans.⁴⁵⁰ He named the Qur'an as the guide for the Muslims also in matters pertaining to hygiene, and underlined that although it had instructions concerning individual hygiene, it was silent about the public health. This, he found natural, for he specified that the issue of public hygiene was born out of the very contemporary circumstances related to urbanism and industrialism in the first place.⁴⁵¹ So, he related the discourse on public hygiene as a reaction to the problems that was created by the very age he lived in. Brayer began the section on the Perotes immediately with the influence of the climate that - according to the dictum of the age - had a habit- and behavior-forming function: "The Perotes, who have long been subject to the powerful influence of the climate, have gradually adopted some Muslim habits and mores."⁴⁵² The section is in general a description of sartorial and dietary habits and material culture, and also where they reside during which seasons, how they receive their education and what career paths they follow, etc.⁴⁵³ So, Brayer used "hygiene" in the sense of personal habits of living in general

⁴⁴⁸ Dark places are also optimal for fleas to live. Varlık, *Akdeniz Dünyasında*, 55.

⁴⁴⁹ Brayer, *Neuf années à Constantinople*, vol. I, 11-13, 30. Moltke, too, assumed that the densely built cities of the Orient were the true hearths of plague. Moltke, *Briefe*, 113. Varlık underlines that the dumps, slaughterhouses, grain and weaving workshops, houses built next to each other, narrow, unpaved and dirty streets in the cities constituted the optimal places for the rats to live. Varlık, *Akdeniz Dünyasında*, 45.

⁴⁵⁰ Brayer, *Neuf années à Constantinople*, vol. I, 334-411.

⁴⁵¹ Brayer, *Neuf années à Constantinople*, vol. I, 334. Indeed, the modern scholarship points to the same factors as the major reasons for the conceptualization of public hygiene. See and cf. the literature referred to in the sub-chapter "On Hygiene and Urbanism in Europe" of this thesis.

⁴⁵² "Les Pérotés, soumis depuis long-temps à la puissante influence du climat, ont peu à peu adopté une partie des moeurs et des usages musulmans." Brayer, *Neuf années à Constantinople*, vol. I, 401.

⁴⁵³ Brayer, *Neuf années à Constantinople*, vol. I, 401-411.

when it concerned the individual, but when talked of “public hygiene” this would point at “public health” to mean approaching diseases as rationally as possible and taking preventive measures against their causes on communal levels.

4.2.2 Fear and mercy: To be or not to be quarantined

The news of plague would be shared at coffeehouses in the city, the priests at the plague hospitals would report to the embassies, the increased frequency of the funerary processions would reveal its presence as well (see Appendix B, Figure 7).⁴⁵⁴

In the second volume of his work, Brayer gave detailed descriptions of plague in the Perote urban context only. He recounted what the European physicians and Perote and non-Muslim Ottoman physicians educated at European universities, who had a contagionist point of view,⁴⁵⁵ did when the plague season began: Isolation as much as possible was the strategy. The European embassies would be shot close, no one outside would be let in without having informed on their visit beforehand, no one would be advised to step beyond the embassies’ walls; textile objects or objects with parts made of or covered with textile would be moved elsewhere, only objects made of wood would be used, no handshaking would take place, etc. The doctors educated in Europe would avoid any contact on the streets, though they would visit people who demand their help, and when they return their homes they would burn a substance called *storax officinalis*, or also called black perfume,⁴⁵⁶ and expose

⁴⁵⁴ Brayer, *Neuf années à Constantinople*, vol. II, 63, 86.

⁴⁵⁵ Brayer, *Neuf années à Constantinople*, vol. II, 65.

⁴⁵⁶ Things made of paper would be also exposed to this fume. Brayer, *Neuf années à Constantinople*, vol. II, 88.

Actually, the French medical knowledge from the eighteenth century postulated that the “leaven” of plague was found in the blood of the diseased and it was transmitted via their breath and the objects, especially the textiles, which they touched. In order to protect oneself from contagion, one had to apply some purifying procedures such as the one mentioned here and isolate themselves. As a matter of fact, the bacteria causing plague, *Yersinia pestis*, can well survive on textiles. Panzac, *Quarantaines et lazarets*, 14, 18. See also, Olivier, *Voyage dans l’Empire othoman*, 254.

themselves with their clothes on to the fume for some minutes. Then, they would open the windows so that the air and the humidity would carry the miasmas away.⁴⁵⁷ Yet, Brayer thought all this effort in vain, because many Perotes, the dragomans especially, would eventually have to visit Stamboul,⁴⁵⁸ or people, mainly Armenians from Samatya or Yenikapi would visit Pera for the mass and for unions with their relatives and friends,⁴⁵⁹ so that there was a constant flow of people whose actions could not be controlled or checked. Besides, churches would not be closed even at the times of epidemics, and they would be crowded by the Perotes, Catholic Armenians, and Catholic Greeks, indeed.⁴⁶⁰ Besides, the priests of the plague hospitals themselves would visit the patients at their homes whenever they were sent for to identify the disease, and walk through the most crowded streets, which meant there was no way for them to avoid contact.⁴⁶¹ In Brayer's eyes, it was not the mediate contact - for instance, by touching the same paper, banknote, coin, etc.,⁴⁶²

Observing that a city built mainly out of wood and prone to fires and plague epidemics, Spitaels remarked rather wittily that the fires in the city actually served hygienic goals. Spitaels, *De Bruxelles à Constantinople*, vol. 3, 257. This is, indeed, an interesting comment by the "Flemish tourist" for showing that plague and fumigation, "naturally" shaped his perception of the city, and for showing how one could be creative and conventional at the same time when looking at fires and plague in the urban context.

⁴⁵⁷ Brayer, *Neuf années à Constantinople*, vol. II, 86–88. In Olivier's work one finds what the French physicians would do in order to prevent being infected: by never touching the clothes of the diseased if one was not able to wash their hands quickly enough with water, vinegar or some liquor, by fumigating their room from time to time, by ventilating their room, and by anointing the body parts, which were exposed to contact, with oil or some other fat. Olivier, *Voyage dans l'Empire ottoman*, 247.

⁴⁵⁸ Brayer, *Neuf années à Constantinople*, vol. II, 90.

⁴⁵⁹ So, he observed many Catholic Armenians coming to Pera for the Latin mass. "While keeping their Ottoman cultural identity, Catholic converts had to behave in part like Latins, and were not allowed by the Roman clergy to attend mass with their former Armenian peers, who usually despised them as apostates. For most of these Armenians, conversion also implied relocation in the districts of Istanbul with Latin populations: Galata, Pera, and some parts of the Bosphorus shores. Here they would gradually integrate into the Levantine and European community, but this process also was far from smooth and 'natural'." Girardelli, "Religious Imprints," 122-123. Also see, Girardelli, "Landscape and Justice," 75. The official acknowledgement of the Armenian Catholics as a *millet* took place in 1830. Girardelli, "Landscape and Justice," 75.

⁴⁶⁰ Brayer, *Neuf années à Constantinople*, vol. II, 91. In the same page, Brayer noted that the French who firmly believed in contagion would not attend the mass in times of epidemics.

⁴⁶¹ Brayer, *Neuf années à Constantinople*, vol. II, 92.

⁴⁶² Cf. Brayer, *Neuf années à Constantinople*, vol. II, 88. "All money that is given to you in change is brought in a plate under water, a letter is never delivered to you without first being perfumed." Hervé, *A Residence in Greece and Turkey*, Vol. vol. II, 180-181.

someone else had touched before - or immediate skin-to-skin contact, which had to take place in spite of all the efforts, that caused the infection. But it was the contact which would take place by breathing the same air with this either constantly moving or in poorly ventilated, closed spaces liberally gathering population which kept the deleterious air transmitting the disease that constituted the real problem and became the “vehicles of infection”.⁴⁶³

Actually, a few pages later, he revealed that the Frank physicians would not keep up with the strict isolation rules for long, even after they consulted patients everywhere in Istanbul, and they would find their relief in the divine Providence like the Muslims who would cry “God is great/ merciful”, “*Allah Kerim*”, and continue frequenting the restaurants and cafés where the middle-class merchants, chefs, voyagers, seamen, etc. would spend time.⁴⁶⁴ Brayer found it curious that the Europeans and the Perotes, who held the contagionist view, would not find it astonishing that the cases with plague would not follow the balls they, a population which obviously loved social reunions, held so often in Pera.⁴⁶⁵ On the other hand, there must be times when total isolation was deemed necessary by the inhabitants;

⁴⁶³ Brayer, *Neuf années à Constantinople*, vol. II, 89-94.

⁴⁶⁴ Brayer, *Neuf années à Constantinople*, vol. II, 94. “The Turkish family only sees the finger of predestination in this accident [death or disease]; the reaya family believes to have done everything by sending for a Frank physician; if the patient dies, it is because the disease was stronger than the medicaments.” “La famille du Turc ne voit dans cet accident que la doigt de la prédestination; la famille raïa croit avoir tout fait en appelant un médecin franc; si la malade meurt, c’est que la maladie était plus forte que les médicaments.” Brayer, *Neuf années à Constantinople*, vol. II, 188. See, for the emergence of the *topos* of the “fatalistic Turk” in the early modern era as a rhetorical figure, hence not necessarily always reflecting reality, Varlık, *Akdeniz Dünyasında*, 101-121.

⁴⁶⁵ Brayer, *Neuf années à Constantinople*, vol. II, 97. See Robert Walsh’s account, as he provided with a slightly more detailed portrait of these unions: “A very friendly intercourse is kept up among the Frank inhabitants. Each embassy selects a particular day in the week when the palace is thrown open, and the Ambassador, as they technically say, receives. On these occasions there is a re-union of all the respectable people of the different western tongues, who assume themselves with dancing, music, and cards, after the European fashion. Here the general language spoken is not French, as in most other places, but Italian; this being the language introduced by the Genoese, and still used by all their descendants, who form the basis of the Frank population of Pera. At these meetings no Oriental dress is ever seen.” Walsh, *A Residence at Constantinople, during a Period including the Commencement, Progress, and Termination of the Greek and Turkish Revolutions*, vol. I, 235.

the crowds on the streets must have decreased considerably,⁴⁶⁶ because performing quarantine would affect the whole household:

Often, in passing through the street, I have seen a basket attached to a cord traveling up to a window, laden with some description of provisions, as at those periods many persons will not suffer their servants to go out, during the prevalence of the disease, as they could not count on their caution in evading the infection.⁴⁶⁷

Panzac has noted, plague was believed to be God-sent by the Ottoman subjects, Muslim and non-Muslim alike. While Muslims would not regard plague as a scourge or a punishment of some sort and not question the divine intention by accepting it as just God's will, Christians would consider it an expression of the divine discontent and curse which they "deserved" because of their sins and which they would try to escape. And there were the Franks with their particular attitude towards plague, that is, fighting against it and trying to prevent it, which they would promote in their environments.⁴⁶⁸

As discussed in the previous chapter, recent scholarship denies the existence of monolithic attitudes toward and responses to plague based on religion and ethnicity, which are at the same time either clearly Orientalist descriptions or carry Orientalist hues, and recognizes diversity. However, the authors who lived in the period, were convinced of the existence of -what can be called- a tripartite perception and understanding of plague. And it was based on this division that they perceived, read and interpreted what they saw in Istanbul. Brayer's observation attests to this on the whole, as he informs about every community one after another in regard to whether they feared the plague or not,⁴⁶⁹ but his account also demonstrates that there

⁴⁶⁶ Cf. Brayer, *Neuf années à Constantinople*, vol. II, 69.

⁴⁶⁷ Hervé, *A Residence in Greece and Turkey*, vol. II, 181.

⁴⁶⁸ Panzac, *Quarantaines et lazarets*, 21. Also see and cf. Olivier, *Voyage dans l'Empire othoman*, 244.

⁴⁶⁹ See, Brayer, *Neuf années à Constantinople*, vol. II, 61-67.

were no clear-cut boundaries so that these responses could actually be mutually influential, be merged, combined, adopted and/ or adapted by the city-dwellers.⁴⁷⁰ In fact, Brayer stated that the Catholic Armenians learned to fear the plague when they began to communicate and interact more and more with Franks.⁴⁷¹ The Gregorian Armenians, on the other hand, would not take any extraordinary precautions against contagion, but care for cleanliness, good and simple nutrition, and accepting the Providence. They would not abandon their patients and give them most diligent care. Nevertheless, they, too, had a small hospital which overlooked the Greek cemetery at the end of Pera. Some of their plague-stricken patients would be sent to here.⁴⁷²

Examples demonstrating the presence of this “division” in Pera can be found in Moltke’s letters, too. Moltke spoke of a battery where a hospital for the plague-stricken was set up. He observed more than once that the soldiers would carry the pall of the recently deceased plague-stricken fellow soldier over their shoulders and distribute the belongings of the deceased amongst each other. This, Moltke thought, must have brought death to them within three days. When the *binbaşı* of the battalion, who was influenced by the Franks, introduced preventive measures into the battery, the soldiers did not welcome these, and found it sufficient to hang a verse from the Qur’an on the door of the caserne. They would not regard the malady as a divine punishment but as a particular favor from God which could bestow upon them martyrdom. So, fearing it and taking measures against it was for them not only unnecessary but also sinful.⁴⁷³ The porters had no problem carrying the patients on

⁴⁷⁰ Also see and *cf.* Panzac, *La peste*, Chapter 11 “Les sujets ottomans et la peste” and Chapter 12 “Les Francs et la peste: Attitude et influence,” 278-311, 312-338.

⁴⁷¹ Brayer, *Neuf années à Constantinople*, vol. II, 62.

⁴⁷² Brayer, *Neuf années à Constantinople*, vol. II, 63.

⁴⁷³ Moltke, *Briefe*, 116.

their backs to the hospitals, and the deceased to their graves.⁴⁷⁴ And the Turks would know that the Europeans were fearful of plague. Moltke recounted that when he was accompanied by a Turk, he - with all sincerity and a little pity - would say to a person who had plague that he should not come near him [Moltke] and explain that he [Moltke] was afraid.⁴⁷⁵ Moltke actually blamed the *ulema*, religious scholars, who would preach that fearing plague and taking measures against it was a sin, for plague's consistent presence in the empire. He thought, even the thought of establishing a system of sanitary police would involve a bloody reaction.⁴⁷⁶ However, as mentioned previously, already before the establishment of the Quarantine Council, application of the European preventive methods would occur especially in military contexts.

So, the *binbaşı* of whom Moltke spoke was not a unique figure and his implementations did not obviously mark a beginning point. Placed together with Moltke's observation, though, it can be deduced that it was the state's taking action that brought about the application of these measures, but these were perhaps not been sincerely accepted as necessary and useful among a wider population, at least not right away.

⁴⁷⁴ Moltke, *Briefe*, 116. Muslim rituals concerning funerals and burials continued to be practiced also during times of epidemics. These included washing and wrapping the corpse, carrying it to the mosque in a coffin. After the prayer, he would be buried without the coffin. *Varlık Akdeniz Dünyasında*, 326 and the footnote 38. However, this again should not be taken for granted at all times, at least not for every city in the empire. Some Muslims would also leave the plague-stricken and the weak behind to flee the plague. Cf. *Varlık Akdeniz Dünyasında*, 326-327. And again, for the sixteenth century, Varlık mentions an account of Orthodox Christians' burying the plague-victims according to the conventional rites and procedures. Cf. *Varlık Akdeniz Dünyasında*, 327.

⁴⁷⁵ Moltke, *Briefe*, 116.

⁴⁷⁶ Moltke, *Briefe*, 116. Similar remarks can be found in other contemporary works. See, f. ex. Baratta, *Bellezza del Bosforo ossia panorama del meraviglioso canale di Costantinopoli preceduto da un' accurata descrizione dello stretto dei dardanelli e del Mar di Marmara: Opera destinata a far seguito alla Costantinopoli ...*, 180: "Selim III voleva provvedervi collo stabilimento d'un lazzeretto e di regolamenti sanitari; ma i pregiudizi religiosi della nazione vi si opponevano ..." "Selim III wanted to create a lazzeretto and implement health regulations; but the religious prejudices of the nation were opposed to it ..."

As mentioned in the previous chapter, already prior to the generalization and institutionalization of it, quarantine would be occasionally imposed by the state in the city itself. Hervé also recounted the following:

At Constantinople a family is sometimes ruined by having a *pestiféré* in their house, if it be known to the police or government; as, in that case, agents enter the house and turn out all the inmates, throwing water over every article of furniture, and recklessly spoiling every thing. The diseased sufferer is conveyed to the hospital, and a guard is placed before the door of the house, who prevents any one from entering it. The family who have been turned out may in vain seek a home, as no one will receive them, fearing that they may be infected. At last they are obliged to encamp in a tent, until it is imagined that they are become sufficiently purified.⁴⁷⁷

Other European sources examined here do not actually support this except for an account by De Kay.⁴⁷⁸ This passage may indicate that similar cases could have been the case during the reign of Mahmud II, but that an *ad hoc* practice took place during the peak of an epidemic when Hervé composed his work could have been also the case. Because Hervé added that an encampment was formed for the people who were deemed infected in the summer months; some of the people who had to encamp were sent to the hospitals which were considered “the portal to the grave”.⁴⁷⁹ Hervé himself wrote he made the following agreement with the other boarders and inmates in the house where he lived. It concerned keeping it a secret if any of them were to become infected with plague:

⁴⁷⁷ Hervé, *A Residence in Greece and Turkey*, vol. II, 182.

⁴⁷⁸ James Ellsworth De Kay (1792–1851) was an American physician who was interested in geology. He spoke of a Turkish officer of police who accompanied the thrusting out of a person who buried the dead people who died of plague in 1831/2. De Kay, *Sketches of Turkey in 1831 and 1832 by an American*, 173-174.

⁴⁷⁹ Hervé, *A Residence in Greece and Turkey*, vol. II, 183.

... if any of us should be attacked with the plague, that a bed should be made up in the garden, under a shed, as an exposure to the air is advisable; which would prevent the probability of communicating the infection to other members of the family: that the affair should be kept strictly secret to avoid the horror of being conveyed to an hospital, and that, if death should ensue, the patient could be buried in the garden. As the house stood alone this might be effected ...⁴⁸⁰

To turn back to the maxim, “*Allah Kerim*”, it was also noticed by Moltke. He was rather surprised how the Turks actually witnessed daily so many deaths and proofs of contagion, but would not still moderate their attachment to it and submission to “*kismet*”.⁴⁸¹ On the other hand, he considered that this attitude granted them psychological strength, and made him comment: “For sure, the Turks die of plague; but the Franks, they suffer from the same.”⁴⁸² Moltke wrote, therefore, that due to this suffering of the Franks, Pera presented a gloomy picture to the Turks.⁴⁸³ Moltke had probably not heard a Turk actually say what he would feel in Pera. Nevertheless, these expressions tell us what Moltke would perhaps have thought at the sight of Pera vis-à-vis plague had he himself been a Turk. In any case, his witnessing the mentioned tripartite division that stretched from the extremes of fearful isolation to the extremes of leaving it to the Providence or to one’s lot, or of resignation with both penetrable borders depending on the situation with regard to disease perception and “management” in Pera, and Istanbul in general, must have enabled him to articulate a colorful passage: Stepping in Pera meant finding themselves surrounded by mountains of miserable, swishing huts and tents, and amongst ragged figures, sick faces and loudly crying kids. These would be the

⁴⁸⁰ Hervé, *A Residence in Greece and Turkey*, vol. II, 186.

⁴⁸¹ Moltke, *Briefe*, 115.

⁴⁸² “Gewiß ist, daß die Türken an die Pest sterben, die Franken aber an derselben leiden.” Moltke, *Briefe*, 117. Moltke interpreted Turks’ avoiding uttering the particular name of the disease - for they believed this would summon it - also as a contribution to their managing to ignore it and thus avoiding worry and anxiety. Moltke, *Briefe*, 117.

⁴⁸³ Moltke, *Briefe*, 118.

Frankish families that had recently lost a member to the disease putting themselves in quarantine while their possessions were being cleaned. The Greeks would also perform quarantine, however, they would often skip the cleaning part, so Moltke; and hope that if they exposed themselves to misery at tents during the rough season, Panagia the Mother of God would eventually intervene, protect them and care for their welfare.⁴⁸⁴ Yet, when they returned home, new diseases would usually take effect.⁴⁸⁵ He recounted further that the Franks would move stealthily in the alleys with their black cloaks made of oiled silk or some special cloth coated in wax and at the same time fearfully try to keep away from each other. However, since the streets were so narrow, they would not be very successful at the latter point.⁴⁸⁶ Likewise, Hervé recounted that people would draw the skirts of their coats closely about themselves, so that they would not brush against someone else's clothes. One day as

⁴⁸⁴ De Kay also wrote that the Greeks would pray to Virgin Mary for protection. De Kay, *Sketches*, 173. And here one should perhaps also remind that the first Orthodox church in Pera was built in 1804 and dedicated to the Panagia (Panayia de Péra). Anastassiadou, *Les Grecs*, 9, 33. It is highly probable that the Catholics in Istanbul also venerated Saint Roch for protection from plague. A thorough research through the archives of the Catholic churches and convents of Istanbul perhaps can provide with textual evidence. The fact that the church Saint-François in Galata, which was converted into the mosque Yeni Camii in 1697, had a chapel dedicated to Saint Roch (see, d'Alessio, "Recherches sur l'histoire de la latinité de Constantinople (suite)," 28-30) is at least an indication and a strong reason to consider this possibility. Also cf. Ract, *Lieux chrétiens*, 145. Some other important churches in the area had also altars of St Roch. See, Darnault, *Latin Catholic*, Chapter 7 "Latin Catholic Buildings in Istanbul Demolished by the 19th Century" and Chapter 8 "Latin Catholic Buildings in Istanbul (1839–1923)", 61-197. The Orthodox would probably also venerate Saint Roch, but evidence is needed and perhaps is not impossible to come across. Kalliopi-Phaidra Kalaphati discusses an icon of votive character for the veneration of Saint Roch which portrays him with a bubo on his right thigh. The icon was created in 1743 and is found at the Byzantine and Christian Museum in Athens. Icons of him from the fourteenth century also exist. ΚΑΛΑΦΑΤΗ, "Αμφιπρόσωπη εικόνα του αγίου Ρόκκου στο Βυζαντινό και Χριστιανικό Μουσείο." A. Ubicini identified Hagios Charalambos as Saint Roch, and as a saint to whom the Orthodox prayed to be saved from plague. Ubicini, *La Turquie actuelle*, 100. But they were actually not the same person. Hagios Charalambos lived perhaps in Asia Minor in third century and was believed to have been saved from plague via his prayers and devotion. Robarts, *Nowhere To Run To*, 229, footnote 38. Hagios Charalambos was also venerated especially in times of plague by the Bulgarian Orthodox. Robarts, *Nowhere To Run To*, 228-229. For more on him, see, Henxtoivius, *Vie de Saint Charalampe, prêtre et martyr, invoqué contre la peste et les maladies contagieuses des animaux domestiques, et dont les reliques sont honorées en l' église de Wadelincourt (Hainaut)*.

Balıklı Hospital too had a church dedicated to Hagios Charalambos. Anastassiadou, *Les Grecs*, 220. There was/is an Orthodox chapel dedicated to Hagios Charalambos in Tatavla/Kurtuluş and a church in Bebek.

⁴⁸⁵ Moltke, *Briefe*, 118.

⁴⁸⁶ Moltke, *Briefe*, 118.

he was walking with a little girl who was holding his hand, his coat happened to touch the robe of an Armenian passerby. Upon seeing this, the little girl let go of his hand and distanced herself immediately, deemed him infected and in urgent need of purification.⁴⁸⁷

In Pera, it was possible to come across a funeral procession all of a sudden at every corner: If the deceased person were a Frank, no relative or friend would join the procession which would be led by a priest with his long, black stick he used to warn the people around. If she/he were Muslim, any men would try to join the procession to do her/him a favor, for the steps accompanying the deceased helped them advance toward to the Paradise; Moltke noted, so was the Muslim belief.⁴⁸⁸ Moltke believed that absolute isolation was not possible, and worrying too much could make one perceive possibilities of contagion every time and everywhere.⁴⁸⁹ Every house was locked up like a fortress, and every visit put the families in fear. If one were let in, they would be first taken into a fumigation booth, then, they would be received at a large room where there would be no sofa, no carpet, no curtains, but only cane chairs, and small wooden tables which were covered with sheets of waxed linen.⁴⁹⁰ If the visitor carried a letter of recommendation, the resident would take it

⁴⁸⁷ Hervé, *A Residence in Greece and Turkey*, vol. II, 179. A similar observation was made by De Kay as well. But he was quite judgmental. For him, the Franks in Pera with their “childish terrors” and “absurd precautions” did not represent “the collective wisdom of Europe”. “The Turk” constituted an “amusing contrast to this” with his “elbowing his way through the crowd”. He added, “[b]ut then, on the other hand everybody knows that Osman is an infidel, and of course not a civilized being, consequently he has not intellect enough to comprehend when he is in danger, and when he is safe.” De Kay, *Sketches of Turkey*, 131. So, he implied there was a normal and rational way to approach and deal with plague which was lacking in Pera for him. Here shall be noted that the Levantines had rather notorious an image in Western discourses. European diplomats and authors ascribed to them all the negative qualities of the “West” and the “East”, considered them without a motherland, questioned their morals, called them intriguants. Moreover, they thought they were “bigot” and “fanatic” Catholics. Schmitt, *Levantiner*, 13.

⁴⁸⁸ Moltke, *Briefe*, 118.

⁴⁸⁹ Moltke, *Briefe*, 118.

⁴⁹⁰ Moltke, *Briefe*, 118. Wood was thought to be not dangerous with regard to contagion. Andréossy, *Constantinople et le Bosphore*, 182.

with a pair of tongs, carefully fumigate it, and finally open it with distrust.⁴⁹¹ The fear of plague hindered the social life and Moltke complained about it:⁴⁹² Plague would succeed in being *the* concluding theme of conversations; no one would shake hands welcomingly; since the cards traveled from one hand to the next, no one would play whist; one would make a terrible deed, if he were to pick a lady's handkerchief up from the floor for her, because she would need to have it washed before she could even touch it again; no social gatherings would take place at theaters, balls, clubs, reading circles, etc.⁴⁹³

Having experienced similar things and felt similar emotions, Francis Hervé called plague “a most anti-social malady”.⁴⁹⁴ In fact, the “natural” and “perpetual” presence of plague, or maybe better to include also the “natural” and “perpetual” phantom of plague did affect the social habits especially in Pera. Dellenbusch needed to clarify why the Franks would not shake hands here, which they would normally be expected to do: Plague was the reason. Any person stood under the suspicion of having visited a place where plague occurred either in Pera or in Stamboul. So, one had to be cautious and sacrifice a friendly handshake.⁴⁹⁵ Dellenbusch also considered plague among the reasons which kept some Frankish families of Pera from establishing close and friendly relations in general.⁴⁹⁶ These families must have been

⁴⁹¹ Moltke, *Briefe*, 119.

⁴⁹² Hervé was compelled to take these measures, too, to his “extreme annoyance”, but he confessed he was actually careless towards them. Hervé, *A Residence in Greece and Turkey*, vol. II, 178-179, cf. also, 180-181. “When I first set out I did as other people, and took care not to rub against any one; but after being out some time I always forgot it, and visited the Bagnio and the bazaars at the time that the disease was at its worst, where I was obliged to enter a thick crowd, and jostle against hundreds. But it is generally admitted, that those who take the greatest precautions are frequently amongst the first victims, — which I can believe; because he who is always adopting some measures to avoid the malady is necessarily always thinking of it, and in nine cases out of ten always fearing it. This brings on a sort of feverish anxiety, which rather discomposes a person; and if they have any lassitude or feebleness, or in fact any thing in the least degree the matter with them, they then become susceptible of imbibing the contagion.” Hervé, *A Residence in Greece and Turkey*, vol. II, 179-180.

⁴⁹³ Moltke, *Briefe*, 119.

⁴⁹⁴ Hervé, *A Residence in Greece and Turkey*, vol. II, 181.

⁴⁹⁵ Dellenbusch, *Mercantil-Memoiren*, 23.

⁴⁹⁶ Dellenbusch, *Mercantil-Memoiren*, 24.

the poorer ones, for Dellenbusch clarified immediately that better Frankish households were rather the opposite: They were most friendly and sociable.⁴⁹⁷

Like many Europeans Eduard Dellenbusch thought that the *reaya* resembled the Turks at least partially in regard to the belief in predestination. According to him, this actually helped the Franks a lot in their business when they would avoid all contact with the people and things around them. Namely, the *reaya* would be the first ones to receive the letters and packets and hand them in to be fumigated at the counter. They would go to Stamboul to buy and sell the wares and take care of the receipts. They would also wear a tarred coat and mingle with the crowd. Eventually, when one of them would die, another would be found to replace him.⁴⁹⁸ Brayer reported the same, but he added that the Frank⁴⁹⁹ merchants would leave for their houses in the countryside and come back to the city only once a week.⁵⁰⁰

Although it is a witty remark, Moltke's conclusion for his letter exemplifies brilliantly how an individual could find himself/herself think and act at a semipermeable juncture point of attitudes, "mentalities", and "realities" in Galata and Pera:

Plague has been mentioned so much in this letter that I think one will have to fumigate it very carefully at the border.⁵⁰¹

⁴⁹⁷ Dellenbusch, *Mercantil-Memoiren*, 24.

⁴⁹⁸ Dellenbusch, *Mercantil-Memoiren*, 23.

⁴⁹⁹ Perhaps including Levantine merchants as well, because he did define Levantines and Perotes as Franks elsewhere and referred to them as Franks. See, Brayer, *Neuf années à Constantinople*, vol. II, 63, 86.

⁵⁰⁰ Brayer, *Neuf années à Constantinople*, vol. II, 88.

⁵⁰¹ "In diesem Briefe ist so viel von der Pest die Rede gewesen, daß ich denke, man wird ihn an der Grenze ganz besonders durchräuchern müssen." Moltke, *Briefe*, 119.

4.2.3 The phantom of plague, the phantom of death

Perhaps the most literary account on plague and death in the city belongs to Charles Pertusier, a French embassy attaché, the author of the *Promenades pittoresques*. He took one of his promenades on the Grands-Champs des Morts. There he was reminded of plague, of those who were victims of it and lying buried, and of the miasmas.⁵⁰² One of the largest cemeteries of the world, the Grands Champs-des-Morts, known also as Büyük Mezarlık, Büyük Mezaristan, or Ayaspaşa Mezarlığı happened to be in Istanbul and cover the area stretching from Ayaspaşa to Taksim and Harbiye in the north and downhill to Fındıklı and Dolmabahçe towards the Bosphorus not only keeping the deceased Christians and Muslims buried, the majority of whom lived in Pera or Galata or in the neighboring districts, but also providing the residents with a promenade (see Appendix B, Figure 8).⁵⁰³ Instead of around or inside the churches, Latin victims of epidemics would be usually buried here. In fact, until the beginning of the seventeenth century the Grands-Champs-des-Morts cemeteries were used by the Catholics only for the interments of the victims of epidemics, most of which were plague. It later became their main burial ground.⁵⁰⁴ Contemporary observers would inform that this space had broad avenues and frequented continuously by people. And it was into a green space for a promenade that this area was eventually turned into when further inhumation was prohibited in 1853 and the exhumation began in 1864 within the framework of the reforms to

⁵⁰² Pertusier, *Promenades pittoresques dans Constantinople et sur les rives du Bosphore*, Vol. III (Paris: H. Nicolle, 1815), 42-79.

⁵⁰³ Suman, "The Silent City," 71-75. During the Genoese period, Catholics were inhumed either within or next to a church; during the Ottoman period they would be inhumed, again, either within or near a church, except for the times of plagues, "sauf en temps de peste". From 1561 onwards, they used the cemetery at Ayaspaşa to inhumate the plague-stricken. This cemetery became a common cemetery in 1615. Ract, *Lieux chrétiens*, 222.

The Greeks would be usually buried in the Petits-Champs des Morts till the end of the eighteenth century; later many would be also buried here. Anastassiadou, *Les Grecs*, 53.

⁵⁰⁴ Suman, "The Silent City," 76. Brayer found it surprising that this area was not walled. Brayer, *Neuf années à Constantinople*, vol. I, 33.

embellish and regularize the urban system and the keep the city healthy and hygienic.⁵⁰⁵ The cemeteries were very close to the French Plague Hospital. The Austrian diplomat in Athens and in Istanbul, Anton von Prokesch von Osten, noted that every promenade that one would go on would pass by the windows of this hospital, and would make one feel the fear of plague in every step.⁵⁰⁶ De Kay spoke of it as a place of melancholia, and added that he was told “with a superstitious air” that the great fire of 1831 was arrested “precisely under the walls of this hospital.”⁵⁰⁷ So, this place was perhaps mysterious for the locals as well, if not spooky. The hospital and the cemeteries constituted together the place where the phantom of plague⁵⁰⁸ resided. One did not need to be told that the Grands-Champs des Morts sheltered many people who died from plague. There were enough tombstones inscribed with the words “mort de peste”, “peste corrept[us/a]”, “obiit peste”, “peste oppressus”, “pestilenti morb[o] corrept[us/a]”, “pestilentia ictus”, “morto di peste”, “colpita del male contagioso”, “a peste consumpta”.⁵⁰⁹

⁵⁰⁵ Suman, “The Silent City,” 75-76, 85, 91. Cholera epidemics must have played a role in this decision. Suman, “The Silent City,” 75, 79-80. The Catholic and Protestant cemeteries were thus transported to a new location in Feriköy which could be considered a faubourg of Pera. Suman, “The Silent City,” 83, 85. 12,339 French soldiers of the East Army as well as Sardinian soldiers who died during the Crimean War were also either buried here or their relics were brought here after having been exhumed from other smaller cemeteries in the city later in the century. Suman, “The Silent City,” 86, 99, 101-103.

⁵⁰⁶ Prokesch von Osten, *Denkwürdigkeiten und Erinnerungen aus dem Orient*, vol. I, 483.

⁵⁰⁷ De Kay, *Sketches*, 162.

⁵⁰⁸ In fact, an old image of plague as a black woman grabbing her victims at night were not unpopular among the people of all the religions and confessions mentioned in this study. Cf. Brayer, *Neuf années à Constantinople*, vol. II, 63. Also see and cf. Varlık, “From ‘Bête Noire.’”

⁵⁰⁹ See for parts of the inscriptions on tombstones here, Belin, *La Latinité de Constantinople: Champs du repos, rites funéraires d’après les Comptes-rendus du Cimetière latin*, 37-43. Latin extensions in brackets are added by me.

That a person died from plague would be seen only on some Ottoman tombstones in Muslim cemeteries in the city. Hans-Peter Laqueur has suggested this had to do with the fact that the Ottoman Muslims wanted to rather avoid uttering the name of the disease. Laqueur, *Hüve’l-Baki*, 98-99. See, also “Veba Kurbanı: Salih Beşe (1813) and the epitaph: “Hüve’l-Bâkî Dar-ı Dünyada civan iken gezerdim bir zaman/ Nagehan geldi veba etti Yerim bağ-ı cinan/ Fani dünyada murad almadan terk eyledim/ Valideynim eylesinler bir zaman âh ü figan Uzunçarşî’da içici Küçük Pazarlı merhum Salih Beşe ruhuna Fatıha Sene 1228” in Eldem, *İstanbul’da Ölüm*, 200-201. The English translation is found in Eldem, *Death in Istanbul*, 200: “He is the Eternal One I once roamed this world as a youth, suddenly the plague came and made paradise my abode/ My desires unfulfilled in this world, I left/ May both my parents sigh and cry for some time. A prayer for the soul of the late Salih Beşe from Küçük Pazar needle maker at Uzunçarşî The year 1228”.

To turn back to Brayer, he spoke of also what happened to the dead at the hospitals of the religious communities, and he found it quite incorrect that the bodies of people who died of plague - to speak with an anachronistic language - became objects of exhibition. It is true that whenever he spoke of the non-medical population of Pera, he implied that they had a poor understanding of the disease. As far as the urban aspect is concerned, his comment on the not-so-short journey carrying the dead body to the great cemeteries while being surrounded by many people at every step is interesting. Apparently, he expected a more functional, logical, practical and simple choice of the route, thus avoiding the crowd, however, as far as he implied, the “exhibition” aspect played also a role in choosing the route and led eventually to a mistake if one was to take into account the measures concerning the public hygiene:

Although most of the individuals who died of plague - certainly the poor ones - were promptly removed, carried to the cemetery by two porters and buried without being accompanied by anyone but the hospital’s priest and a few acquaintances, it is still against the laws of public hygiene to let this little convoy cross the long street Agha Djamici to get to the Grand-Champ-des Morts, when it is actually so easy to make a small detour and go through the less busy streets. But what is truly reprehensible is to see the convoy of a wealthy man who died of plague. A dozen priests with their priestly vestments sing the service; several crosses precede them; the hearse is draped with shawls and pelisses. According to the custom of the country, the deceased has the face and the hands uncovered. A crowd of relatives and friends follow at a distance. The goers and comers halt; the chah-nichin and the windows are crowded with spectators who are curious to see the cortège carry on, and all this because the family believes having their relative buried pompously is important for their reputation.⁵¹⁰

Brayer wrote elsewhere that if the deceased died of something other than plague, their family members and acquaintances would demand the presentation of the corpse at the church and a fine burial afterwards. If she/he died of plague, she/he

⁵¹⁰ Brayer, *Neuf années à Constantinople*, vol. II, 92-93. (My translation, for the original passage, see Appendix A, Quotation 2)

would not be presented at the church, and directly carried to the cemetery by some staff of the hospital, while a priest would precede them from a distance. But even in cases where Brayer had examined patients and expressed his opinion or suspicion that the disease in question should have been plague, precautions would sometimes not have been taken by the family members.⁵¹¹

So, Brayer underlined that although the medical professionals and the non-Muslim dwellers in general in Pera would employ contagionist arguments to explain plague, they had a contradicting and inconsistent attitude, i.e. they would not stick to the strict rules of isolation and would not give up on socializing totally, which contagionist precautions would have demanded them to. It was this attitude that Brayer observed in Pera and used against contagionist stance, because for him, had plague been transmitted by contact, so many people in Pera could have not survived it apparently.⁵¹² Besides, he gave an account of his encounter with a Muslim who had recently lost his wife, son, and a slave to plague; this encounter he himself “survived”.⁵¹³ Brayer survived, but “death” came through frequently through plague, and a French-British visitor of the city, perceived it as normal a death as through accidents for which the city was the perfect place:

If a man be tired of his life, I know no better place for him to get rid of it than Constantinople, without being put to the trouble of suicide. In the first place, there is the plague; secondly, the fires, which every one is constantly liable to; thirdly, the risk of being drowned... I scarcely knew any individual at Constantinople, who had not been upset in a boat, and in many instances loss of life occurs from such accidents; fourthly, the chance of falling into their wells at night; and fifthly, the having a house fall upon you, of which I had the narrowest escape, but sustained no other injury than being covered with the dust.⁵¹⁴

⁵¹¹ Brayer, *Neuf années à Constantinople*, vol. II, 184-185.

⁵¹² Brayer, *Neuf années à Constantinople*, vol. II, 93-100, 108.

⁵¹³ Brayer, *Neuf années à Constantinople*, vol. II, 102-103. Brayer was not afraid to approach him, because he thought he would have contacted with the water enough. Brayer, *Neuf années à Constantinople*, vol. II, 104.

⁵¹⁴ Francis Hervé, *A Residence in Greece and Turkey With Notes on the Journey through Bulgaria, Servia, Hungary and the Balkan* (London: Whittaker, 1837), vol. II, 157-158.

Brayer dedicated a chapter to his patient observations to argue that many other diseases were mistakenly - actually due to ignorance and the overwhelmingly fearful expectation for the worst - taken for plague.⁵¹⁵ A short subchapter here, called “Empoisonnements criminels” is quite interesting, even though it repeats the image of the “Oriental intriguers” including the Levantines and the *reaya*.⁵¹⁶ It is not directly related to what this study aims to investigate, however, it actually reminds that diseases and perceptions of and reactions to diseases, here plague, could have consequences affecting human relations and “freedom”, in this case by proving with a perfect disguise for premeditated killing. At least it could be imagined that this could have been the case:

In a country declared by the Franks themselves as the sewer of Europe; in a country where the Turkish police have no means to subdue the Franks, where the *reaya*, can buy an arrangement with the employees of one of the many European chancelleries to easily enjoy the same privileges; in a capital where there is no public doctor to verify the cause of death of people, where dissection of corpses is regarded as an abomination, it must often happen that disgust of an ill-matched union, the desire to get rich quickly, jealousy, hatred, revenge bring some miserable people to attempt the lives of their peers, especially when the death of the person can be blamed on plague, seen as protean. The presence of this disease does not frighten everyone, and it is sometimes said that plague, by removing one of the spouses from a household whose quarrels had long been the scandal of the neighborhood, has brought back tranquility to the neighborhood he lived in.⁵¹⁷

So, this perhaps desired and prolonged non-disenchantment had to do with the city’s “essence” as Brayer perceived it. And this perception of his differed from other views which would ascribe the “ignorance” to the apathy of the Orientals and consider it a result. For, Brayer, however, this not-knowing about the disease and not-attempting to discover facts about it was not a result but a deliberate choice

⁵¹⁵ Brayer, *Neuf années à Constantinople*, vol. II, 108–194.

⁵¹⁶ Cf. Schmitt, *Levantiner*, 13.

⁵¹⁷ Brayer, *Neuf années à Constantinople*, vol. II, 122. (My translation; for the original passage, see Appendix A, Quotation 3) Also see and cf. Brayer, *Neuf années à Constantinople*, vol. II, 123-128.

wickedly made. Interestingly, Varlık also cites sources which indicate that naming plague as the death cause of someone to disguise a deliberate murder could have been indeed sometimes the case.⁵¹⁸ Nevertheless, it could happen that sometimes the intention of a “physician” was not necessarily “evil.” But a European “physician” must have acquired a diploma in medicine was known to the dwellers of Pera, so they could perhaps spot a liar. So, an incident recounted by Brayer demonstrates that there were also “charlatans” around. When a Slavic captain, who lived in Pera with his pregnant wife and two sisters, had to leave for the Black Sea, one of his sisters fell ill. The other two women sent for a European physician; he came and treated the sick woman, but she died. Some days later, the other sister fell ill; the same physician treated her, and she, too, died. It was the season of plague, so their death was blamed on it. Then, the wife got some hemorrhoidal tumors, and asked for the same physician’s diagnose and treatment. The European physician’s diagnosis was such that it insulted the feelings and fidelity of the wife and/ or her husband. When the seaman returned and heard all of this, he beat the physician with a cane. The physician applied to the chancellery of his nation. So, the seaman had to defend himself. At first, the physician was not found guilty, and the captain was to be sent to prison for some days. But he was quite clever and demanded to see the diploma of the physician. It turned out that he had never studied medicine but law. Since he had to leave Europe due to political troubles, he had to come to the Levant where he could not earn money with his law degree. So, being a very intelligent person with a strong memory, he decided he could learn medicine on his own. He did so and started practicing. The captain was excused. Brayer met him at a diner and heard the story from him. So, our physician inquired about his health; the captain showed him

⁵¹⁸ Varlık, *Akdeniz Dünyasında*, 333, 354.

his tongue. Brayer gave him some advice. The following day, the news spread in Pera that the false physician had committed suicide.⁵¹⁹ Maybe, though, indirectly, he, too, can be deemed a victim of plague.

4.2.4 Hospitals

Like Albert Brayer, Olivier, too, wrote that plague caused so much anxiety and panic among the Europeans living in the empire, that they would send the person who would show the first symptoms of a grave disease or be suspected of having been infected with plague to a “hospice” run by a religious community for plague-patients at the extreme end of the Rue de Péra, and cut all the communication with them in order to protect themselves.⁵²⁰ The ill would be, then, surrounded by other infected people and exchange words of consolation with each other, while the religious Maronite there would only be able to give them some food and some things to drink, and, of course, spiritual relief, but no proper treatment.⁵²¹ Yet, Olivier was actually optimistic in his approach, because he wrote that it required “skillful and exercised hands” at least to attempt to cure them.⁵²²

One can read about the epidemic of 1812 in the account written by Antoine François Comte de Andréossy,⁵²³ who had been the French ambassador in Istanbul. He created a table of mortality for the plague epidemic of this year, for which the

⁵¹⁹ Brayer, *Neuf années à Constantinople*, vol. II, 188-191.

⁵²⁰ Olivier, *Voyage dans l'Empire othoman*, vol. I, 245. Panzac noted that the conditions at the rooms reserved for the plague-stricken in the hospitals or hospices for the plague-stricken would be austere, these would be barely decorated, giving them no hope of survival, whereas other hospitals or hospital rooms would be more lively and comfortable, giving their patients hope for recovery. Panzac, *Quarantaines*, 25-26; Panzac, *La peste*, 316-317.

⁵²¹ Olivier, *Voyage dans l'Empire othoman*, vol. I, 246.

⁵²² Olivier, *Voyage dans l'Empire othoman*, vol. I, 246. And he met some Jewish and Greek physicians who tried to find ways for treating the sick in Istanbul and in some other cities, and found the French and Greek “hospices” optimal places for research. Because the patients were totally at the disposition of the physician, and the physician would be able take whatever precaution he would deem necessary. Olivier, *Voyage dans l'Empire othoman*, vol. I, 258-259, 261-264.

⁵²³ Comte de Andréossy, *Constantinople et le Bosphore de Thrace pendant les années 1812, 1813 et 1814, et pendant l'année 1826 avec un atlas*, 178-184.

information he received from the heads of the communities and from the two hospitals which were administered by the French embassy, one in Galata, the other in Pera. He knew about the Turkish deaths due to the necessary funerary rituals; the corpses were taken to the mosques, so one could have an idea (see Appendix B, Figure 9).⁵²⁴ He gave also some information about the plague hospitals: So, the French had two; the Greeks also had two hospitals⁵²⁵ for the plague-stricken and for the patients of other contagious diseases. The French one in Pera must have been the one which was the most recognizable in the Perote landscape of disease, for many mentioned it. It was run by the Catholic Armenian priest Don Courban,⁵²⁶ whom we have encountered already. Andréossy mentioned that the priest was truly motivated by religious sentiments and convinced that he would not be affected by the plague. It was thanks to this confidence that he could take care of the patients. Since the remedy for plague was not known, all he had was to make the patients drink lemon juice and prescribe proper diets.⁵²⁷

⁵²⁴ The author added that although the epidemic was very severe, the streets were not covered with cadavers. He thought this was owing to the religiosity of the Muslims, for they kept inhuming the dead even if they died of plague. Andréossy, *Constantinople et le Bosphore*, 184.

⁵²⁵ A British physician who worked for the East India Company investigated the plague in the Greek Hospital in Yedikule in 1815. Maclean, *Results of an Investigation Regarding Epidemic and Pestilential Diseases Including Researches in the Levant concerning the Plague*, vol. I, viii. He was so frustrated; he claimed that his research and respectable goals did not receive due recognition from the Ottoman state and from the executive agents of the hospital. In fact, he wrote the following: "Concerning these infernal depositories (the reader will excuse the epithet; none *above* ground could do justice to the subject) miscalled pest *hospitals*, in the Levant, it is proper that I should here say a few words. Their purpose is to serve as receptacles for all the miserable beings, who are thought fit objects of excommunication, by their families or employers, for having the misfortune to be attacked with the plague. They constitute the intermediate stage to the burying ground; to which these victims of barbarity, are, after being almost always despoiled of their property, and often unfairly of their lives, generally in a few days duly transferred. These depots, constituting one of the most direful consequences of the doctrine of contagion, are of course only in use amongst the inhabitants of those persuasions, who entertain that pernicious belief: and their non-adoption by the Mahomedans is one of the circumstances, which contribute to exempt that branch of the Levant population, beyond their neighbours, from the ravages of pestilence. ... None who enter them, indeed, are ever expected to return." Maclean, *Results of an Investigation*, 47-48.

⁵²⁶ Andréossy, *Constantinople et le Bosphore*, 180-181. Don Courban appears till the end of Brayer's stay in Constantinople in 1827. So, he must have been *the* priest of the plague-stricken in these last decades of plague in Pera.

⁵²⁷ Andréossy, *Constantinople et le Bosphore*, 181.

According to the account of Brayer, the Franks and the *reaya* who had suspicion of having been infected with plague would send for a priest from their respective community. He would check the sick's pulse, make them walk, show their tongue, etc., and prescribe them a medicament, and visit them regularly. If he would diagnose the case with plague, he would announce the dangers, and maybe the hours left for the patient. If the Frank, a dweller of Pera or Galata, were rich, the sick person would be left with the household servants at home, and the other members would leave for their houses in the countryside along the Bosphorus⁵²⁸ or in the forest of Belgrade immediately. A messenger would care for the communication between them, and he would not be let into the house in the countryside. If the patient diagnosed with plague would die, she/he would be immediately buried. If she/he would survive and recover from plague, she/he would take their quarantine usually in Kağıthane,⁵²⁹ while the other members would ventilate and clean the house and the objects. When the patient was finished with their quarantine, she/he would take a bath and put on new clothes before she/he could come back to his home. If the patient had no one and was poor - so, if she/he were a Greek or an Armenian clerk, servant, apprentice, worker from Archipelago or Anatolia, or a Frank searching for his luck in Pera - she/he would be taken to the hospitals run by the religious communities.⁵³⁰ During the burial of the dead body no measures would be taken. The undertaker would place the almost-naked body to the grave in his

⁵²⁸ They would depart from Tophane on boats for the shores of Bosphorus. Brayer, *Neuf années à Constantinople*, vol. I, 99. (See Appendix B, Figure 10)

⁵²⁹ Brayer, *Neuf années à Constantinople*, Vol. I, 26. See the remark by Balikhane Nazırı Ali Rıza Bey on Kağıthane, Ali Rıza Bey, *Eski Zamanlarda İstanbul Hayatı*, 118. Ali Rıza Bey does not mention the Franks' or the Ottoman Christians' heading to Kağıthane to escape plague in Pera. That Kağıthane was regarded not part of the city, but still near enough to the city, especially to Beyoğlu, and that it had a "healthy landscape" can explain the choice of destination by some Franks. However, he does mention that Kağıthane was also a place cherished and visited frequently by the Christians on Sundays. Ali Rıza Bey, *Eski Zamanlarda*, 111.

⁵³⁰ Brayer, *Neuf années à Constantinople*, vol. II, 103-107.

arms. If the dead person had no one and had been in hospital, the director-priest would take those which he liked from his belongings and give the rest to the subalterns; or the belongings would be sold to the Jews who would sell them to Frankish seamen, so Brayer.⁵³¹ So, according to Brayer's account, quarantine would not be practiced properly at the hospitals, and the allegedly contaminated objects would keep traveling with the disease.

Albert Brayer mentioned the hospitals and dispensaries which treated the plague victims exclusively as belonging to the "national" and/ or religious communities, i.e. the French, the Catholics, the Armenians, and the Greek.⁵³² Except for the Greek hospitals and dispensaries, who had their own *papaz*, all of them would be run by Catholic Armenian priests which were called "the priests of the plague". The Armenian priests would not only speak Armenian and Turkish, but also Italian, and they would be accompanied by a student or two.⁵³³ They would visit the sick at their homes and verify if they were infected with plague. If required, they would take the sick to the hospital to treat them. Here they would give everyone the same medicaments regardless of the etiological conditions, bury the dead, inform their secretaries on the phases of the disease, and communicate the information they received on the numbers of the sick people and the dead people in Galata, Pera, and

⁵³¹ Brayer, *Neuf années à Constantinople*, vol. II, 107. A similar note is also made by Moltke. Moltke, *Briefe*, 114. Such remarks are to be approached carefully, as they may bear indications of racist prejudices. They are not taken at face value here either. The important point is that the plague-victims' belongings continued to be circulated. And it was obviously not only the Jewish people who would be involved in such trade. In a city where the idea of contagionism was not extensively established, goods could travel without being subject to "quarantine" and this would not be questioned or judged by the majority of the non-European locals. Cf. Cornelissen, *The World of Ambassador*, 439. See also Varlık's remarks on the numerous flea-markets in Istanbul which deserved their name, in Varlık, *Akdeniz Dünyasında*, 55-56.

⁵³² The *millet* system in the Ottoman Empire was the *raison d'être* of these community hospitals. The non-Muslim communities, or *millets*, had the right to preserve and on occasion to establish their institutions such as houses of worship, schools, and hospitals. Şahin, "Charity and Old Age Care," 9, 31-32.

⁵³³ Brayer, *Neuf années à Constantinople*, vol. II, 470.

Constantinople.⁵³⁴ Albert Brayer had the chance to visit the French hospital⁵³⁵ and wanted to observe the patients of plague. The priest of the hospital, Don Courban, was surprised at his request and asked whether he had no fear of contagion. When Brayer replied, the priest himself had been preserved from contagion for decades so why he would need to have fear, the priest told him that it was a particular favor God bestowed upon him.⁵³⁶ The priests confessed to contagionism⁵³⁷ but thought themselves under the privileged position of receiving the divine mercy and generous protection.⁵³⁸ Brayer also mentioned that they would be accused by some for not really believing in contagion, not having medical knowledge, and not having

⁵³⁴ Brayer, *Neuf années à Constantinople*, vol. II, 470-471.

⁵³⁵ It must be the “Hôpital des français de la peste” in Pera on the site of the present French Institute and Consulate today. Before this hospital moved to Pera a house was used to treat the French sailors in Galata. Gilbrin, “Les médecins français et les filles de la charité dans les hôpitaux de Constantinople; communication de la société française de l’histoire de la médecine,” 141.

⁵³⁶ Brayer, *Neuf années à Constantinople*, vol. II, 471. It could be Don Giacomo of whom Moltke spoke in his letter on plague as the Catholic priest of the plague hospital of the Franks who had been not only spiritually assisting the patients but also taking care of their bodies alive or dead. He was impressed by his religious devotion: “Dieser brave Mann ist dick und fett, und ich gestehe, daß seine müthige, wahrhaft religiöse Ergebung mir heldenmüthiger scheint, als so manche gefeierte Waffenthat.” Moltke wrote that the priest believed that he had had plague as a child and survived it. But Moltke held it not to be the true reason for his being saved every time, because it had been proven that an ex-plague patient was not safe from becoming re-infected, so he informed. Moltke, *Briefe*, 114. Only a few times, Brayer mentions Don Giacomo in similar contexts to Don Courban, but calls Don Giacomo the priest of the hospital of the Latins. Brayer, *Neuf années à Constantinople*, vol. II, 327.

Paspatis remarked on the state of the Yedikule Greek Hospital in the 1820s the following: “O devirde [1820’lerde] hastanenin adını bile telaffuz etmenin korku telkin ettiğini, müstahdemlerin çoğunun daha önce vebaya yakalanmış ve şifa bulmuş hoyrat kişiler olduğunu ve bulaşıcı hastalıktan korkan mütevelliler tarafından nadiren denetlendiklerini unutmamalıyız.” “We should not forget that in that period [In the 1820s], even the uttering of the name of the hospital aroused fear in people; the majority of the servants were those who were boorish people who had recovered from plague before, and the administrators who feared contagion would barely control them.” Paspatis, *Balıkli*, 20. So, Don Courban was not the only one believing he had recovered from plague; however, not all of them appeared as holy as him.

⁵³⁷ It was mentioned above that the contagionist views were based on Italian and French medical knowledge and precautions prescribed by these. That they were also accepted by the Armenian Catholics is not surprising. Not only because, for they stood under the protection of the French, their medical reference would also be the established French medical knowledge, but also because many were educated in Italy, knew Latin and Italian and were knowledgeable in the literatures of these languages. Besides, for instance, with its universities and publications, printing houses accessible to the Armenians and Greeks from the Ottoman Empire, Rome, Venice, along with Padua and other Italian university-cities, occupied a special place for the cultural (and religious) life of the Armenians and Greeks in the Ottoman Empire especially from the seventeenth century onwards. Cf. Girardelli, “Between Rome and Istanbul,” 165-166; Faroqhi, “Giriş, Venedik, Akdeniz ve Osmanlı İmparatorluğu,” 43; Faroqhi, *Subjects of the Sultan: Culture and Daily Life in the Ottoman Empire*, 8; Brayer, *Neuf années à Constantinople*, vol. I, 381.

⁵³⁸ Brayer, *Neuf années à Constantinople*, vol. II, 472.

contributed to science although they had been running these plague-hospitals.⁵³⁹ He himself also thought it a pity that although they had a favorable position to make observations they had not written and published anything on this disease, not made any contributions to “the progress of the medical art”. He also expressed his wish that these hospitals be run by professional physicians and friends of humanity, so that they would share with the world what to think of contagionist and anti-contagionist explanations.⁵⁴⁰ In this anecdote, too, one can actually find an example for the permeability of co-existing attitudes towards disease.

Following the establishment of the sacred Congregation for the Propagation of Faith (*Propaganda fide*) in 1622 some Armenians began to convert to Catholicism. Religiously, culturally, and scholarly Italian cities with significant universities such as Venice, Rome, Padua and Naples influenced greatly the Ottoman Armenian Catholic community which was officially recognized as a *millet* in 1830. The conversion took place in increasing numbers from the eighteenth century onwards, and correspondingly, one can detect a Catholic Armenian “migration” to Pera, as it allowed for observing the religious duties with its churches and Levantine Latin population.⁵⁴¹ So, in this context, Don Courban should be considered knowledgeable in and actually also acknowledging the contemporary European contagionist measures.

⁵³⁹ Brayer, *Neuf années à Constantinople*, vol. II, 471-472.

⁵⁴⁰ Brayer, *Neuf années à Constantinople*, vol. II, 472. Brayer himself dedicated a chapter to his patient observations to argue that many other diseases were mistakenly - actually due to ignorance and the overwhelmingly fearful expectation for the worst - taken for plague. Brayer, *Neuf années à Constantinople*, vol. II, 108-194.

⁵⁴¹ See, Girardelli, “Minorities in the Cityscape: Armenian and Latin Catholics along the Grand Rue de Pera (Istanbul)”; Girardelli, “Between Rome and Istanbul,” 166-167, 177-178. Girardelli describes St. Antoine as a Catholic church that was functioning as an “inter-communal” and “multi-cultural institution,” argues that Catholic churches built in the latter half of the eighteenth and in the early eighteenth century reflected this trait. Girardelli, “Between Rome and Istanbul,” 178-179.

An almost identical remark on this not-approaching the disease as an opportunity for conducting scientific research in the Ottoman society was also made by a contemporary Austrian physician who visited the plague-hospitals in Istanbul to observe how the disease was dealt with, i.e. what the physicians knew and applied for treatment. In his report he was commissioned to compose on the issue in 1816, he wrote that he had come across nothing worthy of any particular attention and nothing was to be hoped to be learned here.⁵⁴² The treatment basically consisted of following a certain diet under observation up to forty days. Dr. Burghardt noted that every plague-stricken person was treated in the same manner without taking their sex, age, constitution, severity of the situation, and the season they got infected into consideration. He implied that the treatment based on prescribing a diet and the surgical interventions conducted on the buboes were not professional enough, if not simply rudimentary;⁵⁴³ and he too complained that no one in the city had ever exploited the ever present chance to observe the plague-patients, to experience with treatment methods so that they would be improved and perfected.⁵⁴⁴ According to him, the heads of the hospitals were not instructed well enough in sciences, not to mention medicine. Moreover, they were too reluctant to apply new and improved treatments, too self-absorbed with their own methods despite the insufficiency which they themselves too would witness again and again.⁵⁴⁵ He did not mention which

⁵⁴² Dr. Burghardt, "Nachricht über die Behandlungsweise der Pestkranken in den Pestspitälern zu Konstantinopel," 110, 114.

⁵⁴³ Moltke remarked in a letter he wrote in 1836 that his friend, the protomedico or the *hekimbaşı*, had actually never studied medicine. But this cannot have been true, the *hekimbaşı* must have had a medical training. What was perhaps true, though, that he had never studied medicine the way the Europeans would have, which therefore should have rendered his medical knowledge and training not even questionable but altogether lacking in Moltke's eyes. Moltke, *Briefe*, 41. However, modern studies demonstrate that the Ottomans were neither disinterested towards Western medicine nor were they to be taken for too uninformed and incapable. See and *cf.*, f. ex., İhsanoğlu, "Some Remarks on Ottoman Science and Its Relation with European Science & Technology up to the End of the Eighteenth Century"; Shefer, "An Ottoman Physician and His Social and Intellectual Milieu: The Case of Salih bin Nasrallah Ibn Sallum."

⁵⁴⁴ Dr. Burghardt, *Nachricht*, 112. (See Appendix A, Quotation 4)

⁵⁴⁵ Dr. Burghardt, *Nachricht*, 113.

hospitals and the heads of the hospitals he exactly talked about. In the passage where he stated that the “fremde Ärzte”, *foreign doctors*,⁵⁴⁶ would actually give them advice and inform on what could be done and used against the disease, they would not take heed of them because “these people seemed to be born to do nothing”, he mentioned for the first time a name which happened to be Don Courban. Dr. Burghardt himself had namely drawn Don Courban’s attention to some remedial substances.⁵⁴⁷ However, immediately after this piece of information, he blamed this apathy on the Muslim fatalism which “would - when supposed a Turk would be able to do research in the first place - suffocate even the initial seeds of a researcher”.⁵⁴⁸ Were the Muslims, the Turks, or all the “Orientals” regardless of their ethnicity and religion to blame? When read together with the contemporary publications examined here, the answer seems to be the last mentioned. In fact, cholera epidemics of the later decades strengthened the perception of *the Orient as the hearth of disease* even more; and medical missions in the Orient became mingled with civilizing and self-civilizing missions and vice-versa. A. F. Bulard⁵⁴⁹ began his *De la peste orientale*, which he dedicated to the French ambassador in Istanbul, with a historical

⁵⁴⁶ He must have meant European physicians.

⁵⁴⁷ Dr. Burghardt, *Nachricht*, 114.

⁵⁴⁸ “Ein so unabwendbares Fatum ist ihnen auch die Pest, und der Gedanke Fatum würde schon die ersten Keime des Forschers ersticken, wenn auch wirklich ein Türke des Forschens fähig wäre.” Dr. Burghardt, *Nachricht*, 114. Although these arguments and prejudices are, of course, easily detectable as Orientalist, they are valuable nonetheless, for they signify the fracturing points. They do not explain whence these differences, they only assume the reasons, but they do mark these fracturing points in “realities” and “mentalities” in the most general senses of the terms.

⁵⁴⁹ “Membre de l’Académie des Sciences de Florence; chargé de mission par le gouvernement français pour l’observation de la peste dans toutes les localités de l’empire ottoman; chevalier de la Légion-d’Honneur; officier de l’ordre suprême du Sauveur, de Grèce; décoré par le sultan du Nichan Iftihar enrichi de brillants; et d’une médaille d’or par la nation anglaise à Smyrne; ex-membre de l’Intendance sanitaire de Constantinople et du Conseil de Santé d’Alexandrie; inspecteur du service de la marine égyptienne, et médecin en chef de l’hôpital militaire du Caire; correspondant des Sociétés royales de médecine de Bordeaux, de Marseille, et de plusieurs autres compagnies savantes, nationales et étrangères, etc.” Bulard, *De la peste orientale, d’après les matériaux recueillis à Alexandrie, au Caire, à Smyrne et à Constantinople pendant les années 1833, 1834, 1835, 1836, 1837 & 1838*, title page. So, his titles inform that Dr. Bulard was sent to the Ottoman Empire to study plague, he worked for sanitary administrations in Istanbul and Cairo.

explanation as to why the Occident practiced modern medicine while the Orient was still waiting for a “vie par l’intelligence”; namely, with the Renaissance the Occident could wake up from a prolonged “lethargic sleep” to a new era of sciences, which the Orient did not.⁵⁵⁰ With the right policies, though, progress could be hoped for.⁵⁵¹ For him too, diseases were obstacles before lands in their climbing the ladder of civilization. Eliminating them was crucial for advancing their level, and as the tense taken by the verb indicate in his formulation, Europe had already been and successfully out of where others were still being.⁵⁵²

As a matter of fact, in the immediately following decades, the European medical professionals did find the chance to influence how one dealt with disease, and approached sanitation and hygiene in the Ottoman Empire owing to the political, commercial and military developments. Modernization, here Westernization, of medicine was clearly included in this rubric of “civilization”.⁵⁵³

4.2.5 Poverty and plague

Last but not least, as was already mentioned, the plague hospitals were associated with poor patients, servants, migrants in Pera in the first place. Moreover, in some works, one can also find reports on the name and fame of some parts of the greater district that corresponds to today’s Beyoğlu. Plague could devastate and victimize a district, but it could also be perceived almost as *natural* to certain places especially if other menaces accompanied it. On the macro-scale, it was lands, “nations” that co-created diseases, became hubs of diseases; on the micro-scale, a similar way of approach and perception could be applied to the districts. One of the reasons which

⁵⁵⁰ Bulard, *De la peste orientale*, ixx.

⁵⁵¹ Bulard, *De la peste orientale*, xx.

⁵⁵² Cf. Bulard, *De la peste orientale*, xx.

⁵⁵³ See and *cf.* the third chapter of this study.

was deemed to make plague natural to certain districts was the poverty of the population that inhabited it. The following remark indicated a connection between the appearance of plague in Istanbul with poverty, but it does not clarify whether it was the Ottomans or the Europeans who thought so:

The Israelites are better treated by the Turks than by any other people, and this derives from the resemblances of their religious opinions and customs. ... In Turkey, on the other hand, they work in commerce, in the most lucrative trades, and act as bankers. ... It is believed that they have amassed many treasures; but, in the streets where they dwell, one only sees filthy houses and dwellers covered with rags, so that they were repeatedly accused of having introduced the plague to Constantinople.⁵⁵⁴

Likewise, Francis Hervé noted:

... [W]e land again at Tophona, and climb up to Pera, and, passing through it, arrive at St. Demetri, another of the numerous suburbs of Constantinople, mostly inhabited by poor Greeks, and principally celebrated for not having one attraction, being a quarter rather famous for plague and other diseases, as also for having rather a bad reputation as to the character of its inmates.⁵⁵⁵

Especially the authors who were either declared anti-contagionists⁵⁵⁶ or were not strictly contagionists mentioned this aspect. Because “civilization” which they deemed the antidote of plague was also the antidote of poverty. For instance, Maclean wrote that every town was divided into salubrious and insalubrious places. And it was the lot of the poor to inhabit the unhealthy places which were poorly built, not protected from the winds, low and damp, etc., which made them liable to

⁵⁵⁴ Baratta, *Bellezze del Bosforo*, 416. (My translation, for the original passage, see Appendix A, Quotation 5) Brayer, on the hand, also noted that Hasköy was especially dirty, and populated by the poor Jews living in small, dark, and humid houses; but he did not blame the dwellers or poverty for diseases. According to him, its topographical position, the silver mine in the region, the southern winds led to the creation of miasmas here. Brayer, *Neuf années à Constantinople*, vol. I, 25, 399. Brayer, too, was aware of the importance of cleanliness for health. When comparing the Turkish baths with the French baths, he complained the French baths were too expensive for the classes who needed them most. Furthermore, he expressed his hope that one day the progress of arts and sciences would one day find the ways to bring cleanliness to Western Europe and bring health and happiness to its inhabitants. Brayer, *Neuf années à Constantinople*, vol. I, 173.

⁵⁵⁵ Hervé, *A Residence in Greece and Turkey*, vol. II, 122-123.

⁵⁵⁶ The contemporary term was non-contagion, but the modern scholarship designated physicians adhering to the theory of non-contagion as anticontagionists.

plague and epidemic in general.⁵⁵⁷ He counted the servants among the majority of the victims of plague and epidemics. The contagionists would ascribe this to their constantly mingling with the society, going to the market for their masters and mistresses who themselves would avoid any contact with the outside. Maclean thought this had to do with their poor living and sleeping conditions, working excessively, and being exposed to the dirt and filth, and to the bad air of the city.⁵⁵⁸ Brayer, too, observed that the Greek plague hospitals were filled with servants and people who were not wealthy, even at times when the hospitals of the other nations were almost empty,⁵⁵⁹ and stated that the Frank and Perote landlords would usually think that the Greek servants spread the plague.⁵⁶⁰ Yet, the sources examined for this thesis mentioned this aspect little, at least not explicitly for Galata-Pera. However, the overall picture indicates that abandoning their ill on their own, on the hills, or perhaps at best at hospitals, in order to save themselves could be observed among the poorer people or among the people who could find no help or guidance. The richer people could afford to arrange separate houses and servants to quarantine the ill and wait for the result away from them. They were also able to find intermediaries to interact with the world on their behalf. This, the poor could not afford, either. So, the chances for isolation remained little for them. A very clear relation between poverty, poor districts and diseases and epidemics is postulated, for instance, by Alexandros Paspatis,⁵⁶¹ but by the time he wrote, plague was not relevant anymore.

⁵⁵⁷ Maclean, *Results of an Investigation*, 259-262.

⁵⁵⁸ Maclean, *Results of an Investigation*, 263-265.

⁵⁵⁹ Brayer, *Neuf années à Constantinople*, vol. II, 62.

⁵⁶⁰ Brayer, *Neuf années à Constantinople*, Vol. II, 100. Brayer thought this had to do with the fact that they would not reveal their illness till a very urgent stage, because they would be afraid of being sent to a plague hospital. Brayer, *Neuf années à Constantinople*, vol. II, 329.

⁵⁶¹ Paspatis, *Balkli*.

CHAPTER 5

CONCLUSION

Ever since the Black Death broke out, plague occurred in Istanbul frequently in every century up until the establishment of the institution of quarantine and its generalization in the empire in 1838/9. Plague was "naturalized" in the city, and the narratives that was about the city would normally touch upon its presence. Plague was among the reasons for the emergence of the district of Pera as it did. It led people, who were normally wealthy enough, to move in the northern direction, first out of the walled district of Galata, then to the shores of and villages on the Bosphorus. As far as the dwellers of Galata and Pera was concerned, ambassadors and embassies, merchants, rich families, but also occasionally conventuals constituted this moving population.

For the Europeans who came to the city in the early nineteenth century, plague was not a familiar scourge anymore, but a particularly Oriental trouble, a threat for the European cities which had strong commercial relations and networks of communication and transportation with the Levant. With the reigns of Selim III, but especially Mahmud II, the will and intention to eliminate the plague by following the European example became also manifest. So, both the Ottoman and European perspectives on the plague in the Ottoman lands were changing.

In historical studies, in general, the system and practices of quarantine is discussed as among the possible reasons why plague left Europe but continued in the Levant, as they seem to have halted rats and fleas to some extent. Many European contemporaries were convinced that this was the case. Yet, they did not have rats and fleas in mind. It was usually miasmas and contagious germs they spread into the air

to be eventually inhaled by people and stick onto objects that they fought against. So, in this context, they were in search of fresh air and light. Especially Galata and to a lesser extent Pera appeared to them especially damp, dark, crowded, as a “contagious” landscape. The Perotes themselves considered Galata more threatening in this regard as well. In addition, socio-political and ideological concepts of “progress” and “civilization” started to be given as reasons for the occurrence of plague and other epidemic diseases, especially when these could be “located.” They became more and more emphasized in the following decades which exceeded the limits of this study. For instance, even the first issues of the Perote *Journal de Constantinople* from late 1840s onwards abound with items and articles that aimed at drawing the attention of the authorities for creating healthful and hygienic environments in the name of "progress" and "civilization". Likewise, the accounts on the Crimean War and the urban developments it led to, and the Ottoman experiences of cholera have much to offer in this regard.

For the early nineteenth century Galata and Pera, one can observe some developments and situations that indicate a process of medicalization of space. The state initiatives, namely, the establishment of the first modern military hospital in 1806 in Tophane, but more importantly the Imperial Medical College in Pera and the Quarantine Council in Galata in 1839, the encouragement to build new community hospitals in the larger region including Pangaltı and Hasköy in the context of the implementation of the institution of quarantine, and the general discourse on public hygiene emerging in relation to plague can be considered in this regard. Prior to the institutionalization of quarantine practices in the empire, quarantine would be imposed only locally and in limited contexts. European physicians guided the process, while Ottoman physicians who were educated in Europe or who had

familiarized themselves with Western medicine addressed the Ottoman audience and taught about the principles of quarantine. So, a discourse on the public hygiene emerged significantly in relation to plague. In addition to performing quarantine with fumigations, isolation, inhumation with lime, etc. cleanliness of the streets and space were emphasized. This aspect was not dealt with in this study in detail. However, the secondary sources it consulted and some primary sources it mentioned and discussed briefly demonstrated it.

There were also developments indicating at this process which did not relate to the state directly. For the period this study has dealt with, the presence of many physicians, “plague priests,” apothecaries, and hospitals are to be named as relevant indicators. The European sources examined here informed on them in a significant way. The district was famous with its physicians and attracted physicians from Europe who wished to do research on plague and who guided the Ottoman state about the quarantine measures. A more expansive research consulting the testimonies, biographies memoirs by European physicians who worked for the Ottoman state either for the Council or at the Imperial Medical College in the years after 1839 could provide with further insights into the social and urban results of the state initiatives, the experiences of the European physicians and their suggestions to the state, and what the Perotes' role were in this transition period.

Plague in the writings of the Europeans was a factor that influenced Pera’s representation significantly. The authors did not respond to plague from the viewpoint of a “tabula rasa”. They reflected notions and values that were well established in the earlier centuries in Europe. Consequently, whether one performed quarantine or not was the most emphasized issue in their accounts on plague in Pera. Europeans in the Levant, Levantines, non-Muslim communities would follow the

principles of quarantine if they were able to do so. Jewish communities and Christians other than the Catholics and Orthodox Greeks in Pera did not appear in the sources to the same detailed extent. It was mainly Catholic Armenians and Europeans who were visible in the Grand Rue that the sources informed in the first place. In fact, this corresponded to the demographic make-up of the main artery. Muslims were always described as “essentially” different in their response to plague and the institution of quarantine. The recent scholarship warns the reader against taking the pictures these sources offer at face value but does not deny their value in terms of being helpful for sketching landscapes of disease and responses to diseases, at least to a certain extent.

With the influence of the miasmatic theories, urban structure of the city was referred to in relation to the occurrences of plague mainly in the medical texts. Thus, the narrow, unpaved, dirty, waterlogged streets, crowded and poor neighborhoods, unattended dogs, unwallled cemeteries drew attention. Plague became especially visible at the places of charity, namely the hospitals, and the places of memory, namely at the cemeteries and at St. Antoine and perhaps also at other smaller churches with altars dedicated to St. Roch. The district itself reminded of it whenever one wanted to remember, because it was not “protected” from the city where the majority of the population did not care about the quarantine principles, hence constituted – to speak with a metaphor- alive and moving personifications of contagion. The fear of contagion influenced how the inhabitants and frequenters of Pera lived their lives at times of the appearance of the disease. The measures they took – if they could take any – were related to their individual spaces, bodies and belongings. Fumigating and avoiding any contact, staying home without going out for days, wearing waxed cloaks, etc. were the ordinary precautions one would take.

Since one depended on other people at least for provisions and mercantile activities, intermediaries were needed to interact with others and the environment. The sources mention the *reaya* servants and employees, especially Greeks (in some sources specified as mainly the Greeks who had recently migrated to the city) in this regard. It hardly surprised that the Greek plague hospitals were normally more crowded with patients than the other plague hospitals in the district. The poorer people were deemed more reliable to become plague victims.

Especially at the northern end of the Grande Rue de Pera which was covered with cemeteries and where in the early nineteenth century four (or till 1822, five) plague hospitals were situated, the “phantom of plague” could be seen easily. One dreaded the plague hospitals possibly as much as one dreaded plague. Galata-Pera, and Yedikule were the regions where the plague hospitals were concentrated. The sources examined in this study highlighted the French Plague Hospital at the end of the Grand Rue. European physicians were very critical of these hospitals and the treatments there. Nonetheless, they were very interested in these, because, practically, they provided with “laboratories” for them to study the disease.

Based on the examined sources, the landscape of disease of Galata and Pera began at the quay where seamen’s hospitals were found. The seamen themselves were perhaps one of the groups which was the most familiarized with quarantine and subject to infection with plague. But unfortunately, they did not appear in the sources often, except for indications that they would be seen as potential risks. Also, SS Pierre et Paul had a hospital for the plague-stricken here. As Müller-Wiener mentioned, the chronicles of St Benoit had much to tell about plague. Contemporaries informed that the education would be suspended when plague appeared. In Pera, the cemeteries covering the areas at the both ends of the Grande

Rue reminded of plague, not only because the tombstones carried its name, but also because they were regarded as the ideal places for the creation miasmas. And people took promenades there, hence increased the risk of infection. Plague hospitals were located at the northern extremity of the street. People would want to rather avoid the vision of them, but the French Hospital was “too” visible. The other plague hospitals overlooked the grand cemetery. Religious institutions, “plague priests”, European physicians, plague patients, seamen, servants, workers, people who tried to avoid any contact at all costs, wealthier people who could change their residence and location, people who feared contagion but had not much to do against it or the means to preserve themselves and to flee, and people who did not care that much, they constituted the population of this landscape. The sanitation measures of the period were basically the quarantine principles. At the same time, the constitution of the environment was also regarded as affecting the health and/or leading to the occurrence of epidemic diseases especially. The official implementation of quarantine, therefore, did influence the discourse about and the gaze on the city, and led to the creation of new places in the landscape of disease.

The consulted primary and secondary sources demonstrate that the presence of plague in Galata and Pera influenced urban developments and the image of the district. The European sources gave insights into some of these aspects of these developments. More expansive studies that would refer to the local sources in Armenian, Greek, and Ottoman Turkish can offer a more detailed landscape of disease and enable to analyze the district's development and image according to - among others- class and population, building preferences including location and material. They would also help construct a healthscape of the district in relation to the social strata: How did the district expand/ change in terms of its population's

consciousness to create healthful environments? Who assumed which responsibility, and played which role in the process? Such questions remain to be answered more in detail. The European sources examined here underlined the role of the "richer Franks", as they were the ones who could leave the district for the northern and higher districts. They could claim "the light and the air". The hospitals served the poorer populations of Pera in the first place. The relation between the Ottoman experiences of plague epidemics, what had been gained in terms of mentality and ideas in the first half of the nineteenth century, the solution found in the establishment of the institution of quarantine and the systematic reorganization of the city should also be discovered and discussed by further studies.

APPENDIX A
QUOTATIONS

Quotation 1.

“Ayant un jour demandé à Don Courban s’il me laisserait entrer dans son hôpital lorsqu’il aurait quelque accident de peste très remarquable, et s’il me permettrait, en cas de décès, d’en faire l’ouverture: ‘*Come!* me répondit-il avec étonnement, *non avete paura del contagio* (Comment! vous n’avez pas peur de la contagion?) — Eh! n’y êtes-vous pas même exposé depuis trente-six ans? Pourquoi en aurais-je peur? Avez-vous des préservatifs? Portez-vous des vésicatoires, un cautère? — *Niente, caro* (Nullement, mon cher).’ Et pour m’en convaincre il se frappa assez fortement, avec la paume des mains, les bras, les cuisses et les jambes au lieu d’élection de ces exutoires. ‘Alors, lui répondis-je, pourquoi ne serais-je pas aussi exempt que vous de la contagion? — *Ma, caro è una grazia particolare di Dio* (Mais, mon cher, c’est une faveur de Dieu toute particulière).’” Brayer, *Neuf années à Constantinople, vol. II*, 471.

Quotation 2.

“Quoique la plupart des individus morts de peste, les pauvres surtout, soient promptement enlevés, portés au cimetière par deux portefaix et enterrés sans autre cortège que le prêtre de l’hôpital et quelques connaissances, il est contraire aux lois de l’hygiène publique de laisser ce petit convoi traverser la longue rue d’Agha-Djamici pour se rendre au Grand-Champ-des-Morts, quand il est si facile de faire un léger détour et d’y aller par des rues moins fréquentées. Mais ce qui est vraiment répréhensible, c’est de voir le convoi d’un homme opulent mort de la peste. Une

douzaine de prêtres avec leurs habits sacerdotaux chantent le service; plusieurs croix les précèdent; le corbillard est tendu de châles et de pelisses. Le défunt a, suivant l'usage du pays, le visage et les mains à découvert. Une foule de parents et d'amis suivent à quelque distance. Les allants et les venants s'arrêtent; les chah-nichin et les fenêtres sont encombrés de spectateurs curieux de voir défiler le cortège, et tout cela parce que la famille croit sa réputation intéressée à ce que leur parent soit pompeusement enterré." Brayer, *Neuf années à Constantinople*, vol. II, 92-93.

Quotation 3.

"Dans un pays proclamé par les Francs eux-mêmes l'égoût de l'Europe; dans un pays où la police turque n'a aucun moyen de répression sur les Francs, où les raïa, au monnaie d'un arrangement fait avec les employés d'une des nombreuses chancelleries européennes, jouissent facilement des mêmes privilèges; dans une capitale où il n'y a point de médecin public pour vérifier la cause des décès, où l'ouverture des cadavres est regardée comme une abomination, il doit souvent arriver que le dégoût d'une union mal assortie, le désir de s'enrichir promptement, la jalousie, la haine, la vengeance, portent quelques misérables à attenter à la vie de leurs semblables, surtout quand la mort de l'individu peut être mise sur le compte de la peste, regardée comme protéiforme. Aussi la présence de cette maladie ne fait pas peur à tout le monde, et l'on entend quelquefois dire que la peste, en enlevant un des conjoints dans un ménage dont les querelles étaient depuis long-temps le scandale du voisinage, a ramené la tranquillité dans le quartier qu'il habitait." Brayer, *Neuf années à Constantinople*, vol. II, 122.

Quotation 4.

“Ich überlasse es gerne andern Sachkündigen zu entscheiden, in wiefern diese Behandlung der Pestkranken vortheilhaft oder nachtheilig sey, und begnüge mich allein mit meiner innern Überzeugung, daß man in den hiesigen Hospitälern, wo man doch so viele Gelegenheit hat, die Curarten der Pestkranken durch häufige Beobachtungen und fortdauernde Erfahrungen zu verbessern, und zu vervollkommen, noch gar nichts geleistet hat, was den Dank der an diesem schrecklichen Übel leidenden Menschheit verdiente.” Dr. Burghardt, *Nachricht*, 112.

Quotation 5.

“Gl'Israeliti sono meglio trattati dai Turchi che da qualsiasi altro popolo, e ciò deriva dalle rassomiglianze delle loro opinioni religiose e costumanze. ... In Turchia invece s'adoperano nel commercio, nei mestieri più lucrativi, e fanno ufficio di banchieri. ... Si crede che abbiano ammassati molti tesori; ma, per le vie dove albergano, non si vedono che case suicide ed abitatori coperti di cenci, talchè vennero più volte accagionati d'aver essi introdotta la peste a Costantinopoli.” Baratta, *Bellezze del Bosforo*, 416.

APPENDIX B
 MAPS, IMAGES

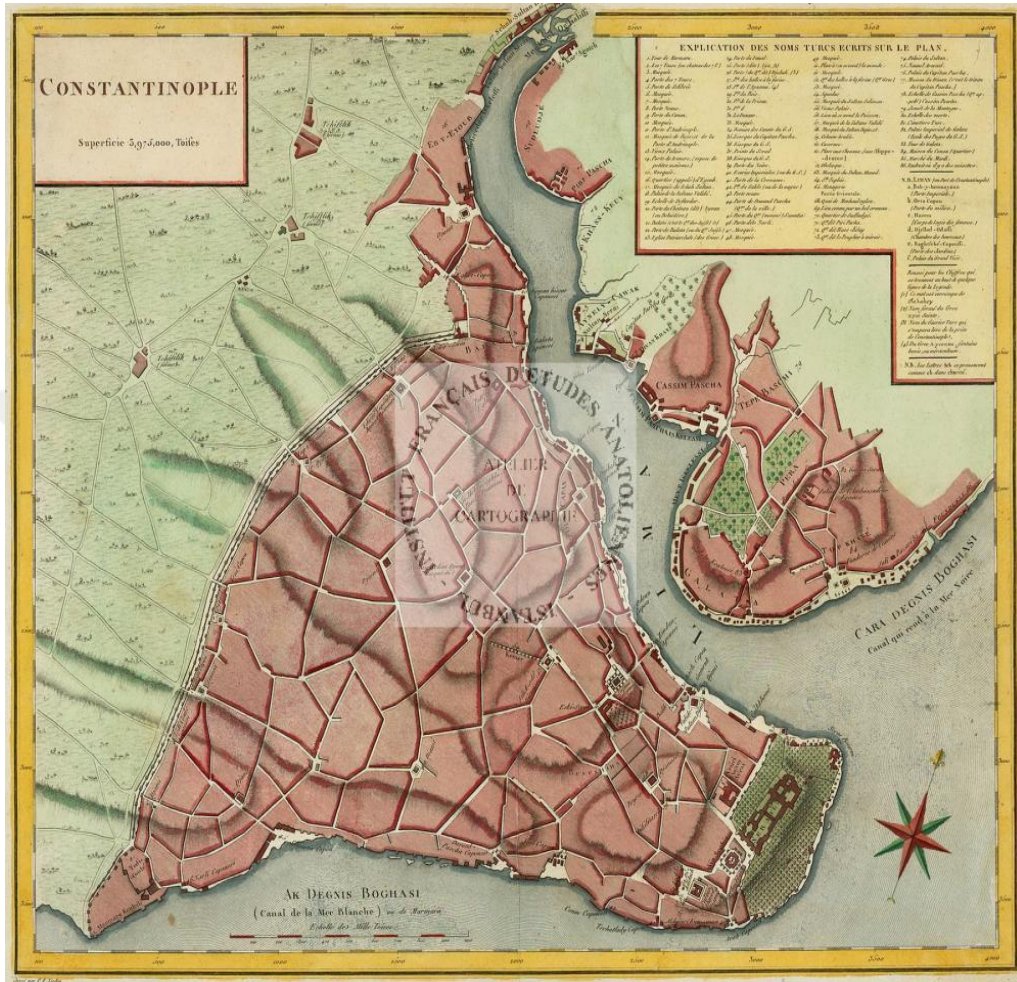


Figure 1. Tardieu, P. (1782). Map of Istanbul.
 Retrieved from <http://map-archivis.ifea-istanbul.net>

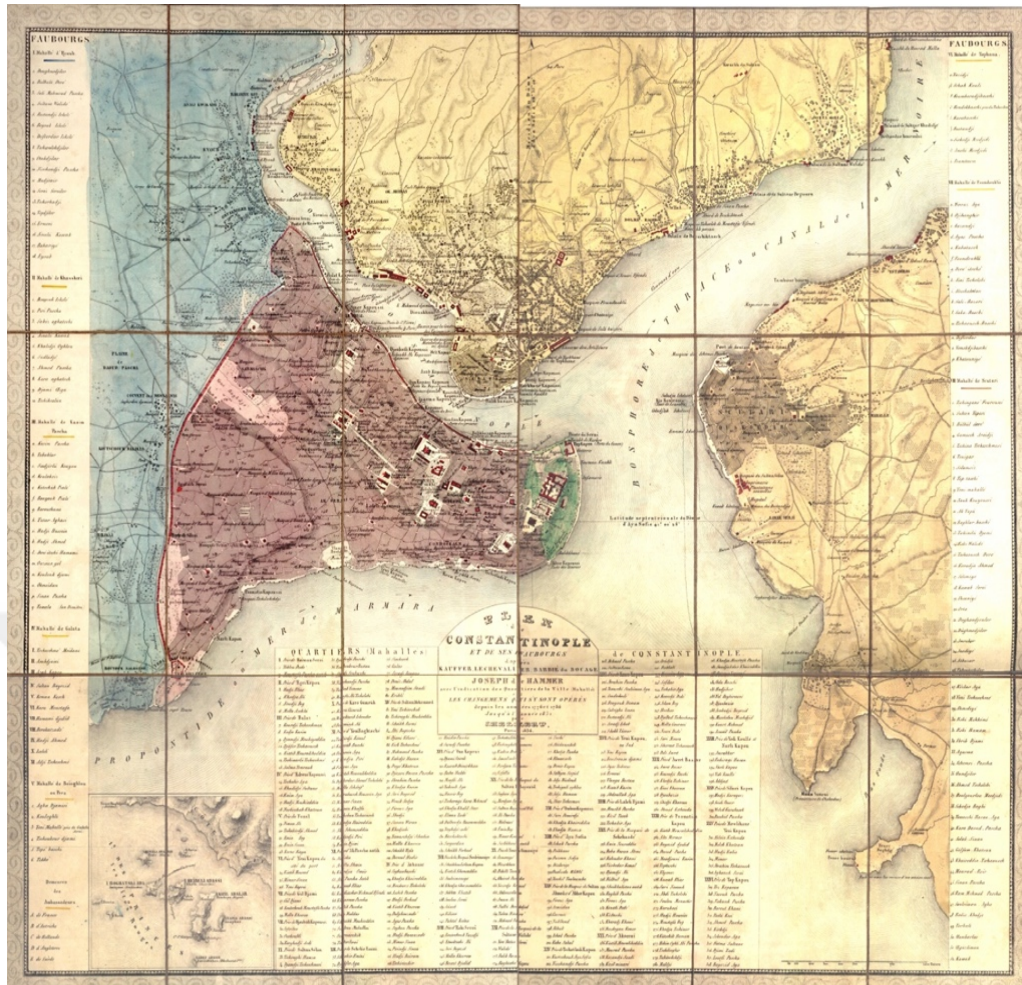


Figure 2. Map of Istanbul and its faubourgs after the maps of Kauffer and Hammer
Produced in Paris in 1836
Retrieved from the SALT Research, Joseph de Hammer Collection, APLHM01,
<https://archives.saltresearch.org/handle/123456789/112045>



Figure 3. *The Tersane-i Amire from 1831* [Painting]
Retrieved from <https://islamansiklopedisi.org.tr/tersane-i-amire>

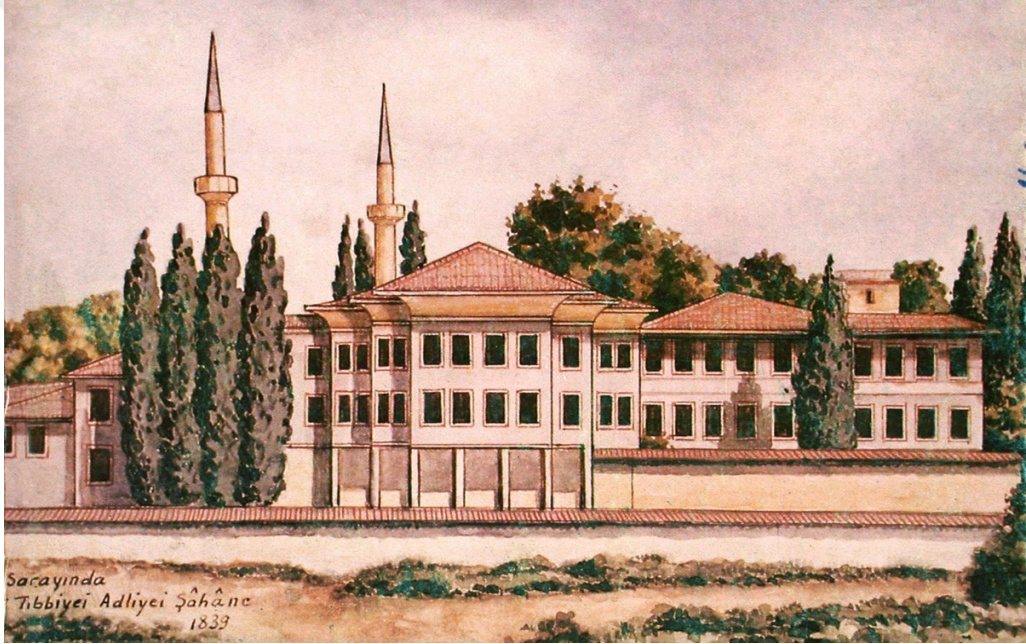


Figure 4. Ünver, S. (1898-1986). *Imperial Medical College of Galatasaray based on an 1839 drawing.* [Image]
Retrieved from <https://islamansiklopedisi.org.tr/mekteb-i-tibbiyye>



Figure 5. Melling, A. I. (1819). *View of Istanbul from Pera* [Engraving]
Retrieved from <https://eng.travelogues.gr/item.php?view=50264>
(Aikaterini Laskaridis Foundation Library)



Figure 6. Lewis, J. F. (1835-1836). *Custom House, Constantinople* [Drawing]
(Source: Lewis, J. F., *Lewis's illustrations of Constantinople*)



Figure 7. Melling, A. I. (1819). *The interior of a café at Tophane square*
[Engraving]
Retrieved from <https://eng.travelogues.gr/item.php?view=50263>
(Aikaterini Laskaridis Foundation Library)



Figure 8. Lewis, J. F. (1835-1836). *Great Burial Ground* [Drawing]
(Source: Lewis, J. F. (2011). *Lewis's illustrations of Constantinople*)

Tableau de la mortalité durant la peste de 1812.

NATIONS.	NOMBRE DES INDIVIDUS		
	Existans.	Attaqués.	Morts.
Arméniens catholiques	40,000	1,200	250
Arméniens schismatiques.	60,000	2,000	1,200
Juifs.	20,000	2,000	1,800
Grecs	80,000	11,500	6,200
Turcs (2,000 morts par jour *).	»	»	140,000
Ajoutant pour le reste du tems.	»	»	10,000
Européens	»	122	84
TOTAL vraisemblable.			159,334

Figure 9. Table of mortality for the plague epidemic of 1812 (Source: Comte de Andréossy, *Constantinople et le Bosphore*, 180)



Figure 10. Melling, A. I. (1819). *View of Büyükdere, on the European shores of the Bosphorus. In the foreground, Ottoman men dancing on a boat* [Engraving]
Retrieved from <https://eng.travelogues.gr/item.php?view=50281>
(Aikaterini Laskaridis Foundation Library)

REFERENCES

PRIMARY SOURCES

A. Prime Ministry Ottoman Archives (Başbakanlık Osmanlı Arşivleri), Istanbul, Turkey

C. SH. 6/290/1/1. 29 Za [Zilkade]1227 [December 4, 1812].

HAT 1172/46376/1. 29 Z[ilhicce] 1250 [April 28, 1835].

HAT 523/25538. 29 Z[ilhicce] 1254 [March 15, 1839].

C. SH. 14/668. 29 Ş [Şaban] 1255 [November 7, 1839].

B. Newspapers

Takvim-i Vekayi, 14 C[Cemaziyelahir] 1247 [November 20, 1831]. Retrieved from gazeteler.ankara.edu.tr.

Journal de Constantinople, January 1, 1848. Retrieved from aturkkitapligi.ibb.gov.tr.

Journal de Constantinople, September 14, 1848. Retrieved from aturkkitapligi.ibb.gov.tr.

Journal de Constantinople, October 4, 1849. Retrieved from aturkkitapligi.ibb.gov.tr.

C. Published primary sources

Annales de la congrégation de la mission ou recueil de lettres édifiantes écrites par les prêtres de cette congrégation employés dans les mission étrangères, vol. 13. (1848). Paris: Adrien le Clere. Retrieved from <https://via.library.depaul.edu/annales/>.

Annales de la congrégation de la mission ou recueil de lettres édifiantes écrites par les prêtres de cette congrégation employés dans les mission étrangères, vol. 14. (1849). Paris: Adrien le Clere. Retrieved from <https://via.library.depaul.edu/annales/>.

Archigenis S. (1841). *Hygionomie ou règles pour se conserver en bonne santé à l'usage des habitants de l'Empire ottoman* by Sarandis Archigenis. Paris: Chez l'auteur, à l'ambassade ottomane. Retrieved from gallica.bnf.fr.

Aubert-Roche, L. R. (1840). *De la peste, ou typhus d'Orient, documens et observations recueillis pendant les années 1834 à 1838, en Égypte, en Arabie, sur la Mer Rouge, en Abissynie, à Smyrne et à Constantinople. Suivis d'un essai sur le hachisch et son emploi sans le traitement de la peste.* Paris: Just Rouvier. Retrieved from GoogleBooks.

Baratta, A. (1841). *Bellezze del Bosforo ossia panorama del meraviglioso canale di Costantinopoli preceduto da un' accurata descrizione dello stretto dei dardanelli e del Mar di Marmara: opera destinata a far seguito alla Costantinopoli ...* Torino: Stabilimento Tipografico Fontana. Retrieved from GoogleBooks.

Brayer, A. (1836). *Neuf années à Constantinople: observations sur la topographie de cette capitale, l'hygiène et les moeurs de ses habitants, l'Islamisme et son influence, la peste ses causes, ses variétés, sa marche et son traitement; la non-contagion de cette maladie; les quarantaines et ses lazarets avec une carte de Constantinople et du Bosphore de Thrace, 2 Vols.* Paris: Belizard. Retrieved from GoogleBooks.

Bulard, A. F. (1839). *De la peste orientale, d'après les matériaux recueillis à Alexandrie, au Caire, à Smyrne et à Constantinople pendant les années 1833, 1834, 1835, 1836, 1837 & 1838.* Paris: Béchét Jeune et Labé. Retrieved from GoogleBooks.

Burghardt (1817). *Nachricht über die Behandlungsweise der Pestkranken in den Pestspitälern zu Konstantinopel.* In *Medizinische Jahrbücher des kaiserlichen königlichen österreichischen Staates, vol. 4/1* (pp. 109-114). Vienna: Kupffer und Wimmer. Retrieved from GoogleBooks.

Comte de Andréossy, A. F. (1828). *Constantinople et le Bosphore de Thrace pendant les années 1812, 1813 et 1814, et pendant l'année 1826 avec un atlas.* Paris: Barrois et Duprat. Retrieved from GoogleBooks.

- De Kay, J. E. (1833). *Sketches of Turkey in 1831 and 1832 by an American*. New York: J & J Harper. Retrieved from GoogleBooks.
- Dellenbusch, E. (1841). *Mercantil-Memoiren aus der Türkei: Geschrieben mit besonderer Beziehung für Deutschland*. Düsseldorf: Schreiner. Retrieved from GoogleBooks.
- Göttingische gelehrte Anzeigen. Unter der Aufsicht der königlichen Gesellschaft der Wissenschaften, vol. 2.* (1836). Göttingen: Friedrich Ernst Huth. Retrieved from <https://gdz.sub.uni-goettingen.de/>.
- Gyllius, P. (Pierre Gilles). (1561). *De topographia Constantinopoleos: et de illius antiquitatibus*. Lugdunum (Lyons). Retrieved from GoogleBooks.
- Hervé, F. (1837). *A residence in Greece and Turkey with notes on the journey through Bulgaria, Servia, Hungary and the Balkan, vol. II*. London: Whittaker. Retrieved from GoogleBooks.
- Maclean, C. (1817). *Results of an investigation regarding epidemic and pestilential diseases including researches in the Levant concerning the plague, vol. 1*. London: Thomas and George Underwood. Retrieved from GoogleBooks.
- Olivier, G. A. (an IX). *Voyage dans l'Empire othoman, l'Égypte et la Perse fait par ordre du Gouvernement, pendant les six premières années de la République, vol. 1*. Paris: Imprimeur-Libraire. Retrieved from GoogleBooks.
- Paspatis, A. (2014). *Balıkli Rum Hastanesi kayıtlarına göre İstanbul'un Ortodoks esnafı 1833–1860* (M. Yerasimos, Trans.). Istanbul: Kitap.
- Pertusier, C. (1815). *Promenades pittoresques dans Constantinople et sur les rives du Bosphore, vol. 3*. Paris: H. Nicolle. Retrieved from GoogleBooks.
- Rees, A., et al. (Eds.) (1819). *The cyclopaedia; or, universal dictionary of arts, sciences, and literature, vol. 27*. London: Longman. Retrieved from GoogleBooks.
- Spitaels, R. (1839). *De Bruxelles à Constantinople, vol. 3*. Brussels: Delevingne et Callewaert. Retrieved from GoogleBooks.

Dr. Verrollot. (1849, October 4). Histoire du choléra-morbus épidémique à Constantinople en 1848. *Journal de Constantinople*, 3-4.

Von Moltke, H. (1841). *Briefe über Zustände und Begebenheiten in der Türkei aus den Jahren 1835 bis 1839*. Berlin: Ernst Siegfried Mittler. Retrieved from GoogleBooks.

Von Prokesch von Osten, A. (1836). *Denkwürdigkeiten und Erinnerungen aus dem Orient, vol. I*. Stuttgart: Hallberger'sche Verlagshandlung. Retrieved from GoogleBooks.

Walsh, R. (1836). *A Residence at Constantinople, during a Period including the commencement, progress, and termination of the Greek and Turkish revolutions*, 2 Vols. London: Frederick Westley and A. H. Davis. Retrieved from GoogleBooks.

SECONDARY SOURCES

Ackerknecht, E. (1948). Anticontagionism between 1821 and 1867. *Bulletin of the History of Medicine*, 22(5), 562-593. Retrieved from jstor.org.

Ağır, A. (2009). *İstanbul'un eski Venedik yerleşimi ve dönüşümü*. İstanbul: İstanbul Araştırmaları Enstitüsü.

Ağır, A., Batur, A., Gül Cephaneçigil, V. G., Kula Say, S., Topçubaşı Çilingiroğlu, M., & Uğurlu, A. H. (2015). An English architect in the 19th century İstanbul: William James Smith and Taşkışla. *ITU A|Z*, 12(2), 93-101. Retrieved from <http://www.azitujournal.com>.

Akyürek, G. (2011). *Bilgiyi yeniden inşa etmek: Tanzimat döneminde mimarlık, bilgi ve iktidar*. İstanbul: Tarih Vakfı Yurt Yayınları.

Allen, M. (2002). From cesspool to sewer: sanitary reform and the rhetoric of resistance 1848–1880. *Victorian Literature and Culture*, 30(2), 383-402. doi.org/10.1017/S1060150302302018h.

- Altıntaş, A. (2009). Dârüşşifâlar hakkında. In A. Kılıç (Ed.), *Karşılıksız hizmetin muhteşem abideleri: İstanbul şifahaneleri: magnificent structures of philanthropy: the şifahanes of Istanbul* (pp. 19-38). Istanbul: İstanbul Büyükşehir Belediyesi Kültür Yayınları.
- Anastassiadou-Dumont, M. (2003a). Médecine hygiéniste et pédagogie sociale à Istanbul à la fin du XIXe siècle. Le cas du docteur Spyridon Zavitziano. In M. Anastassiadou-Dumont (Ed.), *Médecins et ingénieurs ottomans à l'âge des nationalismes* (pp. 63-99). Paris: Maisonneuve & Larose and Istanbul: Institut français d'études anatoliennes.
- Anastassiadou-Dumont, M. (2003b). Science et engagement: la modernité ottomane à l'âge des nationalismes. In M. Anastassiadou-Dumont (Ed.), *Médecins et ingénieurs ottomans à l'âge des nationalismes* (pp. 5-28). Paris: Maisonneuve & Larose, Istanbul: Institut français d'études anatoliennes.
- Anastassiadou, M. (2012). *Les Grecs d'Istanbul au XIXe siècle: histoire socioculturelle de la communauté de Pera*. Leiden and Boston: Brill.
- Ansel, E. (2016). *Continuity and change on the Bosphorus shore: Arnavütköy before and after the Greek Revolution of 1821* (Unpublished M.A. thesis). Boğaziçi University, Istanbul, Turkey.
- Artan, T. (1989). *Architecture as a theatre of life: profile of the eighteenth century Bosphorus* (Unpublished PhD thesis). Massachusetts Institute of Technology, MA. Retrieved from dspace.mit.edu.
- Ayalon, Y. (2015). *Natural disasters in the Ottoman Empire: plague, famine, and other misfortunes*. New York, NY: Cambridge University Press.
- Ayalon, Y. (2017). Religion and Ottoman society's responses to epidemics in the seventeenth and eighteenth centuries. In N. Varlık (Ed.), *Plague and contagion in the Islamic Mediterranean* (pp. 179-197). Kalamazoo and Bradford: Arc Humanities Press.
- Ayar, M. & Kılıç, Y. (2017). Osmanlı'da vebanın son erişine dair bir değerlendirme. *Türk Dünyası İncelemeleri Dergisi*, 17(2), 163-181. Retrieved from dergipark.org.tr.

- Baer, M. D. (2004). The great fire of 1660 and the Islamization of Christian and Jewish space in Istanbul. *International Journal of Middle East Studies*, 36(2), 159-181. Retrieved from jstor.org.
- Balikhane Nazırı Ali Rıza Bey (2001). *Eski Zamanlarda İstanbul Hayatı* A. Ş. Çoruk (Ed.). Istanbul: Kitabevi.
- Balsoy, G. (2009). *Gender and the politics of the female body: midwifery, abortion, and pregnancy in Ottoman society (1838–1890s)* (Unpublished PhD thesis). Binghamton University, NY. Retrieved from ProQuest Dissertations & Theses Global.
- Baran, A. Y. (2010). *The medicinal use and commodification of leeches in the late Ottoman empire* (Unpublished M.A. thesis). Boğaziçi University, Istanbul, Turkey.
- Barnes, D. S. (2006). *The great stink of Paris and the nineteenth-century struggle against filth and germs*. Baltimore, MD: The Johns Hopkins University Press.
- Baslo, M. (1998). *Tarih boyunca Galata-Beyoğlu kurgusunun gelişimi ve XIX. yüzyıl otellerinin bu gelişime etkileri* (Unpublished M.A. thesis). Mimar Sinan University, Istanbul, Turkey.
- Başaran, B. (2014). *Selim III: social control and policing in Istanbul at the end of the eighteenth century* (The Ottoman Empire and its heritage 56). Leiden and Boston: Brill.
- Batur, A. (2001). Galata and Pera: a short history, urban development architecture and today. *ARI: The Bulletin of the Istanbul Technical University*, 55(1), 1-10.
- Bayraktar Tellan, E. (2016). Pera inns: the emergence of hosting as a business in Istanbul in the first half of the nineteenth century. *Journal of Tourism History*, 8(2), 127-146. doi.org/10.1080/1755182X.2016.1204014.
- Behar, C. (2003). *A neighborhood in Ottoman Istanbul: fruit vendors and civil servants in the Kasap İlyas mahalle*. Albany, NY: State University of New York Press.

- Belin, F.-A. (2004). *La Latinité de Constantinople: champs du repos, rites funéraires d'après les Comptes-rendus du Cimetière latin* (R. Marmara, Ed.). (Collection Grécité 4). Montpellier: Université Paul Valéry, Université Montpellier III.
- Bertelé, T. (1932). *Il palazzo degli ambasciatori di Venezia a Costantinopoli e le sue antiche memorie*. Bologna: Casa editrice Apollo.
- Blasius, D. (1976). Geschichte und Krankheit. Sozialgeschichtliche Perspektiven der Medizingeschichte. *Geschichte und Gesellschaft*, 2, 316-415. Retrieved from jstor.org.
- Boeckl, C. M. (2000). *Images of plague and pestilence: iconography and iconology* (Sixteenth century essays & studies series vol. 53). Michigan, MI: Ann Arbor.
- Bowler, C. & Brimblecombe, P. (2000). Control of air pollution in Manchester prior to the Public Health Act 1875. *Environment and History*, 6(1), 71-98. Retrieved from jstor.org.
- Bulmuş, B. (2012). *Plague, quarantines and geopolitics in the Ottoman empire*. Edinburgh: Edinburgh University Press.
- Bulunur, K. İ. (2014). *Osmanlı Galatası 1453–1600*. Istanbul: Bilge Kültür Sanat.
- Chahrour, M. (2007). “A civilizing mission”? Austrian medicine and the reform of medical structures in the Ottoman Empire, 1838–1850. *Studies in History and Philosophy of Biological and Biomedical Sciences*, 38, 687-705. doi: 10.1016/j.shpsc.2007.09.005.
- Chase-Levenson, A. (2016). Early nineteenth-century Mediterranean quarantine as a European system. In A. Bashford (Ed.), *Quarantine: local and global histories* (pp. 35-53). London: Palgrave Macmillan.
- Cliff, A., Haggett, P. & Smallman-Raynor, M. (2004). *World Atlas of Epidemic Diseases*. Boca Raton, FL: CRC Press.

- Coleman, W. (1974). Health and hygiene in the “Encyclopédie”: a medical doctrine for the bourgeoisie. *Journal of the History of Medicine and Allied Sciences*, 29(4), 399-421. Retrieved from jstor.org.
- Cornelissen, M. (2015). *The world of ambassador Jacobus Colyer: material culture of the Dutch ‘nation’ in Istanbul during the first half of the 18th century* (Unpublished PhD thesis). Sabancı University, Istanbul, Turkey.
- Crawshaw, J. S. (2016). The places and spaces of early modern quarantine. In A. Bashford (Ed.), *Quarantine: local and global histories* (pp. 15-34). London: Palgrave Macmillan.
- Çelik, Z. (1993). *The remaking of Istanbul: portrait of an Ottoman city in the nineteenth century* (2nd ed.). Berkeley et al.: University of California Press.
- Çırakman, A. (2002). *From the "terror of the world" to the “sick man of Europe”:* European images of Ottoman Empire and society from the sixteenth century to the nineteenth. New York, NY: Peter Lang.
- Dadyan, S. (2006). Şehrin en büyük mezarlığından, en önemli merkezine: salgın hastalıkların izinde Taksim ve çevresi. In B. Kurt & İ. Yaşayanlar (Eds.), *Osmanlı’dan Cumhuriyet’e salgın hastalıklar ve kamu sağlığı* (pp. 84-96). Istanbul: Tarih Vakfı Yurt Yayınları.
- D’Alessio, E. D. (1926). Recherches sur l’histoire de la latinité de Constantinople (suite). *Échos d’Orient*, 25(141), 21-41. doi.org/10.3406/rebyz.1926.4541.
- Darnault, S. S. (2004). *Latin Catholic buildings in Istanbul a historical perspective 1839–1923* (Ç. Birkan, Trans.). Istanbul: Isis.
- Demirhan Erdemir, A. & Erer, S. (2012). Arşiv belgeleri ışığında Türk tıp tarihinde veba hastalığının yayılması ve önlenmesi üzerine yorumlamalar. In A. Demirhan Erdemir, et al. (Eds.), *5. Balkan tıp tarihi ve etiği kongresi özet ve bildiri kitabı 11–15 Ekim 2011* (pp. 860-887). Istanbul: Nobel Tıp Kitabevleri.
- De Groot, A. H. (1978). *The Ottoman empire and the Dutch Republic: a history of the earliest diplomatic relations 1610–1630*. Leiden and Istanbul: Nederlands Historisch-Archaeologisch Institut.

- Deringil, S. (1990). II. Mahmud'un dış siyaseti ve Osmanlı diplomasisi. In *Sultan II. Mahmud ve reformları semineri 28-30 Haziran 1989: bildiriler* (pp. 59-70). İstanbul: Edebiyat Fakültesi Basımevi.
- Dursteler, E. (2004). Education and identity in Constantinople's Latin rite community c. 1600. *Renaissance Studies*, 18(2), 287-303. Retrieved from jstor.org.
- Dursteler, E. (2006). *Venetians in Constantinople: nation, identity, and coexistence in the early modern Mediterranean*. Baltimore, MD: The Johns Hopkins University Press.
- Eldem, E. (1999). İstanbul: from imperial to peripheralized capital. In E. Eldem, D. Goffman, & B. Masters (Eds.), *The Ottoman city between East and West: Aleppo, Izmir and İstanbul* (pp. 135-206). Cambridge: Cambridge University Press.
- Eldem, E. (2005). *İstanbul'da ölüm: Osmanlı-İslam kültüründe ölüm ve ritüelleri*. İstanbul: Osmanlı Bankası Arşiv ve Araştırma Merkezi.
- Eldem, E. (2005). *Death in İstanbul: death and its rituals in Ottoman-Islamic culture*. İstanbul: Ottoman Bank and Archives and Research Centre.
- Ersoy, A. (2006). İstanbul. In J. Merriman & J. Winter (Eds.), *Europe 1789 to 1914: Encyclopedia of the age of industry and empire Vol. 3* (pp. 1186-1191). Detroit et al.: Thomson Gale.
- Eyice, S. (1969). *Galata ve kulesi: Galata and its tower*. İstanbul: Türkiye Turing ve Otomobil Kurumu.
- Faroqhi, S. (1999). *Approaching Ottoman history: an introduction to the sources*. Cambridge, England: Cambridge University Press.
- Faroqhi, S. (2005). *Subjects of the sultan: culture and daily life in the Ottoman empire*. London and New York: I. B. Tauris.
- Faroqhi, S. (2010). Giriş, Venedik, Akdeniz ve Osmanlı İmparatorluğu. In *Venezia e İstanbul in epoca ottomana/ Osmanlı döneminde Venedik ve İstanbul* (pp. 38-44). İstanbul: Sakıp Sabancı Üniversitesi.

- Foucault, M. (1972). *The birth of the clinic: an archeology of medical perception* (A. M. Sheridan, Trans.). New York, NY: Tavistock. (Original work published in 1963).
- Foucault, M. (1987). *Madness and civilization: a history of insanity in the age of reason* (R. Howard, Trans.) (2nd ed.). London: Tavistock Publications. (Original work published in 1961).
- Geltner, G. (2013). Healthscaping a medieval city: Lucca's Curia Viarum and the future of public health history. *Urban History*, 40(3), 395-415. Retrieved from jstor.org.
- Georgiadou, M. (2003). Expert knowledge between tradition and reform: the Carathéodorys: a neo-Phanariot family in 19th century Constantinople. In M. Anastassiadou-Dumont (Ed.), *Médecins et ingénieurs ottomans à l'âge des nationalismes* (pp. 243-294). Paris: Maisonneuve & Larose, Istanbul: Institut français d'études anatoliennes.
- Gezer, Ö. (2006). XVIII. yüzyılın başında Osmanlı-Habsburg sınırında veba. In B. Kurt & İ. Yaşayanlar (Eds.), *Osmanlı'dan Cumhuriyet'e salgın hastalıklar ve kamu sağlığı* (pp.2-24). Istanbul: Tarih Vakfı Yurt Yayınları.
- Gilbrin, E. (1977). Les médecins français et les filles de la charité dans les hôpitaux de Constantinople; communication de la société française de l'histoire de la médecine. *Histoire des Sciences Médicales*, 11 (3), 141-151.
- Girardelli, P. (2005). Architecture, identity, and liminality: on the use and meaning of Catholic spaces in late Ottoman Istanbul. *Muqarnas*, 22, 233-264. Retrieved from jstor.org.
- Girardelli, P. (2007). Sheltering diversity: Levantine architecture in late Ottoman Istanbul. In M. Cerasi, A. Petruccioli, A. Sarro & S. Weber (Eds.), *Multicultural Urban Fabric and Types in the South and Eastern Mediterranean* (pp. 113-140). Beirut: Orient-Institut.
- Girardelli, P. (2010). Between Rome and Istanbul: architecture and material culture of a Franciscan convent in the Ottoman capital. *Mediterranean Studies*, 19, 162-188. Retrieved from jstor.org.
- Girardelli, P. (2012). Italian architects in an Ottoman context: perspectives and assessments. *İstanbul Araştırmaları Enstitüsü Yıllığı*, 1, 101-122.

- Girardelli, P. (2014). Minorities in the cityscape: Armenian and Latin Catholics along the Grand Rue de Pera (Istanbul). Position paper presented to the "Assimilation and exchange" panel of the Winter Mediterranean Seminar, San Francisco State University, 7-8 March, 2014.
- Girardelli, P. (2014). Power or leisure? Remarks on the architecture of the European summer embassies on the Bosphorus shore. *New Perspectives on Turkey*, 50, 29-58. doi.org/10.1017/S0896634600006579.
- Girardelli, P. (2015). Crossings and networks: the itinerancy of architecture, planning and landscape in the Eastern Mediterranean. In S. Alifragis, et al. (Eds.), *Proceedings of the international conference museums in motion, University of Thessaly, Volos, July 3–4, 2015* (pp. 131-137).
- Girardelli, P. (2016). Religious imprints along the Grand Rue: Armenians and Latin in late-Ottoman Istanbul. In M. Hartmuth (Ed.), *Christian art under Muslim rule: proceedings of a workshop held in Istanbul on May 11/12, 2012* (pp. 117–136). Leiden: Nederlands Instituut voor het Nabije Oosten.
- Girardelli, P. (2017a) Editorial: here and elsewhere: the landmarks of a changing world order. *ABE Journal Architecture and Beyond*, 12, 1-7.
- Girardelli, P. (2017b). La chiesa, la comunità e la città: Galata e i SS. Pietro et Paolo nel periodo ottomano. Kilise, cemaat ve şehir: Osmanlı dönemi Galata ve Sen Piyer. In C. Monge & S. Pedone (Eds.), *Domenicani a Costantinopoli prima e dopo l'impero ottomano: Storie, immagini e documenti d'archivio* (pp. 287-289). Firenze: Nerbini.
- Girardelli, P. (Forthcoming) Landscape and divine justice: Archbishop Hilléreau's perception and patronage of Christian architecture in Istanbul. In International Conference Sacred Spaces + Urban Networks, Koç University, ANAMED, December 2016.
- Goubert, J.-P. (1989). *The conquest of water: the advent of health in the Industrial Age* (A. Wilson, Trans.). Princeton, NJ: Princeton University Press. (Original work published in 1986).
- Göckenjan, G. (1985). *Kurieren und Staat machen: Gesundheit und Medizin in der bürgerlichen Welt*. Frankfurt am Main: Suhrkamp.

- Gül, M. (2012). *The emergence of modern Istanbul: transformation and modernisation of a city*. New York, NY: I. B. Tauris.
- Gül, M. & Lamb, R. (2004). Mapping, regularizing and modernizing Ottoman Istanbul: aspects of the genesis of the 1839 Development Policy. *Urban History*, 31(3), 420-436. doi:10.1017/S0963926805002634.
- Günergün, F. (2007). Ottoman encounters with European science: sixteenth- and seventeenth-century translations into Turkish. In P. Burke & R. P. Hsia (Eds.), *Cultural translation in early modern Europe* (pp. 192-211). Cambridge et al: Cambridge University Press.
- Hamadeh, S. (2008). *The city's pleasures: Istanbul in the eighteenth century*. Seattle and London: University of Washington Press.
- Hamadeh, S. (2012/2013). Mean streets: space and moral disorder in early modern Istanbul. *Turcica: Revue d'études turques*, 44, 249-277. doi: 10.2143/TURC.44.0.2988852.
- Hamadeh, S. (2017). Invisible city: Istanbul's migrants and the politics of space. *Eighteenth-Century Studies*, 50(2), 173-193. doi:10.1353/ecs.2017.0002.
- Hamlin, C. (1992). Predisposing causes and public health in early nineteenth-century medical thought. *The Society for the Social History of Medicine*, 5(1), 43-70.
- Han, A. (2016). İstanbul ve Galata hendeklerinde kentsel toprak kullanımı. *Tarih Dergisi*, 64(2), 27-71. Retrieved from dergipark.org.tr.
- Heaman, E. A. (1995). The rise and fall of anticontagionism in France. *Canadian Bulletin of Medical History*, 12, 3-25. doi.org/10.3138/cbmh.12.1.3.
- Henxtovius (1867). *Vie de Saint Charalampe, prêtre et martyr, invoqué contre la peste et les maladies contagieuses des animaux domestiques, et dont les reliques sont honorées en l'église de Wadelincourt (Hainaut)* (A. Delaunois, Trans.) Paris and Leipzig: H. Casterman. Retrieved from GoogleBooks.
- Hort, J. (2014). *Architektur der Diplomatie: Repräsentation in europäischen Botschaftsbauten, 1800–1920: Konstantinopel-Rom-Wien-St. Petersburg* (Veröffentlichungen des Instituts für Europäische Geschichte Mainz 234). Göttingen et. al: Vandenhoeck & Ruprecht.

Huber, V. (2006). The unification of the globe by disease? The International Sanitary Conferences on cholera, 1851–1894. *The Historical Journal*, 49 (2), 453-476. Retrieved from jstor.org.

İhsanoğlu, E. (2004). Some remarks on Ottoman science and its relation with European science & technology up to the end of the eighteenth century. Reprinted in E. İhsanoğlu (Ed.), *Science, technology and learning in the Ottoman Empire: Western influence, local institutions, and the transfer of knowledge*, I. Aldershot: Ashgate Variorum.

İnalçık, H. (1998). The status of the Greek Orthodox Patriarch under the Ottomans. In H. İnalçık, *Essays in Ottoman history* (pp. 195-223). Istanbul: Eren Yayıncılık.

İnalçık, H. (1998). Ottoman Galata 1453-1553. In H İnalçık, *Essays in Ottoman History* (pp. 271-374). Istanbul: Eren Yayıncılık.

İnalçık, H. (2012). Istanbul. In K. P. Bearman, Th. Bianquis, C.E. Bosworth, E. van Donzel & W.P. Heinrichs (Eds.), *Encyclopaedia of Islam, Second Edition*. Retrieved from <http://referenceworks.brillonline.com/>

Jones, L. (2016). The diseased landscape: medieval and early modern plaguescapes. *Landscapes*, 17(2), 108-123. doi.org/10.1080/14662035.2016.1251102.

Kafescioğlu, Ç. (2009). *Constantinopolis/Istanbul: cultural encounter, imperial vision, and the construction of the Ottoman capital*. Pennsylvania, PA: Pennsylvania University Press.

Kafescioğlu, Ç. (2016). Eyüp. In K. Fleet, G. Krämer, D. Matringe, J. Nawas & E. Rowson (Eds.), *Encyclopaedia of Islam, Third Edition*. Retrieved from <http://referenceworks.brillonline.com/>

ΚΑΛΑΦΑΤΗ, Κ. Φ. (2011). Αμφιπρόσωπη εικόνα του αγίου Ρόκκου στο Βυζαντινό και Χριστιανικό Μουσείο. *Δελτίον της Χριστιανικής Αρχαιολογικής Εταιρείας*, 24 (2011), 309-316. doi.org/10.12681/dchae.390.

Kelly, C. (2008). “Not from the college, but through the public and the legislature”: Charles Maclean and the relocation of medical debate in the early nineteenth century. *Bulletin of the History of Medicine*, 82(3), 545-569. doi: 10.1353/bhm.0.0078.

- Kelly, C. (2010). Medicine and the Egyptian campaign: the development of the military medical officer during the Napoleonic Wars c. 1798–1801. *Canadian Bulletin of Medical History*, 27(2), 321-342. doi: 10.3138/cbmh.27.2.321.
- Kenderova, S. (2003). Construire une nation saine et vigoureuse: les médecins bulgares au XIXe siècle. In M. Anastassiadou-Dumont (Ed.), *Médecins et ingénieurs ottomans à l'âge des nationalismes* (pp. 185-206). Paris: Maisonneuve & Larose and Istanbul: Institut français d'études anatoliennes.
- Kentel, K. M. (2018). *Assembling "Cosmopolitan" Pera: an infrastructural history of late Ottoman Istanbul* (Unpublished PhD thesis). University of Washington, WA.
- Kisacky, J. S. (2000). *An architecture of light and air: theories of hygiene and the building of the New York Hospital 1771–1932* (Unpublished PhD thesis). Cornell University, NY. Retrieved from ProQuest Dissertations & Theses Global.
- Kolluoğlu, B. & Toksöz, M. (2010). Mapping out the Eastern Mediterranean: toward a cartography of cities of commerce. In B. Kolluoğlu & M. Toksöz (Eds.), *Cities of the Mediterranean: from the Ottomans to the present day* (pp. 1-13). London and New York: I. B. Tauris.
- Kreuder-Sonnen, K. & Renner, A. (2013). Einleitung: Gesellschaft, Kultur und Hygiene in Osteuropa. *Jahrbücher für Geschichte Osteuropas*, 61(4), 481-488. Retrieved from jstor.org.
- Kuhnke, L. (1990). *Lives at risk: public health in nineteenth-century Egypt*. Berkeley, CA: University of California Press.
- Kuran, İ. E. (1990). Sultan II. Mahmud ve Kavalalı Mehmed Ali Paşa'nın gerçekleştirdikleri reformların karşılıklı tesirleri. In *Sultan II. Mahmud ve reformları semineri 28–30 Haziran 1989: bildiriler* (pp. 107-111). Istanbul: Edebiyat Fakültesi Basımevi.
- Kurt, B. (2006). Osmanlı doğu sınırında kamu sağlığı ve siyaset: 19. yüzyıl Bağdad'ında hastaneler. In B. Kurt & İ. Yaşayanlar (Eds.), *Osmanlı'dan Cumhuriyet'e salgın hastalıklar ve kamu sağlığı* (pp. 143-168). Istanbul: Tarih Vakfı Yurt Yayınları.

- La Berge, A. E. F. (1992). *Mission and method: the early 19th century French public health movement*. Cambridge: Cambridge University Press.
- La Berge, A. E. F. (1984). The early nineteenth-century French public health movement: the disciplinary development and institutionalization of "hygiène publique." *Bulletin of the History of Medicine*, 58(3), 363-379. Retrieved from jstor.org.
- Labisch, A. (1992). *Homo hygienicus: Gesundheit und Medizin in der Neuzeit*. Frankfurt and New York: Campus.
- Laqueur, H.-P. (2014). *Hüve'l-Baki: İstanbul'da Osmanlı mezarlıkları ve mezar taşları* (S. Dilidüzgün, Trans.) (5th ed.). Istanbul: Tarih Vakfı Yurt Yayınları. (Original published in 1993).
- Larousse, P. (1867). *Grand dictionnaire universel du XIXe siècle, Français, historique, géographique, mythologique, bibliographique, littéraire, artistique, scientifique, etc., etc...., vol. 2*. Paris: Administration du Grand Dictionnaire Universel. Retrieved from gallica.bnf.fr.
- Lewis, J. F. (2011). *Lewis's illustrations of Constantinople : made during a residence in that city etc. in the years 1835-6* (I. Ateş, Ed.). Istanbul: Denizler Kitabevi. (Original work published in 1837).
- Malara, C. E. (2018). *Tanzimat reformları ve İtalyanlar (1838–1876)* (Unpublished M.A. thesis). Hacettepe University, Ankara, Turkey.
- Marmara, R. (2012). *La communauté levantine de Constantinople: De L'empire byzantin à la République turque*. Istanbul: Isis.
- Masters, B. (2009). Karaites. In G. Agoston & B. Masters (Eds.), *Encyclopedia of the Ottoman Empire*. New York, NY: Facts On File.
- Mazak, M. (2001). Osmanlı'da sokak ve çevre temizliği. In M. Mazak (Ed.), *Orijinal belge ve fotoğraflar ışığında Osmanlı'da sokak ve çevre temizliği* (pp. 53-81). Istanbul: İSTAÇ.
- Melling, A. I. (1819). *Voyage pittoresque de Constantinople et des rives du Bosphore*. Paris: Treuttel et Würtz. Retrieved from eng.travelogues.gr (Collection: Aikaterini Laskaridis Foundation Library).

- Mikhail, A. (2011). *Nature and empire in Ottoman Egypt: an environmental history*. Cambridge et al.: Cambridge University Press.
- Mitler, L. (1979). The Genoese in Galata: 1453–1682. *International Journal of Middle East Studies*, 10(1), 71-91. Retrieved from jstor.org.
- Müller-Wiener, W. (1977). *Bildlexikon zur Topographie Istanbuls: Byzantion—Konstantinupolis—Istanbul bis zum Beginn des 17. Jahrhunderts*. Tübingen: Ernst Wasmuth.
- Nahum, H. (2003). Charisme et pouvoir d'un médecin juif: Moïse Allatini (1809–1882), "le père de Salonique". In M. Anastassiadou-Dumont (Ed.), *Médecins et ingénieurs ottomans à l'âge des nationalismes* (pp. 49-62). Paris: Maisonneuve & Larose, Istanbul: Institut français d'études anatoliennes.
- Neumann, C. (2012). Beyoğlu. In K. Fleet, G. Krämer, D. Matringe, J. Nawas & E. Rowson (Eds.), *Encyclopaedia of Islam, Third Edition*. Retrieved from <http://referenceworks.brillonline.com/>
- Ortaylı, İ. (1996). Galata. In *TDV İslâm Ansiklopedisi*, vol. 13 (pp. 303-307). Istanbul: Türkiye Diyanet Vakfı.
- Osterhammel, J. (2014). *The transformation of the world: a global history of the nineteenth century* (P. Camiller, Trans.) Princeton and Oxford: Princeton University Press. (Original work published in 2009).
- Panzac, D. (1985). *La peste dans l'Empire ottoman 1700–1850* (Collection Turcica V). Leuven: Peeters.
- Panzac, D. (1986). *Quarantaines et lazarets: L'Europe et la peste d'Orient (XVIIe-XXe siècles)*. Aix-en-Provence: Edisud.
- Panzac, D. (1996). Vingt ans au service de la médecine turque: Le Dr Fauvel à Istanbul (1847–1867). Reprinted in D. Panzac (Ed.), *Population et santé dans l'empire ottoman (XVIIIe-XXe siècles)* (Analecta Isissiana 21). (pp. 107-121). Istanbul: Isis.
- Panzac, D. (1999). Politique sanitaire et fixation des frontières: l'exemple ottoman (XVIIIe-XIXe siècles). *Turcica*, 31, 87-108. doi: 10.2143/TURC.31.0.2004189.

- Poole, S. (1984). Eugène Boré and the Vincentian missions in the Near East. *Vincentian Heritage Journal*, 5 (1), 59-102. Retrieved from via.library.depaul.edu.
- Porter, D. (Ed.). (1994). *The history of public health and the modern state (The Wellcome Institute series in the history of medicine)*. Amsterdam, Atlanta: Rodopi.
- Ract, J. (2006). *Lieux chrétiens d'Istanbul (Analecta Isisiana 88)*. Istanbul: Isis.
- Ramsey, M. (2002). *Professional and Popular Medicine in France 1770–1830*. (2nd ed.). Cambridge et al.: Cambridge University Press.
- Robarts, A. (2017). Nowhere to run to, nowhere to hide? Society, state, and epidemic diseases in the early nineteenth-century Ottoman Balkans. In N. Varlık (Ed.), *Plague and contagion in the Islamic Mediterranean* (pp. 221-241). Kalamazoo and Bradford: Arc Humanities Press.
- Rosen, G. (1993). *A history of public health* (First published in 1958). Baltimore and London: The Johns Hopkins University Press.
- Rosenthal, S. T. (1980). *The politics of dependency: urban reform in Istanbul* (Contributions in comparative colonial studies 3). Westport, London: Greenwood.
- Russell, G. A. (1990). Physicians at the Ottoman court. *Medical History*, 34, 243-267. doi.org/10.1017/S0025727300052418.
- Sağlam, S. & Veprytska, K. (2016). Preservation problems of the Genoese architectural heritage at Black Sea coasts: Turkey and Ukraine. *Науковий вісник будівництва*, 86(4), 5-19.
- Sağlam, H. S. (2018). *Urban palimpsest at Galata & an architectural inventory study for the Genoese colonial territories in Asia Minor* (Unpublished PhD thesis). Politecnico di Milano, Milan, Italy.

- Samsinger, E. (2018). 'Ein gute warme teutsche Stube vergeblich wünschten': Vom Kloster St. Johannis in den Schwarzen Turm: Kaiserliche Gesandte am Hofe der Sultane vom 16. bis zum frühen 18. Jahrhundert. In *Österreich in Istanbul Vol. III K. (u.) K. Präsenz im Osmanischen Reich: İstanbul'daki Avusturya Vol. III. Avusturya-Macaristan İmparatorluğu'nun Osmanlı İmparatorluğu'ndaki mevcudiyeti: The imperial and royal presence in the Ottoman Empire* (Forschungen zur Geschichte des österreichischen Auswärtigen Dienstes Band 14) (pp. 70-81). Wien: LIT.
- Samsinger, E. (2018) "Von nicht zu unterschätzender Bedeutung für das Ansehen im Oriente ist das Spital" Von Segensreichen Krankenhäusern und der liederlichen Posse eines k. u. k. Regimentsarztes. In *Österreich in Istanbul Vol. III K. (u.) K. Präsenz im Osmanischen Reich: İstanbul'daki Avusturya Vol. III. Avusturya-Macaristan İmparatorluğu'nun Osmanlı İmparatorluğu'ndaki mevcudiyeti: The imperial and royal presence in the Ottoman Empire* (Forschungen zur Geschichte des österreichischen Auswärtigen Dienstes Band 14) (pp. 299-345). Wien: LIT.
- Sandalcı, M. (2008). İstanbul'un İtalyan eczacıları ve İstanbul'da yayımlanan İtalyanca bir farmakope üzerine. In B. Evren (Ed.), *İstanbul'daki İtalyan izi/ Presenze italiane a Istanbul* (pp. 196-201). İstanbul: Lea.
- Sarı, N. (2009). Üsküdar Miskenler Tekkesi (Cüzzamhanesi). In A. Kılıç (Ed.), *Karşılıksız hizmetin muhteşem abideleri: İstanbul şifahaneleri. Magnificent structures of philanthropy: the şifahanes of Istanbul* (pp. 63-81). İstanbul: İstanbul Büyükşehir Belediyesi Kültür Yayınları.
- Sarıyıldız, G. (1994). *Karantina Mecilisi'nin kuruluşu ve faaliyetleri. Belleten*, 58 (222), 329-376.
- Sarıyıldız, G. (1996). *Hicaz Karantina Teşkilatı (1865–1914)*. Ankara: Türk Tarih Kurumu.
- Schmitt, O. J. (2005). *Levantiner: Lebenswelten und Identitäten einer ethnokonfessionellen Gruppe im osmanischen Reich im "langen 19. Jahrhundert"*. Munich: Oldenbourg.
- Schneider, A. M. & Nomidis, M. Is. (1944). *Galata: topographisch-archäologischer Plan*. İstanbul: n/a.

- Sechel, T. D. (2011). Contagion theories in the Habsburg monarchy (1770–1830). In T. D. Sechel, (Ed.), *Medicine within and between the Habsburg and Ottoman empires 18th-19th centuries* (The eighteenth century and the Habsburg monarchy international series 2) (pp. 55-77). Bochum: Dr. Dieter Winkler.
- Sertoğlu, M. (1990). Tanzimata doğru. In *Sultan II. Mahmud ve reformları semineri 28–30 Haziran 1989: bildiriler* (pp.1-10). Istanbul: Edebiyat Fakültesi Basımevi.
- Shay, M. L. (1944). *The Ottoman empire from 1720 to 1734 as revealed in dispatches of the Venetian Baili* (Illinois Studies in the Social Sciences Vol. 27/3). Urbana, IL: The University of Illinois Press.
- Shefer, M. (2011). An Ottoman physician and his social and intellectual milieu: the case of Salih bin Nasrallah Ibn Sallum. *Studia Islamica*, 106(1), 102-123. Retrieved from jstor.org.
- Shefer-Mossensohn, M. (2007). Health as a social agent in Ottoman patronage and authority. *New Perspectives on Turkey*, 37, 147-175. doi.org/10.1017/S0896634600004763.
- Shefer-Mossensohn, M. (2017). A historiography of epidemics in the Islamic Mediterranean. In N. Varlık (Ed.), *Plague and contagion in the Islamic Mediterranean* (pp. 3-25). Kalamazoo and Bradford: Arc Humanities Press.
- Szczgiel, B. & Hewitt, R. (2000). Nineteenth-century medical landscapes: John H. Rauch, Frederick Law Olmsted, and the search for salubrity. *Bulletin of the History of Medicine*, 74(4), 708-734. Retrieved from jstor.org.
- Stathakopoulos, D. Ch. (2016). *Famine and pestilence in the late Roman and early Byzantine Empire: a systematic survey of subsistence crises and epidemics*. (2nd ed.) (Birmingham Byzantine and Ottoman Monographs 9) London and New York: Routledge.
- Stearns, J. K. (2011). *Infectious ideas: contagion in premodern Islamic and Christian thought in the western Mediterranean*. Baltimore, MD: The Johns Hopkins University Press.
- Suman, F. S. (2019). *The silent city: reading tomb structures at the Latin Catholic cemetery in Feriköy Istanbul* (Unpublished PhD thesis). Istanbul Technical University, Istanbul, Turkey.

Şahin, B. (2009). *Charity and old age care: the non-Muslim community hospitals in Istanbul* (Unpublished M.A. thesis). Boğaziçi University, Istanbul, Turkey.

Tanyeli, U. (2015). İstanbul mimarisinde radikal değişim evresi: XVIII ve XIX. yüzyıllar. In C. Yılmaz (Ed.), *Antik Çağ'dan XXI. yüzyıla büyük İstanbul tarihi Cilt VIII (mimari)* (pp. 312-367). İstanbul: İstanbul Büyükşehir Belediyesi Kültür Yayınları.

Tetik, F. (2007). *Osmanlı Devleti'nin Tanzimat dönemi kamu sağlığı politikası (1839-1876)* (Unpublished M.A. thesis). Marmara University, İstanbul, Turkey.

Theolin, S. (2000). *The Swedish Palace in Istanbul: a thousand years of cooperation between Turkey and Sweden* (S. Okyay, Trans.). İstanbul: Yapı Kredi Kültür Sanat.

Tomes, N. J. (1997). American attitudes toward the germ theory of disease: Phyllis Allen Richmond revisited. *Journal of the History of Medicine and Allied Sciences*, 52(1), 17-50. Retrieved from jstor.org.

Toprak, Z. (1992). Modernization and commercialization in the Tanzimat period: 1838-1875. *New Perspectives on Turkey*, 7, 57-70. doi.org/10.15184/S0896634600000492.

Torun, S. (2008). *Kırım Savaşı'nda hasta bakımı ve hemşirelik* (Unpublished PhD thesis). Çukurova University, Adana, Turkey.

Türker, O. (2007). *Galata'dan Karaköy'e: bir liman hikayesi* (2nd ed.). İstanbul: Sel.

Ubcini, A. (1855). *La Turquie actuelle*. Paris: Librairie de L. Hachette et Cie.

Ülman, Y. I. (2008). Muallim Antoine Calleja ve Eczanesi. In B. Evren (Ed.), *İstanbul'daki İtalyan izi/ Presenze italiane a Istanbul* (pp. 214-219). İstanbul: Lea.

Ülman, Y. I. (2017). *Galatasaray Tıbbiyesi: Tıbbiye'de modernleşmenin başlangıcı*. İstanbul: İstanbul Bilgi Üniversitesi Yayınları.

- Vanja, C. (2008). Körper und Seele. Neuzeit. In P. Dinzelbacher (Ed.), *Europäische Mentalitätsgeschichte: Hauptthemen in Einzeldarstellungen* (2nd ed.) (pp. 202-211). Stuttgart: Alfred Kröner.
- Vanja, C. (2008). Krankheit. Neuzeit. In P. Dinzelbacher (Ed.), *Europäische Mentalitätsgeschichte: Hauptthemen in Einzeldarstellungen* (2nd ed.) (pp. 228-237). Stuttgart: Alfred Kröner.
- Varlık, N. (2013). From ‘Bête Noire’ to ‘le Mal de Constantinople’: plagues, medicine, and the early modern Ottoman state. *Journal of World History*, 24(4), 741-770. Retrieved from jstor.org.
- Varlık, N. (2014). New science and old sources: why the Ottoman experience of plague matters. In M. H. Green (Ed.). *Pandemic disease in the medieval world: rethinking the Black Death* (The Medieval Globe Vol. 1) (pp. 193-227). Kalamazoo and Bradford: Arc Medieval Press.
- Varlık, N. (2015). İstanbul’da veba salgınları (A. Aydoğan, Trans.). In C. Yılmaz (Ed.), *Antik Çağ’dan XXI. yüzyıla büyük İstanbul tarihi Cilt IV (Toplum)* (pp. 146-151). İstanbul: İstanbul Büyükşehir Belediyesi Kültür Yayınları.
- Varlık, N. (2017). *Akdeniz dünyasında ve Osmanlılarda veba 1347-1600* (H. Yalın, Trans.). İstanbul: Kitap. (Original work published 2015).
- Varlık, N. (2017). “Oriental plague” or epidemiological Orientalism? Revisiting the plague episteme of the early modern Mediterranean. In N. Varlık (Ed.), *Plague and contagion in the Islamic Mediterranean* (pp. 57-86). Kalamazoo and Bradford: Arc Humanities Press.
- Varlık, N. (2019). Changing plague ecologies in the Ottoman empire: rethinking the Second Pandemic (ca. 1340s-1840s) [Video file] Presented at Ohio State University on 5 March 2019. Retrieved from www.youtube.com/watch?v=kjCKd29qQSo.
- White, S. (2010). Rethinking disease in Ottoman history. *International Journal of Middle East Studies*, 42(4), 549-567. Retrieved from www.jstor.org.
- World Health Organization (2017). Fact Sheet: Plague. Retrieved from www.who.int/news-room/fact-sheets/detail/plague.

- Yalçınkaya, M. A. (2019). Fransız epidemiyolog Antoine Fauvel'ye göre 1849'da Karadeniz karantinaları. *Karadeniz İncelemeleri Dergisi*, 26, 439-459. Retrieved from dergipark.org.tr.
- Yarman, A. (2001). *Osmanlı sağlık hizmetlerinde Ermeniler ve Surp Pırgıç Ermeni Hastanesi tarihi*. İstanbul: Surp Pırgıç Ermeni Hastanesi Vakfı.
- Yaşayanlar, İ. (2006). Osmanlı Devleti'nde kamu sağlığının kurumsallaşmasında koleranın etkisi. In B. Kurt & İ. Yaşayanlar (Eds.), *Osmanlı'dan Cumhuriyet'e salgın hastalıklar ve kamu sağlığı* (pp. 2-24). İstanbul: Tarih Vakfı Yurt Yayınları.
- Yerasimos, S. (2012). Üsküdar. K. P. Bearman, Th. Bianquis, C.E. Bosworth, E. van Donzel & W.P. Heinrichs (Eds.), *Encyclopaedia of Islam, Second Edition*. Retrieved from <http://referenceworks.brillonline.com/>
- Yerlikaya, İ. (2001). Tanzimat'tan önce Osmanlı Devleti'nde belediye hizmetleri. In M. Mazak (Ed.), *Orijinal belge ve fotoğraflar ışığında Osmanlı'da sokak ve çevre temizliği* (pp. 13-51). İstanbul: İSTAÇ.
- Yıldırım, N. (2003). Le rôle des médecins turcs dans la transmission du savoir. In M. Anastassiadou-Dumont (Ed.), *Médecins et ingénieurs ottomans à l'âge des nationalismes* (pp. 127-170). Paris: Maisonneuve & Larose and İstanbul: Institut français d'études anatoliennes.
- Yıldırım, N. (2006). Osmanlı coğrafyasında karantina uygulamalarına isyanlar 'karantina istemezük!'. *Toplumsal Tarih*, 150, 18-27.
- Yıldırım, N. (2008). İtalyan asıllı bir Osmanlı eczacısı. In B. Evren (Ed.), *İstanbul'daki İtalyan izi/ Presenze italiane a Istanbul* (pp. 202-213). İstanbul: Lea.
- Yıldırım, N. (2010). *A history of healthcare in Istanbul: health organizations - epidemics, infections and disease control preventive health institutions - hospitals - medical education*. İstanbul: İstanbul Üniversitesi.
- Yıldırım, N. (2015). İstanbul'da sağlık hayatı. In C. Yılmaz (Ed.), *Antik Çağ'dan XXI. yüzyıla büyük İstanbul tarihi Cilt IV (Toplum)* (pp. 92-137). İstanbul: İstanbul Büyükşehir Belediyesi Kültür Yayınları.

Yumul, A. (2009). “A prostitute lodging in the bosom of Turkishness’’: Istanbul’s Pera and its representation. *Journal of Intercultural Studies*, 30(1), 57-72. doi.org/10.1080/07256860802579444.

Zarinebaf, F. (2010). *Crime and punishment in Istanbul 1700–1800*. Berkeley and Los Angeles: University of California Press.

Zarinebaf, F. (2018). *Mediterranean encounters: trade and pluralism in early modern Galata*. California, CA: University of California Press.

