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MEDICINE AND POLITICS IN THE LATE OTTOMAN EMPIRE

(1876-1909)

by

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“Medicine and Politics in the Late Ottoman Empire (1876-1909),” a thesis prepared by İbrahim Halil Kalkan in partial fulfillment of requirements for the Master of Arts degree at the Atatürk Institute for Modern Turkish History. This thesis has been approved and accepted by:

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An Abstract of the Thesis of İbrahim Halil Kalkan for the degree of Master of Arts at the Atatürk Institute for Modern Turkish History to be taken June 2004.

Title: Medicine and Politics in the Late Ottoman Empire (1876-1909)

This thesis, as a work of social history, studies medicine as political phenomena through its three aspects: public hygiene within the urban space, syphilis and forensics, in the late Ottoman Empire. As a result of the conception of medicine as political, this study deals with the issue within the framework of relations of power and domination. Thus, it focuses on acts of different social and historical actors determined by the strategic positions of each within the social hierarchy. Within this framework, this study analyses the policies in the medical realm from the standpoint of social stratification.

The period selected to study, the reign of Abdülhamid II, was a turning point in terms of the occurrence of an immediate acceleration in the efforts of the political power towards the medical and political control of the social body. However, the policies of public health which were planned to become highly intrusive in the lives of the poor masses engendered their resistance in the form of refusal and escape. On the other hand, within the framework of resistance, forensics as an illustration of the incorporation of medicine into the law towards the constitution of a normative social order was perceived by the weak as a tool to contest the abusive power of the agents of the modern state.

Atatürk İlkeleri ve İnkılap Tarihi Enstitüsü'nde yüksek lisans derecesi için İbrahim Halil Kalkan tarafından Haziran 2004'te teslim edilen tezin kısa özeti:

Başlık: Osmanlı Son Döneminde Tıp ve Siyaset (1876-1909)

Bir sosyal tarih çalışması olan bu tez son dönem Osmanlı İmparatorluğu'nda, kentsel alanda hıfzısıhha, frengi ve adli tıp olguları üzerinden, siyasi bir fenomen olarak tıp konusunu ele almıştır. Tıp, siyasi bir fenomen olarak algılanışının neticesi olarak, iktidar ve tahaküm ilişkileri çerçevesinde değerlendirilmiştir. Dolayısıyla farklı sosyal ve tarihsel aktörlerin toplumsal hiyerarşi içerisinde sahip oldukları pozisyonları tarafından belirlenen eylemleri üzerinde yoğunlaşmıştır. Bu bağlamda tıp konusunda geliştirilmiş olan politikalar toplumsal tabakalaşma açısından analiz edilmeye çalışılmıştır.

Çalışma için seçilen II. Abdülhamit dönemi siyasi iktidarın toplumsal bedenin tıbbi ve siyasi kontrolü doğrultusundaki çabalarında bir sıçramanın gözlemlenebileceği bir zaman dilimidir. Ancak yoksul kitlelerin yaşamlarına ileri derecede müdahil olmak üzere tasarlanmış olan halk sağlığı politikaları söz konusu kitlelerin reddetme ve kaçış şeklinde tezahür eden mukavemetleriyle karşılaşmıştır. Normatif bir toplumsal düzenin kurulması doğrultusunda tıp ve hukuk alanlarının eklemlenmesinin bir görünümü olan adli tıp olgusu ise, toplumsal muhalefet çerçevesinde değerlendirildiğinde, yoksul kitleler tarafından modern devletin memurlarının keyfi uygulamalarına karşı koyma vasıtası olarak algılanmıştır.

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This work is dedicated to my elder sister, Emine Kalkan. Without her constant support and self-sacrifice, I would be unable to carry it through to completion.

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Introduction

Most of the pieces of the medical history of Turkey concerning the nineteenth-century, as far as I observed through my research, tell a story of progress, the sole actors of which are the political elite and high ranking medical bureaucrats, and many of them lack any theoretical framework. In fact, many, remaining strictly descriptive, ignore altogether the socio-political dimensions of the phenomena. Again, in general, the long process during which medicine underwent profound transformation that could be counted as a break with the past in the late Ottoman period is narrated from within the westernization paradigm. That is, as the newly emerged facts are underlined as the signs of the progress, it is recorded or implied that the main inspiration for innovative practices came from the West.

Along with those revealing the elite discourse without problematizing it, what we find are mostly institutional histories. In fact, those, especially the ones dealing with public health, give a wider social picture through narrating the implementation of the policies, but lack any problematization of the issue in terms of the power relations inherent to them.

This study, covering the Abdülhamid II era, serves to make a small contribution to the formation of a different narration, or a different paradigm, for the history of medicine studies in Turkey. As a work of social history of medicine in Turkey, this study is an attempt to elicit the political implications of medicine, which itself here are perceived as mainly political phenomena, in other words, as a means of the dialogue between the holders of power and those who were conceived as the objects of it. This is the source of inspiration and the starting point. To do this, three case studies are made: public hygiene within the urban space, syphilis, and forensics.

In each, the period under discussion could be taken as a turning point in terms of the occurrence of an immediate acceleration in the efforts of the political authorities to control the phenomena.¹

As a result of the conception of medicine as a part of the politics of the time by which the network of power relations within society is understood, this study presents instances reflecting how the medical policies were perceived and responded to by the ordinary people, as the former were the tools of discipline and control. Also, as an extension of this conception, analyses of the operation of the policies from the standpoint of social stratification are made, that is, this study attempts to find clues about with whom the policies were largely to deal, and how their implementation varied through the different echelons of society, and the responses they engendered. Rather than conceiving the term “population” as a homogenous unit as the object of disciplinary politics, an analysis in terms of socio-economic contradictions is made.²

Finally, this study implicitly carries the claim to go beyond the westernization paradigm that mystifies the real content of socio-political relations; that is, social dynamics, socio-economic contradictions, reciprocal socio-economic and socio-political demands and struggles between different stratas of society.³ It should be

¹ Studies on the history of medicine in Middle Eastern historiography, starting with similar problematics, provided insights for this study. See Khaled Fahmy, “Medicine and Power: Towards a Social History of Medicine in Nineteenth-Century Egypt,” *Cairo Papers in Social Science* 23, no. 2 (Summer 2000).

² Here, the issue is differences in socio-economic levels, and as an extension of it, in life conditions, regardless of ethnic or religious differentiation though they could give clues about the matter. In other words, the latter are disregarded as explanatory tools.

³ Within the westernization paradigm, placing what is termed as the West at the center of history, the last two centuries of Turkey is narrated by traditional accounts as the process of the transformation of society towards the Western European model. On the other hand, the elite are placed in this narration as the sole actors whose perceptions and intentions determined the direction of the process. Dirlik points out that establishment of a center in the historical process, whether it is class or nation, has ideological and political implications having to do with the issue of hegemony. Placing a hegemonic group, nation or class, at the center of history means to legitimate its hegemonic status in the present. Arif Dirlik, “Culturalism as Hegemonic Ideology and Liberating Practices.” In *The Postcolonial*

emphasized that throughout this study the references made to the Western European context (likewise similiar ones made to the Egyptian one) are made solely for theoretical reasons. They are certainly not to imply a transformation towards a model that represents a further stage through the historical process, but to say that similiar socio-political realities gave way to similiar practices that took their unique shape due to their particular social context, which could be interpreted by similiar conceptual tools. The policies developed by the elite (even if borrowed or inspired) should be thought of within this framework.

The policies developed by the elite are perceived here within the very general framework of the Foucauldian conception of social control. As the illustrations of increasing concern of the political power in the health of population and penetrating the social life to its depths, the Ottoman public health policies were to transform the social body through increasing its qualitative and quantitative capacity. Along with carrying out a strict surveillance of social body, these policies included coercive measures. These characters of the policies imply two aspects of the disciplinary power, that is, it seeks to increase the productive capacity of the body and, at the same time, attempts to turn “the power that might result from it” into a relation of subjection and obedience.⁴ In a similar way, the functioning of health policies as tactics used to legitimate the political power are perceived in this study within the framework of hegemonic social control.

In a nutshell, the task of this study is to present a picture of the Turkey of the late nineteenth and early twentieth centuries, when the problem of the population became urgent, where medicine contributed to the formation of the politics of the time as having an increasing disciplinary effect throughout society that varied

Aura: Third World Criticism in the Age of Global Capitalism (Colorado: Westview Press, 1997) see particularly p. 33.

through the different echelons, and being confronted by the instances of resistance which even in some cases gave way to the revision and reshaping of policies.

Chapter One, as an introduction to the issue, gives general information about the institutional change within medical apparatus in the nineteenth and early twentieth centuries when a structural transformation occurred within the realm of medicine towards covering the population.

Chapter Two deals with the policy of public hygiene within the urban space which by the 1890s, gained momentum in terms of attempting to penetrate the social life in a much more pervasive manner. Here, within the general policy of sanitation, and along with the activities of vaccination, the focus of analysis is the issue of the control of domestic space as well as the political meanings of the policy of hygiene within the urban environment from the perspective of social stratification.

Chapter Three, makes a close analysis of an epidemic, syphilis as social phenomena, where the anxieties concerning the quantitative and especially qualitative capacity of the population appear as strongly nuanced in the elite discourse that went hand in hand with the disciplinary measures, some of which, to a considerable extent, met with the resistance of the people. Here also, are instances reflecting the variations in the implementation of the policies when dealing with the different stratas of society and revealing those who were, in fact, the objects of the more restrictive ones.

Finally, in Chapter Four, this study looks at the field of forensic medicine, which flourished as an independent department within the police apparatus in the period under examination. Within its disciplinary character through fighting crime, its normalizing or marginalizing role in relation to the mechanism of law is given

⁴ Paul Rabinow, ed. *The Foucault Reader* (New York: Pantheon Books, 1984), pp. 179-187.

special emphasis. In the study, until this point the subalterns sometimes appear largely through their reactions to the restrictive measures. In the case of forensics, as they found a tool, the subalterns appear to have been taking more initiative (in the sense of the role played by medicine in the process) as they contested the violent acts of state officials. In addition, concerning this and the enlightenment of those criminal cases occurred among the civilian elements of the population, a suggestion is made concerning the legitimating role of forensics in the context of the period.



CHAPTER ONE

AN OVERVIEW OF THE TRANSFORMATION OF MEDICINE IN THE LATE OTTOMAN EMPIRE

In the late Ottoman Empire, during and after the nineteenth century, parallel to the developments in the socio-political sphere, a structural transformation occurred within the realm of medicine. The goal of this chapter is to inform the reader about the transformation that occurred within institutional realm in this period before going on to discuss the rather social history of medicine with some of its aspects in the Hamidian era.

Throughout the nineteenth century, as explained by Özbek, the issue of the promoting of the productive capacity of the population came to rest in the agenda of the state. Therefore, the health and well-being of the population began to be conceived of by the political authorities as issues needing direct attention. This was coupled with the constitution of social order for establishing its capacity.⁵ Within this framework, the body began to be perceived by the political power as a social one to be controlled and transformed and attempts began to “medicalize” it.”⁶

The most important phenomenon within the transformation of Ottoman medicine was the emergence of public health in the sense that attempts were made to achieve the medico-political control of population in a pervasive and intrusive manner through it. Promoting the health of population as well as seeking to order it, the policies of public health constitute the best illustrations of medico-political

⁵ Nadir Özbek, *Osmanlı İmparatorluğu'nda Sosyal Devlet: Siyaset, İktidar, Meşruiyet* (İstanbul: İletişim, 2002). pp. 19-325.

attempt to control and transform the social body. Therefore medicine owed its socio-political character largely to public health.

In the description of an article published by the doctor-bureaucrat Besim Ömer Pasha (1863-1940),⁷ in 1904, the distinctive characteristic of public health was that it primarily aimed to prevent the occurrence of diseases and to promote the good health of society, rather than being curative. Thus, it was different from therapeutic medicine. Learning about and implementing hygiene was the task of everybody, even the ordinary people (*avam*). It aimed to teach people how to organize all aspects of life such as nutrition, housing, and sanitation in coherence with the principles of hygiene.

It was stated that every individual was a form of *capital* for the country and the state. Metaphorically, the social body was conceived as a great capital and the individual, as a part of it. So, the individual had a double responsibility in terms of the protection of his health. He was responsible to his self, and also to the country and the state, of which he was an important and precious part.⁸

Within the above mentioned framework of the medico-political control of the social body, the period covering the nineteenth and early twentieth centuries witnessed attempts at the foundation of a modern medical system in the Ottoman Empire. In this way, we see the restructuring of medical education and institutional apparatus, and great increases in the number of medical personnel and medical institutions. Below, first is given a short account of what could be called pre-modern Ottoman medicine in order to give an idea about the shift that occurred in the

⁶ The term “medicalization” is taken from Michel Foucault, “The Birth of Social Medicine,” in *Power*, edited by James D. Faubion (New York: New Press, 2000). Volume 3 of *Essential Works of Foucault 1954-1984*, edited by Paul Rabinow, p. 136.

⁷ Ayşegül Demirhan and Esin Kahya, *Medicine in the Ottoman Empire: (and Other Scientific Developments)* (İstanbul: Nobel Medical Publications, 1997), p. 139.

nineteenth century in terms of medical epistemology and apparatus. Then, a narration of the above-mentioned quantitative and qualitative change in medical education and institutions in the nineteenth and early twentieth centuries in chronological order mostly through the secondary sources is given with a special emphasis on public health.

In the early Ottoman Empire, the medical education had been given in the *Darüşşifas* (hospitals) and the medical madrasa (schools). Among the hospitals, the most important was the Fatih Darüşşifa, founded in 1470. Like all hospitals, it also functioned as a medical school.⁹ The Fatih Darüşşifa retained its status as the primary medical institution of the empire until the foundation of the Süleymaniye Medical Madrasa and Darüşşifa in 1556. According to Zorlu, the opening of this madrasa represented a watershed in the Ottoman classical medical system because, after this, a division of labor emerged within the institutional apparatus. The Süleymaniye Medical Madrasa started to deal with theoretical issues whereas the hospitals dealt with practical ones. In Zorlu's view, it was an institution that trained physicians for the Fatih Darüşşifa and other hospitals throughout the empire. The physicians trained here worked in both civilian and military organizations.¹⁰

The hospitals and medical madrasa were parts of complexes of public institutions known as *imarets*. The *imarets*, located in the cities and usually founded by sultans and other members of the ruling elite, consisted of religious and charitable institutions such as mosques, hospitals, madrasas, and of commercial establishments to finance operations. This system's utility lay in the fact that it provided the

⁸ Besim Ömer (Akalin), ed. "Hıfzısıhhat Nedir?" *Nevsal-i Afiyet* III (İstanbul: Ahmet İhsan ve Şürekası, 1320/1904), pp. 92-99.

⁹ Demirhan and Kahya, *Medicine in the Ottoman Empire*, pp. 36, 37, 115.

¹⁰ Tuncay Zorlu, "Süleymaniye Tıp Medresesi-II," *Osmanlı Bilimi Araştırmaları* 4, no. 1 (2002), pp. 94, 95.

realization of charitable purposes without creating any financial burden on the imperial treasury.¹¹

In the Ottoman Empire, during pre-modern times, the capacity of the official medical institutions was extremely low, in terms of both the number of medical personnel and hospitals, in proportion to the amount of the population. The great majority of physicians had received their education within master-apprentice relationship in the manner of artisanship and provided medical services in their shops, purely as a commercial activity. According to statistics from the seventeenth century, in İstanbul, only three percent of the physicians worked in hospitals. Throughout the eighteenth century, the state attempted to develop a control mechanism on physicianship by supervising the capability of physicians through examinations. However, these attempts were basically unsuccessful, mainly because of the insufficient capacity of the official medical institutions. Because of the lack of enough physicians who proved to be capable through the examinations, the state proved unable to control the demand for “ignorant” physicians.¹²

The supervision of physicians in the eighteenth century was the task of the *hekimbaşı* (chief physician), who was responsible for the health issues of the palace and the country. By the nineteenth century, through the transformation of medicine, the scope of the *hekimbaşı*'s authority was constricted gradually and finally, in the middle of the nineteenth century, with the foundation of the *Mekteb-i Tıbbiye Nezareti* (Ministry of the Medical School), it was limited to the health issues of the

¹¹ For the informations cited here and also for further information to understand the issue within a wider framework, see Halil İnalcık, *The Ottoman Empire: The Classical Age 1300-1600* (London: Phoenix, 1994), pp. 140-145.

¹² Zorlu, pp. 65-77.

palace.¹³ Until the late nineteenth-century, the chief physicians were not required to be medical specialists.¹⁴

From the information about what could be called the pre-modern Ottoman medical system cited above, it is clear that the health of the population was not conceived by the political authority as a direct responsibility of the state. The official medical institutions were in fact founded for charitable purposes. Because of the limited capacity, medical services reached only a very small part of the population. In terms of the quality of the medical personnel, there was no homogenous structure controlled by the state according to professional standards.

In 1827, a new medical school, the *Tıbhane ve Cerrahane-i Amire* (School of the Medicine and the Surgery) was founded in Şehzadebaşı district of İstanbul. The official proposal presented by the chief physician to the Sultan for the establishment of this school included a classification of medical methods as new and old (*usul-u cedit* and *usul-u kadim*), and emphasized on the need for physicians who were familiar with new methods and on the necessity of French courses to facilitate the learning of the latest methods.¹⁵ In 1839, this school was moved to the district of Galatasaray and renamed the *Mekteb-i Tıbbiye-i Şahane* (Military Medical School). An Austrian physician, Charles Amboise Bernard, who had been invited by the Sultan to contribute to the modernization of medicine, was appointed as the chief director of the school.¹⁶ On his initiative, clinical medicine courses were added to the

¹³ Bedi N. Şehsuvaroğlu, *İstanbulda 500 Yıllık Sağlık Hayatımız* (İstanbul: İstanbul Fetih Derneği, 1953), pp. 98, 99.

¹⁴ Zorlu, pp. 71, 72.

¹⁵ Bedi N. Şehsuvaroğlu, "Türk İstanbul'da Tıp Öğretimi," in *Türk İstanbul'da Tıp Fakültesinin 500. Yıldönümü* (İstanbul: İstanbul Tıp Fakültesi, 1971), pp. 40, 41.

¹⁶ Demirhan and Kahya, *Medicine in the Ottoman Empire*, pp. 116, 130, 131.

curriculum of the school. In 1842, a clinic was opened to analyse cases important in terms of the teaching of medicine.¹⁷

In 1841, anatomical dissections started to be performed in the school, also thanks to the efforts of Dr. Bernard. This marked a turning point in the history of Turkish medicine and can be considered as the beginning of the passage to modernity in the field of medicine. The *Mekteb-i Tıbbiye* was conceived as to become an entirely modern school during the directorship of Dr. Bernard, mainly thanks to this fact.¹⁸ For dissections, the corpses of convicts who had died in the hospital of the maritime arsenal were used, but when these proved insufficient, the corpses of slaves started to be used.¹⁹

Foucault sees the performance of anatomical dissection in clinical observation as a breaking point in the history of Western medicine. In the West, the emergence of clinical medicine represented an epistemological shift within the science of medicine according to which what was on the agenda was not the body of the individual patient, but the disease. The individual body fell from the status of the subject to the object of medicine; it became anonymous.²⁰ This objectification of the body was directly related to the process of the socialization of the body, which is to say that what the modern form of medicine deals with is the social body, the body of society, rather than that of the individual.²¹ The pathological anatomy that necessitates anatomical dissections, by finding the exact location of a disease and by determining the chain of causes lying behind it, gave this disease-oriented medicine its definite

¹⁷ Şehsuvaroğlu, "Türk İstanbul'da Tıp Öğretimi," p. 44.

¹⁸ Demirhan and Kahya, *Medicine in the Ottoman Empire*, pp. 115, 116. Previously, the courses of anatomy had been given merely on theoretical level with the help of plates. Esin Kahya, *Ondokuzuncu Yüzyılda Osmanlı İmparatorluğu'nda Tıp Eğitimi ve Türk Hekimleri* (Ankara: AYK Atatürk Kültür Merkezi Başkanlığı, 1997), p. 17.

¹⁹ Yeşim Işıl Ülman, "Mekteb-i Tıbbiye-i Adliye-i Şahane'nin 1846-1847 Öğretim Yılı Faaliyet Raporu," *Yeni Tıp Tarihi Araştırmaları* 4 (1998), pp. 128.

²⁰ Michel Foucault *The Birth of the Clinic: An Archeology of Medical Perception*, trans. A. M. Sheridan (London: Tavistock Publications, 1973), pp. 59, 146.

form. What it succeeded in doing was to transform the “medicine of symptoms” into the “medicine of organs, sites and causes.”²²

In 1867, the first civilian medical school, the *Mekteb-i Tibbiye-i Mülkiye* (Civilian Medical School), was opened. The Military Medical School had proved unable to meet the need for well-educated physicians for health of the country.²³ Because of this, there was a continuing demand for the “ignorant” physicians who performed their jobs outside of the control of the state. In the Military Medical School, the language of education was French. This was a necessity because of the lack of medical literature in Turkish. The difficulty in following the courses in French was one of the greatest reasons for the lack of graduates. In a speech at the opening ceremony of the Military Medical School, the Sultan stated that in the long term, medical education must be carried out in Turkish. He encouraged physicians to make efforts to this end. In the Civilian Medical School, the language of education would be Turkish. Three years later, in 1870, the Military Medical School also passed to education in Turkish.²⁴

It seems that the issue of language of education became a tool in the power struggle among the westerner and Muslim teacher-bureaucrats, and the students of the Military Medical School. In 1852, the minister of the school, Cemaleddin Efendi, founded a special class to make translations, and to contribute to the formation of medical terminology in Turkish. This attempt was met with protests from the foreign

²¹ Foucault, “The Birth of Social Medicine,” pp. 136, 137.

²² Foucault, *The Birth of the Clinic*, p. 122; and whole chapter of “Open Up a Few Corpses,” pp. 124-148.

²³ For instance, during the period of 1827-1870, the Military Medical School graduated only 300 students. For the statistical table showing the number of graduates from the Military Medical School and İstanbul Medical Faculty from 1827 until 1971, see Safa Karatay, “500 Yıl Sonra Tıbbiyenin ve Tıbbiyeli’nin Toplumumuzdaki Yeri,” in *Türk İstanbul’da Tıp Fakültesinin 500. Yıldönümü* (İstanbul: İstanbul Tıp Fakültesi, 1971), pp. 10, 11.

²⁴ E. Kadri Unat and Mustafa Samastı, “Mekteb-i Tibbiye-i Mülkiye,” in *I. Türk Tıp Tarihi Kongresi, İstanbul, 17-19 Şubat 1988* (Ankara: Atatürk Kültür, Dil ve Tarih Yüksek Kurumu Yayınları, 1992), pp. 113-115.

teachers. In 1859, the special class was abolished and Cemaleddin Efendi was dismissed from the ministry. But many members of the school continued their efforts towards medical education in Turkish. Through the *Cemiyet-i Tıbbiye-i Osmaniye* (Society of Ottoman Medicine), which was founded by them at the beginning of the 1860s and gained official status in 1866, they made translations, prepared a Turkish lexicon of medicine and worked to form the background of curricula of medical education in Turkish. Through their efforts, they used a nationalistic discourse. The foundation of the Civilian Medical School, to a considerable extent, owed its existence to this movement.²⁵

In spite of the low capacity of the official medical institutions, we see that the Ottoman State did take measures to provide health services to the population. For instance, starting with 1845, ten physicians and two surgeons were assigned to the Beyazıt district of İstanbul to be available at nights for emergencies. The additional wages of physicians and the costs of drugs given to poor patients were provided by the central treasury.²⁶ In terms of the standardization and control of medical professionals, an important step came with a code in 1861 that forbade anyone from working as physician except for those who had diplomas from the Military Medical School or the foreign medical schools.²⁷

In the early 1890s, Sultan Abdülhamid II ordered the construction of a new building for two medical schools in the İstanbul district of Haydarpaşa. In addition to developing the capacity of the medical schools, another objective of this act was to

²⁵ Ibid., 114, 115; and Şehsuvaroğlu, "Türk İstanbul'da Tıp Öğretimi," pp. 49-51.

²⁶ Ibid., pp. 45.

²⁷ Nuran Yıldırım, "Tanzimat'tan Cumhuriyet'e Koruyucu Sağlık Uygulamaları," *Tanzimat'tan Cumhuriyet'e Türkiye Ansiklopedisi* v. 5 (1985), pp. 1320, 1321.

administer these schools in a more disciplined manner.²⁸ Though construction had not been completed, classes began in the 1903-4 academic year of the Military Medical School in Haydarpaşa. In 1909, the Civilian and the Military Medical Schools were united at Haydarpaşa. This new school, by obtaining the title of “faculty,” was called the *Darülfünun* Medical Faculty and functioned here with this status until the 1933 university reform of the Republic.²⁹

In the intense political turmoil of the late nineteenth and early twentieth centuries, the students and teachers of the Military Medical School were actively involved in politics. In the late 1880s there was great discontent among the students. The increasing discipline and control of the Hamidian regime over the school troubled them. They were well aware that the school was extremely backward in comparison to its European counterparts and therefore argued the need for reformation. The majority of the students came from the lower-middle class. There were also those from the high elite, mainly the children of palace bureaucrats, who had a privileged standing within the school. The students who were involved in oppositional political activities were mostly from the former group. Fueling their discontent was a spreading influence of western intellectual movements among the students. Their involvement in the sciences of modern anatomy, pathology and physiology contributed to their adoption of a materialist and positivist worldview.³⁰ In 1889, a few students founded the *İttihad-ı Osmani Cemiyeti* (Ottoman Unity Society), which would later become the *İttihad ve Terakki Cemiyeti* (Committee of

²⁸ This fact chronologically coincides with the development of a political oppositional movement among the students of the Military Medical School by the early 1890s. Below, I will touch on this subject.

²⁹ Şehsuvaroğlu, “Türk İstanbul’da Tıp Öğretimi,” pp., 47, 53; and Demirhan and Kahya, *Medicine in the Ottoman Empire*, pp. 117, 118.

³⁰ Şerif Mardin, *Jön Türklerin Siyasi Fikirleri 1895-1908* (İstanbul: İletişim, 1983), pp. 58-61, 68-70.

Union and Progress), in the Military Medical School. The aim of this oppositional organization was “to reinstate constitution and parliament.”³¹

Likewise, a document from 1899 reveals that the Sultan issued an order stating that some of the graduates of the Medical Schools were more involved in politics than in science (*fenden ziyade politika işleriyle iştigal ederek...*), and therefore did not serve the interests of the state and the country. It was declared that the state of affairs in the Military and the Civilian Medical Schools should be disciplined in order to train doctors who would serve the state and the country, and who were able, loyal and conducted themselves morally (*sadakat ve maharet ve hüsni-siret ashabından etibba yetiştirilmesi*).³²

Medical doctors took positions within the leadership of the CUP. Among them were men such as Abdullah Cevdet³³ and Bahaddin Şakir.³⁴ In fact, this involvement of medical students and doctors in politics should be thought of within the framework of the power struggle in those years between the middle strata of the bureaucracy graduated from the modern educational institutions on the one side, and the sultan and the palace bureaucracy on the other.³⁵

An important aspect of the transformation of medicine was the foundation of modern hospitals. The whole nineteenth and early twentieth centuries witnessed a dramatic increase in the number of government hospitals. For instance, from the middle of the fifteenth century until the end of the eighteenth century, only sixteen

³¹ E. J. Zürcher, *Turkey: A Modern History* (London; New York: I. B. Tauris, 1993), pp. 91.

³² The Prime Ministry Ottoman Archive, İstanbul (Başbakanlık Osmanlı Arşivi) hereafter BOA, Yıldız Sadaret Resmi Maruzat Evrakı (YA. RES) 99/35, 1316. Z. 19/1315. N. 18/30 April 1899. The majority of the documents have both *Hicri* and *Rumi* dates. One of them, which was written in French, has only the Gregorian date. Here and hereafter, I present each document's *Hicri*, *Rumi* and Gregorian dates respectively.

³³ For a detailed account of life, thought and activities of Dr. A. Cevdet, see Mardin, pp. 221-250.

³⁴ Kahya, *Ondokuzuncu Yüzyılda Osmanlı İmparatorluğu'nda Tıp Eğitimi ve Türk Hekimleri*, pp. 55, 56.

³⁵ Çağlar Keyder, *State and Class in Turkey: A Study in Capitalist Development* (London; New York: Verso, 1987), pp. 49-51.

official hospitals had been founded. However, during the period 1800-1924, thirty-six new hospitals were opened.³⁶ These can be classified in two categories: military and civilian. The first military hospital had been built in the late eighteenth century in line with the policy of the modernization of the army. However, hospitals became widespread in and after the nineteenth century. The *Mekteb-i Tıbbiye-i Şahane* Hospital (1839), the Gümüşsuyu Military Hospital (1846), the Gülhane Military Hospital (1898) and the Haydarpaşa Military Medical Hospital (1904) are the best-known ones.

In this period, many civilian hospitals were founded with different characteristics and functions. Here, I want to mention those among them deserving special attention. The *Vakıf Gureba* Hospital (Hospital of Destitutes, 1862) and the Zeyneb Kamil Maternity Hospital were founded and financially supported by the members of the dynasty and high bureaucracy. The Women's Hospital (*Altıncı Daire-i Belediye Nisa Hastanesi*) of 1879 (in 1909, it was renamed the Beyoğlu Women's Hospital) was founded to deal with prostitutes in accordance with the policy of the struggle against syphilis. The *Darülaceze* (House of the Weak) was founded in 1896 to house begging paupers and orphans who did not have the physical ability to work. It consisted of a complex of buildings, including a hospital. The financial cost of the construction of the *Darülaceze* was provided by donation campaigns to which the Sultan was the greatest contributor. The first pediatrics hospital, the Şişli Children's Hospital (1899) was opened to deal directly with children's health. The *Darülaceze* and the Şişli Children's Hospital were presented as the charitable endowments of the sultan.³⁷

³⁶ Şehsuvaroğlu, *İstanbul'da 500 Yıllık Sağlık Hayatımız*, pp. 63-66.

³⁷ *Ibid.*, 67-91. Demirhan and Kahya, *Medicine in the Ottoman Empire*, 119-122; Özbek, pp. 199-237.

In the Ottoman Empire, the emergence and implementation of public health policies started in the nineteenth century. The issue of public health had involved preventing the emergence and spread of contagious diseases and epidemics, the sanitation of the urban environment and housing, and the supervision of quality and hygiene of foods and drinks.

The course of public health can be traced in the curricula of the *Tıbhane ve Cerrahhane-i Amire*³⁸ and of the Military Medical School. In addition, the 1846-47 activity report of the school reveals that the cursus in forensic medicine and medical police (*Tıbbi Zabıta*) had been founded. According to the chief director of the school, Dr. Spitzer, the science of medical police was to search for the factors that obstructed population increase and influenced general public health negatively, and to find solutions to these problems.³⁹

The 1830s witnessed the establishment of quarantine organizations by the initiative of government in many port cities such as İstanbul, Mersin, İzmir and İskenderun against the danger of cholera epidemic.⁴⁰ In 1838, the first institution dealing with social health, the *Meclis-i Tahaffuz* (Committee of Protection), which became international in 1840, was founded. However, the activities of this institution were limited to the struggle against epidemics and other contagious diseases. For this reason, Yıldırım states that it could not be counted as a public health organization in the real sense. The first public health organization of the Ottoman Empire was the *Meclis-i Sıhhiye-i Umumiye* (Committee of Public Health), founded in 1881. It was responsible for conducting research about the general situation of the health of the population, revealing the measures to be taken, struggling against epidemics and

³⁸ Kahya, *Ondokuzuncu Yüzyılda Osmanlı İmparatorluğu'nda Tıp Eğitimi ve Türk Hekimleri*, p. 11.

³⁹ Ülman, "Mekteb-i Tıbbiye-i Adliye-i Şahane'nin 1846-1847 Öğretim Yılı Faaliyet Raporu", p. 138.

⁴⁰ Demirhan and Kahya, *Medicine in the Ottoman Empire*, p. 123.

other contagious diseases, and supervising the quality of foods, water and other beverages in the cities.

The first municipal health organization in the Empire was founded in 1871. At this time, the opening of municipal pharmacies in İstanbul and other cities was ordered. These would be directed by pharmacists who possessed diplomas from the medical schools,⁴¹ and were under the supervision of the physicians.

To patients unable to pay, the drugs would be provided free of charge. In 1891, a Committee of Public Health was organized in the municipality of İstanbul to deal with the public health issues of the city. Then, in 1909, a directory of health, *Müessesat-ı Hayriye-i Sıhhiye Müdüriyeti*, was founded in the municipality. The important hospitals such as *Darülaceze*, Şişli Children's Hospital, the Beyoğlu Women's Hospital, the asylum, the *tebhirhanes* (disinfection stations) and the *müşahedehanes* (water stations) were subjected to this directory.⁴²

The *Cemiyet-i Tıbbiye-i Mülkiye* (Civil Medical Association) of 1869 was the original form of the later Ministry of Health.⁴³ It was responsible for the appointment of medical personel, and examining and approving the capabilities of those graduated from foreign schools who applied to work as physicians within the boundaries of the Empire.⁴⁴ To facilitate the correct functioning of the medical apparatus, the Civil Medical Association had to be in permanent communication with other medical personnel throughout the empire and to be able to inspect the acts of them. In addition, this establishment was to deal with matters of public health and forensic medicine. It would determine the causes of the spread of epidemics and other

⁴¹ Ibid. Until the nineteenth century, there was no distinction between the physicians and pharmacists in the Ottoman Empire. Classes of pharmacology were opened in both the Military and Civilian Medical Schools. The first school of pharmacology was opened in 1909. Demirhan and Kahya, *Medicine in the Ottoman Empire*, pp. 123, 124.

⁴² Yıldırım, "Tanzimat'tan Cumhuriyet'e Koruyucu Sağlık Uygulamaları," pp. 1320, 1321.

⁴³ Ibid., p. 103.

contagious diseases, and take the necessary precautionary measures. In cases of deaths suspected to have occurred because of medical error, it would function as a court, conduct scientific investigations and arrive at decisions. Depending on the demands of the government, it was also responsible for performing investigations of cases of forensic medicine.

Meetings of the organization were held in the Military Medical School. Through the fight against the severe epidemics, this organization prepared many bills of regulation declaring the measures that were needed to be taken. However, Ergin states that because of the financial weakness of the state, which was the general problem of the period, the majority of the envisaged measures could not be implemented.

In 1889, the name of the association was altered to *Meclis-i Tıbbiye-i Mülkiye ve Sıhhiye-i Umumiye* (Committee of Civil Medicine and General Health). In 1906, the association was abolished. However after a few months it was re-established under the name of *Meclis-i Maarif-i Tıbbiye* (Committee of Medical Education) in October 1906. Then, following the proclamation of the constitution, it was renamed the *Meclis-i Tıbbiye-i Mülkiye ve Sıhhiye-i Umumiye* (Committee of Civil Medicine and General Health) in 1908. At that time, half of the members of the committee were from the Military Medical School, and other half consisted of civilian medical doctors and experienced medical personnel.⁴⁵

This organization was abolished in 1913, and the Directory of Health (*Sıhhiye Müdüriyet-i Umumiyesi*) functioning under the Ministry of the Interior replaced it. It

⁴⁴ Yıldırım, "Tanzimat'tan Cumhuriyet'e Koruyucu Sağlık Uygulamaları," pp. 1321.

⁴⁵ Osman Nuri Ergin, *Mecelle-i Umur-u Belediye*. 9 volumes (İstanbul: İstanbul Büyükşehir Belediyesi Kültür İşleri Daire Başkanlığı Yayınları, 1995), 6: pp. 3082—3087. Ergin states that the abolition of the association in 1906 was because of the fear and anxiety (*havf ve endişe*) of the Hamidian regime. He adds that attempts were made to keep the association under permanent and strict

embraced the departments of public hygiene (*Hıfzısıhha-i Umumiye*), forensic medicine (*Tababet-i Adliyye*), the statistics and register (*İstatistik ve Sicil*), and pharmaceutics (*İspençiyar*).

In 1914, the Ministry of the Interior became the Ministry of the Interior and Health, and the directory of health started to function under this ministry. Thanks to this organization, directories of health were founded in provinces and the offices of governmental medical practitioners (*hükümet tabiblikleri*) in provincial districts. In 1917, the Directory of Health opened a museum to educate people about the issue of public health through visual aids. Later, in May 1920, the Ministry of Health and Social Aid (*Umur-u Sıhhiye ve Muavenet-i İctimaiyye Vekaleti*) was founded by the decision of the Great National Assembly (TBMM).⁴⁶

In the nineteenth and early twentieth centuries, within the framework of public health policies, more institutions were founded. In addition to the ones mentioned above, many *tahaffuzhanes* (houses of protection) were opened during the struggles against epidemics. Also we see the opening of disinfection stations, or *tebhirhanes*. These were responsible for the disinfection of the clothing and belongings of people in times of outbreak of epidemics and in places suspected of contagion. The application of disinfection started in İstanbul in 1893 with the opening of three stations during a cholera outbreak. Then various stations were opened within medical institutions such as the *Darülaceze* and the Şişli Children's Hospital.⁴⁷

In 1893, the Institute of Bacteriology was established within the Military Medical School. Among its activities were testing the city's drinking water, and the

control in that era. This should have to do with the political atmosphere of the era and involvement of the medical doctors in politics.

⁴⁶ Yıldırım, "Tanzimat'tan Cumhuriyet'e Koruyucu Sağlık Uygulamaları," pp. 1321, 1322.

⁴⁷ Ibid., pp. 1324, 1325.

production of vaccines and serums. It also functioned as a school of bacteriology. Afterwards, laboratories of bacteriology were opened in many civilian and military hospitals and in the *tahaffuzhanes*. In 1901, an independent institute of bacteriology was opened to deal with veterinary issues, the *Bakteriyolojihane-i Baytari*.⁴⁸

Through the public health policies of the Ottoman state, vaccination and inoculation in the army and the population began. In 1872, an office for the inspection of vaccination was established. The foundation of the Institute of Smallpox Vaccination (*Telkih-i Cüderi Ameliyathanesi*) in 1892 was an important step in this process. Afterwards, a station for the production of smallpox vaccine was also opened. In 1900, a school of vaccination was established there.⁴⁹

Rabies, or hydrophobia, was among the dangerous epidemics threatening the health of the population. In 1887, the Institute of Rabies (*Darülkelb ve Bakteriyojî Ameliyathanesi*) was opened. For the first time, inoculation by the Pasteur method was made here. This institute dealt with bacteriology until the foundation of the Institute of Bacteriology. In addition to the scientific efforts, the institute implemented new methods in the struggle against rabies. For instance, by 1910, stray dogs began to be removed from the streets of İstanbul on the initiative of the municipality.⁵⁰

Within the framework of the struggle against syphilis, state intervention was initiated into the fact of prostitution. The first brothels in İstanbul had been opened in the second half of the 1850s. Because of the lack of medical control of prostitutes, syphilis had spread rapidly through the working class, via the men who were the major customers of these brothels. In 1870, a committee of health was established in the İstanbul Municipality to deal with prostitution. In a report presented to the

⁴⁸ Ibid., pp. 1326, 1336, 1337.

⁴⁹ Ibid., pp. 1332, 1334, 1335.

authorities, it was stated that the provision of the general health of society was the direct responsibility of the government and therefore in order to fight syphilis, an important threat to social health, prostitutes were required to undergo regular medical inspection.⁵¹ Thanks to a booklet (*talimatname*) prepared with the coordination of the municipality and the Society of State Medicine, and approved by the *Şura-yı Devlet* (Council of State), by 1880 regular medical inspections in the brothels by officially appointed physicians in cooperation with the municipal police force started.⁵²

The Women's Hospital was opened to intern prostitutes who were found to be sick according to the reports of the physicians. In the 1880s, there was also an intense struggle against syphilis within the army. Efforts to control this disease were not limited to İstanbul. We see the foundation of organizations and institutions to struggle against syphilis throughout the Empire. The other important contagions and epidemics on the agenda of the political authorities not mentioned above were tuberculosis, plague, malaria, typhus, typhoid, leprosy, and dysentery.⁵³

In relation to population politics, social medicine also dealt with procreation issues such as pregnancy, abortion, and childcare. In the Ottoman Empire, abortion was officially banned by a decree in 1861. However, despite the ban the issue of abortion remained on the agenda and there were social campaigns against this widespread practice. For example, in an article published in 1866 by Dr. Aziz, a doctor and teacher of the Military Medical School and active member of the Society of the Ottoman Medicine and first director of the Civilian Medical School, titled *İskat-ı Cenin* (Abortion), abortion was shown as one of the serious obstacles to the

⁵⁰ Ibid., pp. 1335.

⁵¹ Ibid., pp. 1329, 1330.

⁵² Ergin, 6: pp. 3296, 3306. The *Şura-yı Devlet* (Council of State) was an administrative court founded in 1868. It was responsible for judging the cases involving bureaucrats and also functioned as a consultative committee on administrative issues. Coşkun Üçok, *Türk Hukuk Tarihi Dersleri* (Ankara: Sevinç Matbaası, 1972), p. 194.

increase of population which would provide, in turn, the rise of the strength and glory of the nation. In another statement, it was said that in the long term, abortion would have a negative influence on the progress and welfare of the nation.⁵⁴

Finally, I want to touch on the issue of forensic medicine and its emergence and development in the Empire through the transformation of the Ottoman medicine. Forensic medicine represents another dimension of the integration of medicine into the disciplinary apparatus of the modern state. By contributing to the control of crime, it helps the constitution of law and order within social life.

In the Ottoman Empire, forensic medicine as an area of speciality within the legal system developed throughout the nineteenth century. Instruction on the subject entered the curriculum in the School of Military Medicine in 1839. The first autopsy in İstanbul was undertaken here in 1841. From that time onwards, it became a special branch developing in parallel to Ottoman criminal law.⁵⁵

The first modern criminal law of the Ottoman Empire was the *Ceza Kanunname-i Hümayunu* (Imperial Criminal Law) of 1840. This law declared the need for medical doctors to contribute to the system of justice for enlightenment in cases of beating, wounding, rape and murder. In the *Kanun-u Cedit* (New Law) of 1851, the kidnapping of girls, sexual harassment, and drunkenness were added as crimes.

These two laws however, were insufficient in terms of complexity to answer the needs of society. Therefore, the *Ceza Kanunname-i Hümayunu* (Imperial Criminal Law) of 1858, a modification of the French Criminal Law of 1810, was issued. Here, punishments for crimes such as beating, rape and murder were

⁵³ Yıldırım, "Tanzimat'tan Cumhuriyet'e Koruyucu Sağlık Uygulamaları," pp. 1326-1334.

⁵⁴ Yeşim Işıl Ülman, "Mecmua-i Fünun'da Tıp Konulu Yazılar," *Bilim Tarihi* 22 (1993), pp. 22-24.

⁵⁵ Bedi N. Şehsuvaroğlu and H. Cahit Özen, *Dünyada ve Yurdumuzda Adli Tıbbın Tarihi ve Gelişmesi* (İstanbul: Sermet Matbaası, 1974), p. 9.

designated in detailed language. Article 41 of the law stated that if it were proved that a criminal was insane while committing a crime and that his insanity was the cause of the crime, he would not be punished because of the legal acceptance that the insane could not be held criminally responsible. What was to be done with insane criminals was not stated in the law, but it is known that they were treated in asylums.⁵⁶

Cahit Özen writes that in 1857, the *Meclis-i Umur-u Tıbbiye-i Mülkiye* (Committee of Civil Medicine) was established within the Ministry of Military Medical School. It consisted of three sub-committees; one of them was to deal with civil health and forensic medicine.⁵⁷ Later, as mentioned above, the *Cemiyet-i Tıbbiye-i Mülkiye* (Association of Civil Medicine) undertook the consultative role in cases of forensic medicine.

In the Ottoman Empire, the beginning of the forensic medicine, in the institutional sense, was seen in 1879 with the *Muhakemat-ı Cezaiyye Kanun-u Mukavvati* (Criminal Law). In this law, it was stated as a must for public prosecutors to appoint medical specialists to enlighten cases of beating, murder and rape. Because of this, in 1879, in İstanbul, the Department of Forensic Medicine (*Zabıta Tababet-i Adliyyesi*) was organized under the Ministry of Police (*Zabıtiye Nezareti*). In the provinces, the governmental doctors (*hükümet tabipleri*), military, and civilian doctors, health officers and midwives were responsible for dealing with the issues of forensic medicine. Only doctors had the authority to conduct autopsies. Records of autopsy in the provinces in this period are rare.⁵⁸ In cases of suspicious death, wounding or poisoning, autopsies were conducted in the Military Medical School. In

⁵⁶ Ibid., pp. 10, 11.

⁵⁷ Cahit Özen, "Türkiye'de Adli Tıbbın Tarihi ve Gelişmesi," *Tıp Fakültesi Mecmuası* 44 (1981), p. 368.

⁵⁸ Şehsuvaroğlu and Özen, *Dünyada ve Yurdumuzda Adli Tıbbın Tarihi ve Gelişmesi*, pp. 13, 14.

1917, the Institution of Forensic Medicine (*Adli Tıp Müessesesi Müdürlüğü*) was organized under the Ministry of Justice.⁵⁹

* * *

In this chapter, a basic overview is given about the process of the institutional transformation of Ottoman medicine from the nineteenth century until the end of the Empire with a special focus on public health. Through it, a few patterns of development emerged. Through the restructuring of the medical educational system, an epistemological shift occurred within medical science that, in fact, reflected the larger context of the changing nature of socio-political relations.

Qualitative and quantitative changes in terms of medical personnel and institutions were observed that revealed the intention to reach the wide masses, something that had not been imaginable previously. The application of new methods and the foundation of new areas of speciality also reveal the attempt of the political power to intervene into the social life to order it. The efforts made towards the homogenization and subjection of the medical specialists also reveal the attempt to control the functioning of medicine through society and therefore the general health of society. Finally, the provision of health services free of charge reflects the legitimizing role of the health politics of a modern state.

⁵⁹ Ibid., p. 16.

CHAPTER TWO

PUBLIC HYGIENE WITHIN THE URBAN SPACE

The main goal of this chapter is to make a close analysis of the penetration of the political power into the urban social life at a deeper level through the policy of hygiene. Here, it is argued that this phenomenon should be thought of within the framework of the political strategy of the control of the urban poor, who were perceived by the political elite as a danger for urban life in terms of public security and health as well as the objects of legitimation.

Making the following reference reveals the basic problematic here through an analysis of the issue. The last stage of the process of what Foucault calls the medicalization of society in Western Europe is also, in Foucault's terms "poor people's medicine." "The problem of poor as a source of medical danger" arose when the number of poor people in the cities became great enough to be considered as a real danger. Among the reasons for the rise of this phenomenon, the cholera epidemic of 1832, which emerged in Paris and then spread throughout Europe, was counted because of the fact that thereafter "a set of political and health fears occasioned by the proleterian or plebian population crystallized."

In nineteenth-century England, this "medical control of the destitutes," "the medical control that press[ed] mainly on the poor population," was one of the important dimensions of the elite or state approach to the poor, that had developed a welfare strategy, of which the "Poor Law" was a corner stone, to decrease the risk the poor constituted both in terms of security and health. The plan was to develop their productive capacity and to make them "less dangerous."

In 1875, what is called the Health service and health offices were founded in England. Their tasks were the

Control of vaccination, obliging the different elements of the population to be immunized.

Organizing the record of epidemics and diseases capable of turning into an epidemic, making the reporting of dangerous illnesses mandatory.

Localization of unhealthy places and, if necessary, destruction of those seedbeds of insalubrity.” (emphasis added).

In the description, it was to deal with the health of the entire population, “however,” according to him, the “analysis of the Health Service’s operation shows that it was a means of completing at the collective level the same controls that were guaranteed by the Poor Law. Intervention in unhealthy places, verification of vaccinations, and disease records were really aimed at controlling the needy social classes.”⁶⁰

Through archival documents, it is understood that the 1890s can be taken as a turning point in terms of the control of the social environment in the name of hygiene. The 1890s witnessed the first direct, extensive, and wide-range intervention in terms of sanitation into the daily life, houses, shops, workshops and all public places that were potentially crowded. Several factors no doubt contributed to the process. The two that come to mind first are the great İstanbul cholera epidemic of the 1890s and the population movements.

In the 1870s, the Ottoman Empire entered into a period of social and economic crisis. The agricultural economy fell into depression and large-scale immigrations from the Balkans and Caucasia into Ottoman lands took place because of the 1877-8 Ottoman-Russian War. There was also the long term and general trend of commercialization of the Ottoman economy, and the development of a service

sector in İstanbul, which played important roles in the population movements towards urban centers. Thus, a great crowding of population occurred in urban centers of the Empire, especially in İstanbul. The population in İstanbul which was 356, 650 in 1844, jumped to 873, 575 in 1885. This huge increase made the control of population in the cities a pressing problem for the political authorities.⁶¹

In the process officials aimed at a strict medical surveillance of the urban structure. Efforts were made to keep all public places, which were the potential locations of filth and crowding such as hospitals, prisons, asylums, coffee houses as well as dwellings under continuous surveillance. Anxieties about issues like the quality of city water, air, ventilation, and slaughterhouses hygiene became widespread.⁶² Finally, a document from 1894, reveals the existence of a committee to oversee cemeteries (*Umur-u Mekabir Komisyonu*) at that time within the İstanbul municipality.⁶³

⁶⁰ Foucault, "The Birth of Social Medicine," pp.151-156.

⁶¹ Özbek, pp. 76-9.

⁶² In the account of Kranzler, in the 1860s, at the time of the cholera epidemics, the slaughterhouses inside of the city of İstanbul were closed down. Kathryn Kranzler, "Health Services in the Late Ottoman Empire (1827-1914)" (Master Thesis, Boğaziçi University, 1991), p. 134. A document from the early 1880s lets us know that the problem was still waiting to be solved at that time. It was stated that previously, by the consideration that slaughtering livestock within the city was contrary to health, the issue of the construction and administration of slaughterhouses in the regions outside the city such as Eğrikapı or Yedikule was being treated with great care ("*gibi şehrin haricinde mezbahaların inşasıyla idaresine ihtimam olunmaktayken...*"). However then, according to the document, the issue again entered into disorder, and the butchers slaughtered livestock in their shops and even wherever they wished. The attempts at ordering the situation did not bring any solution; the medical authorities frequently gave warnings stating that the situation was contrary to health, and that it was necessary to solve the problem. The document discussed how to deal with the problem, and came with suggestions about the construction of slaughterhouses and the financial organization of the matter. BOA, Yıldız Perakende Evrakı, Ticaret ve Nafia Nezareti Maruzatı (Y. PRK. TNF), 1/44, 1300. Z. 29/1299. Te. 29/31 October 1883.

⁶³ BOA, Yıldız Mütenevvi Maruzat Evrakı (Y. MTV), 97/72, 1311. Z. 14/1310. H. 6/18 June 1894. Kranzler writes that during the fight against cholera epidemics in the 1860s, in İstanbul, suspect coffins were disinfected and "many previously interred bodies and coffins" were transferred "from the ancient cemeteries from the old city to newer cemeteries with more hygienic conditions." Kranzler, p. 134.

Here, I want to present two articles from *Nevsal-i Afiyet*⁶⁴ dealing with issue of hygiene in the urban space. They deserve attention by having been published at a time of the rise of a public health movement in İstanbul becoming intrusive in the social life, and by reflecting the agenda of the elite of the time.

The first one is from 1906, titled “*Bir Şehrin Hıfzısıhhatı*” (The Hygiene of a City). The article started by showing the body as a metaphor for the city. The city was viewed as a living being from the standpoint of social health. As it had its own life, it also had its peculiar health, illnesses and even death. A group of people accumulated in one place could have a harmful effect on themselves as well as on others. The removal of these harmful elements depended on the protection of the health of that place, which is the city. To protect the city’s health, that is, to protect the settlers from the dangers that occurred because of the settlement, became a requirement of civilization. The extreme importance of the duty of public hygiene (*hıfzısıhhat-ı umumiye*) could be better understood when the fact that all of the units and elements, inorganic as well as organic, that constituted the city had a vital effect on the health of the population, are taken into the consideration. The hygiene of a city had many aspects and therefore was a very complicated issue.

The article continued stating that the health of a city should be sought for on earth which formed its basis, in the streets which were its veins, and in the sewers, its intestines. The water bubbling over and under the earth, the streets providing the circulation of the air and diffusion of the light, the sewers repulsing the filthy remnants of life and the cemeteries covering the dead bodies were shown as the foremost issues in terms of public hygiene.

⁶⁴ It was a yearbook, including various articles mostly concerning health, edited and published by Besim Ömer (Akalm) in İstanbul in the period, 1899-1906. Besim Ömer was one of the foremost medical professors and bureaucrats of the late Ottoman period. Gülten (Özkan) Dinç, “Arap Harfleri

A comparison between urban and rural space was then made to call attention to the potential dangers that occurred because of the structure of the latter. According to this, in the villages, since the buildings were set wide apart, the air was excellent, the light was abundant and the filth disappeared spontaneously. Although the earth absorbed a considerable amount of them, the air and light were able to penetrate as far as the villages and purify the filth. However, as the ground in cities was largely covered by pavement, this kind of penetration was nearly impossible. The rainwater entered between the pavements and carried all of filth that it had taken from the walls, clay-roofing tiles and the courtyards underground. The water flowing from faucets was dirty largely from having been polluted by the sewage and noxious fluids from the factories and other filth. Therefore, the ground of the city itself as a source of germs constituted a great danger for health. Any digging of the ground during work to renovate sidewalks, sewers or underground tunnels would give way to the emergence of great diseases because of the escape of germs mixing with the air through the dust. The dust was like the wings of the germs, allowing them to reach to all aspects of daily life, glasses of water, plates and even beds, and carried various diseases themselves, and spread the viruses from sick bodies to healthy ones.

In fact, it stated, the amount of carbonic acid (*hamis-i fehm*) within the air of the villages and that of the cities did not so much differ. What really distinguished them was the amount of dust within the air. The dust made the city air polluted and posed a danger to the health of society. It counted the construction of sidewalks, and the movements of vehicles and men as highly influential in terms of the amount of the dust in the city air, and added that the type of sidewalk most appropriate to public health was that made of stone.

It was also argued that wide streets were vital for public health. The construction of high buildings on narrow streets was inappropriate for hygiene because it prevented the penetration of air and light into the streets and the interior of the houses. Finally, the amount of grass and groves within the city, the medical inspection of city water, and the construction of sewers according to rules of hygiene, plus getting rid of sweepings were also stated as vital for the health of a city.⁶⁵

The second article, *İnşa ve Hıfzısıhhat-i Mesakin* (the Construction and the Hygiene of Houses), began by emphasizing the importance of housing in terms of hygiene and added that in İstanbul, construction styles of houses were extremely far from fulfilling the requirements of hygiene. Rooms were small and narrow, windows were not proportional with the rooms, and the materials of construction were generally easily penetrated by the damp and therefore were not hygienic. Cleaning, and disinfecting the contents of buildings was difficult and sometimes impossible. Floors and planks were set wide apart and therefore open to dust, the germ and even vermin, such as rats and insects. The waters spread through the planks of ground floors with sponges and rags, allegedly to remove the dust and the filth, formed mud and gave way to various diseases. The poor quality of the construction and cleaning of toilets, the disorder of water channels and sewers, the dampness of floors, the ruined walls, the wide set floor and ceiling planks, and many other dangers made the houses a serious threat for health.

The article stated that the conditions and the style of construction of houses were important criteria for the level of civilization, and were vital in terms of the improvement of the city and the welfare of the population. Therefore, the aim of publishing the article was to reveal the requirements of housing hygiene.

⁶⁵ Besim Ömer (Akalin), ed. "Bir Şehrin Hıfzısıhhati," in *Nevsal-i Afîyet 4* (İstanbul: Ahmet İhsan ve Şürekası, 1322/1906), pp. 238-243.

First, detailed descriptions were given about house locations suitable or unsuitable for health. For instance, the houses should not be built within forests and should be a considerable distance from the sea, to protect against the damp. The orientation of the house required attention too. The article cautioned against the houses near cemeteries and workshops or factories. Gases and other matters emitted by decaying corpses penetrated the soil and air, and threatened the health of the people in the vicinity of cemeteries, fouling wells of the vicinity and spreading disease. For the same reasons, the transformation of old cemeteries into places of settlement was also unacceptable.⁶⁶ For such an act, the cemeteries should be transformed first into grassland for at least five or ten years.

The article described the characteristics of different kinds of workshops that spread danger to the environment. The workshops producing rags (*paçavrahane*), shoehorns (*boynuz*) and leather (*debbağhane*) spread dust, filth, harmful gases, and fetid odors. The makers of beam (*kirişhane*), candles (*mumhane*), and soap were counted in this category. It was recommended that these workshops be kept at a considerable distance from the places of settlement.

The ground on which houses were built had to be suitable. The materials used in house construction should be coherent with the nature of the ground, whether it was clay or stone. Porous ground that had been penetrated by water was undesirable as it caused humidity to get into houses. Humidity in houses was shown among the leading reasons for the rise of many diseases especially tuberculosis. In determining the materials for construction, it was recommended that resistance to humidity be

⁶⁶ Here, also a religious justification was used so that such an act meant, at the same time, disrespect for the dead. (“*Evvela böyle bir hareket, emvata hürmetsizlik olacağından, şayan-ı tenkidir*”). For a discussion of the question of “respect for dead bodies” within the context of cemetery reform, see Foucault, “The Birth of Social Medicine, pp. 146-7.

taken into the consideration. Also, to ensure good hygiene, concrete with a sufficient amount of lime was to be used throughout the houses.

Houses were not to be extremely close to each other; otherwise, the light and the air would be obstructed. It was claimed that, thanks to the articles concerning hygiene added to the municipal law (*devair-i belediyye kavanini*), in İstanbul, a decrease could be observed in the number of streets where houses were built extremely close together and streets had started to be ordered in accordance with hygienic rules for the last thirty or forty years.

Throughout the article, great importance was attached to the hygiene of the toilets (*hela, abdesthane*) of public places and houses. Here, quotes were made from an article by Besim Ömer Paşa from the 1900s (1319/1901-2) called “*Hıfzısıhhat*” (hygiene). Detailed descriptions were presented about requirements for the hygienic toilets. For instance, it was stated that it was necessary that syphons be installed in all toilets to prevent the mixing of the air of the sewage with that of the interior of the house.

Another issue taken into consideration in regards to housing was that of excessive crowding. The risk of contagious diseases increased in proportion to the crowd. The following line of reasoning was established. In spite of all measures such as those dealing with water, sewers, streets; the rise of diseases could not be prevented. Therefore, the most important reason lying behind the rise of epidemics, and other contagious diseases was the filthy condition of houses which generally were constructed in a way contradictory to the rules of the hygiene. Hereafter, the main point of the analysis, and argument of the article was reached: *mesakin-i fukara* (dwellings of the poor). These places were the focal points of the spread of diseases (*emrazın mihrak-ı intişarı*). The amount of oxygen was insufficient in these narrow

and crowded places. (Here, the article provided the minimum amount of air per person necessary in hospitals, asylums and prisons to ensure good hygiene). The problem of poor dwellings (*fukara meskenleri*) was gradually becoming more dangerous and thus had priority over that of the sewers or the city water.

It was stated that the term *mesken-i fukara* brought to mind a class of dwellings where the poor, and destitute (*fakir ve biker*) resided, such as the *bekar odaları* (bachelor chambers, a kind of inn where rooms were let to artisans and laborers, generally immigrants),⁶⁷ *hans* (a kind of inn), *kahve peykeleri* (benches in the coffee houses) and structures made of sticks and twigs (*çalı çırpı*). Each of these shelters for the poor, and destitute, which were at most twenty or thirty square meters wide, housed roughly ten people in hard, unhealthy conditions. Epidemics and other contagious diseases were rife in these places.

The article described the areas of the city where the poorest of the population lived. There, nestlike dwellings packed together contained small rooms like cells. The owners of the buildings tried to keep as many rooms as possible for rent in order to maximize the profit. They were erected in haste, on the worst ground, usually in concealed areas such as dead-end streets to escape medical inspections. Any given street was so narrow that one could pass from one to another of the windows looking face to face without danger of falling. Filthy water unable to find a continuous, regular course clogged the street. It then seeped into the ground, wells, the foundations of the buildings, and even the dwellings of ground floor. Excrement and urine were flowed directly into the streets, spreading filth and fetid odors, which bothered the surrounding districts. This last point was mentioned repeatedly.

⁶⁷ The term *bikar* (here another spelling was used, *bekar* which means simply the unmarried person, but the municipal reports that will be presented below mostly use the word, *bikar*) has two meanings in Ottoman Turkish. The first one is single or bachelor, and the other one is unemployed man. For a

According to the article, the typical poor dwelling had dark stairs, dirty walls, and was extremely damp. The typical room was narrow, filthy and dark, lacking air and light. The detailed description of the interior showed that all of the conditions were completely contrary to hygienic principles.

As a temporary measure, the author of the article attached importance to the performance of regular disinfections and the cleansings of these places within the framework of municipal regulations. As a solution, it was recommended that hygienic housing be provided to laborers and other poor people who made efforts to survive (*sahib-i say ve gayret fakire*). This kind of act would serve the health of the great part of the population and therefore the welfare of society in general. Such a solution to the problem of housing for the poor would also protect the morality of the public (*ahlak-ı umumiye*), as there was a direct causal relation between the two. Bad physical conditions, the filth, ruin and crowding spoiled family life, brought weakness, poverty and evil.

The article described, as an example, the policies and practices of France, where similar anxieties about poor housing, on the part of the political authority, were on the agenda in the nineteenth-century and included the construction of apartments or small houses with yards to be sold to laborers (*amele*) at very low prices and with very long-term payments.⁶⁸

A description providing evidence of the living conditions of the different social classes among the inhabitants of İstanbul of 1865 is given by Kranzler, quoting from Mongeri. According to the description, those who lived in the “plateau” of İstanbul, “close to the administrative center, in the best areas,” had homes more

definition of the term, see Ferit Devellioğlu, *Osmanlıca-Türkçe Ansiklopedik Lügat* (Ankara: Aydın Kitabevi, 1990), p. 129.

⁶⁸ Besim Ömer (Akalin), ed. “İnşa ve Hıfzısıhhat-ı Mesakin,” in *Nevsal-i Afîyet 3* (İstanbul: Ahmed İhsan ve Şürekası, 1320/1904), pp. 512-542.

spacious than others lived in the surrounding areas, “often on the slopes running down to the Sea of Marmara and the Golden Horn.”

The homes of the wealthy featured running water, steam baths, and various kinds of toilets, depending on the status of individuals to use them. The wealthiest had clean, odorless bathrooms, with self closing water taps. Their servants used facilities on the street level, which were of varying degrees of cleanliness, depending on the number of individuals in the household and the availability of running water. The very poor did not have running water, and used instead basins of water for their daily ablutions.

It mentions the hans, where “travellers, day workers, and most of the city’s very poor” resided. These were the most dangerous places in terms of rise of the epidemics. Buildings were “cramped” and people were lived in “squalid” conditions there. According to the calculations of Mongeri, 80,000 people were living in this way at the time of the study. Other dangers for health in the city were listed as tanneries, dye houses, cemeteries.⁶⁹

Mongeri’s account of the beginning of an outbreak of cholera in İstanbul in the 1860s, gives instances, from that earlier period, about the relation between the poor and disease. It was thought that some infected sailors of a ship that set anchor in Büyükliman who escaped quarantine brought the disease. When the disease broke out, first deaths began in the Kasımpaşa region among the Kurdish and Armenian laborers

who lived packed into the hans in squalid conditions. The rest of the city was free from cholera at this time, except for a few cases on the shore near Kasımpaşa among Kurds and Armenians living there. It appears that the reason for this was that the workers of Kasımpaşa were generally very poor, and rarely left the district, except for Bayram and Easter holidays...It is thought that an infected worker from Kasımpaşa went to a coffee house in Yeniköy on 11 July and fell ill there. From him, the disease spread the next day to the Greeks and Jews who frequented the coffee shop, and from them, on to their families on the 13th.

⁶⁹ Kranzler, pp. 21-23.

Through the acts against the disease, once, the health inspector of Pera demanded, though no case of disease had been seen, the removal of the inhabitants of the hans in the area to the countryside.⁷⁰

A document from September 1894⁷¹ indicates that the Sultan decreed the establishment of a standing Committee of Public Hygiene (*Hıfzısıhha-i Umumiye Komisyonu*), to deal with the public health matters of the capital, attached to the İstanbul Municipality, that would meet and function regularly. The committee consisted of a chairperson and six members. In addition, in each of the municipal departments of İstanbul, a Board of Health (*Heyet-i Sıhhiye*) consisting of three physicians each, was established. And, the appointment of the medical inspectors to perform the inspections concerning the city under the authority of this committee was envisaged.

First, it was stated that the committee was responsible for the protection of the health of the population, investigating health situations, and taking the necessary measures in the city. It was charged with preparing statistical tables each month revealing the number of the deaths and births, and the causes of death, by collecting data from the boards of departments, hospitals and the Office of Population Registers (*Sicil-i Nüfus İdaresi*). It was also to perform broader investigations into the facts of each death and birth and the diseases that had great effect on their increase or decrease.

When confronted by a case of contagious disease, the committee was to check the reports presented by the departmental boards covering the measures to be put into practice. If it found the measures insufficient, a member of the committee would be sent to the place where the disease had been detected, to assess the situation. After

⁷⁰ Ibid., pp. 130-133.

⁷¹ BOA, YA. RES, 72/1, 1312. Ra. 01/1310. A. 21/2 September 1894.

his inspection, the necessary measures would be recommended to the departmental board and the committee would decide whether they would be put into practice or not in the envisaged way. When a disease was found to be spreading, besides the other measures, the hospitals and schools were to be kept under continuous inspection to ensure they met the requirements for health. In addition, all decisions would be reported to the İstanbul Municipality. All of the consultations and the decisions of the committee would be recorded on a day-to-day basis. The reports presented by the departmental boards and the inspectors were to be added to the records. A special board was established to deal with recording the data.

The Boards of Health established in the municipal departments were charged with undertaking cleansings and disinfections, keeping crowded places such as the hans and inns under continuous scrutiny, and preventing the occurrence of crowds. During the inspections, the officers of public hygiene would be accompanied by a sergeant (*çavuş*) from the municipality. They would execute the cleansing and disinfection of hans, the *bikar odaları*, mosques, places where the artisans (*esnaf*) gathered, dervish convents (*tekaya*), madrasas, schools, churches, and *imarets* (see Chapter I, p. 8-9), any other places where people got together.

It was required that the deaths of those who died within boundaries of the municipal departments from ordinary diseases (*ilel-i ariyye*, probably those other than the epidemics) be investigated. The physician who treated the deceased was to submit a report, the veracity of which would be checked through research. If not convinced of the knowledge about the evidence on the corpse, a member of the board would make another examination in person. Finally, it would issue permits for the burial of corpses. As mentioned above, it was also charged with recording, and reporting deaths and their causes. Weekly reports were also stipulated, and were to

include efforts to decrease crowding and the amount of vaccinations if they had been done.

Other tasks of the boards were known practices, such as the surveillance of foods and drinks sold within the city to determine whether they were hygienic or not. However, what deserves attention here is the increased intervention of the science of chemistry into the execution of the process. A chemist was attached to the committee. As mentioned previously, the first institute of bacteriology was established in 1893 within the Military Medical School. Then opening of several others followed. The contents of foods especially oils were to be inspected carefully. Samples of those suspected of being mixed with other kinds of oil that were found to be unhygienic by the inspector should be put in a sealed container and confiscated. However, if the owner of the good raised an objection against the report, a chemical analysis of the sample would be performed in the laboratory of the Military Medical School by a chemist who was attached to the committee, and by another one in the school. Depending on the results, the good was either sent back to the owner or confiscated and penal measures would be taken. The owner would meet the cost of the analysis. Suspect foods could be analysed according to the science of bacteriology at the institute of the bacteriology.

During health inspections, if a person, whether coincidentally or by denunciation, was to be found infected with a contagious disease, the board would launch a detailed investigation. The visible symptoms of the disease would be noted and information such as the native region of the person, when he came to his current residence, when the disease appeared and with whom he had been in contact was gathered and reported to the committee. The infected person and his residence would be quarantined and an official from the board of inspection or committee would

examine the area of the residence. The board according to specifications of the committee would then perform elementary and precautionary measures. The course of disease within the city, and whether it had caused deaths were also to be determined.⁷²

In fact, a committee of public hygiene was already in existence, founded in the previous year within the context of the struggle against the cholera epidemic in İstanbul and neighboring regions especially in the city of Edirne. The above-mentioned committee, which was standing (*daimi*), was to replace it. According to the document at hand, because of the prevalence of cholera in Edirne and other neighborhoods, it was decided that earlier committee would continue to function until the epidemic was expelled from mentioned regions.⁷³ In addition, there had also been a Committee of Public Hygiene established in 1885, attached to the *Meclis-i Tıbbiye-i Mülkiye ve Sıhhiye-i Umumiye* to deal with the public health matters of the country, including the provinces.⁷⁴

Cleansings and sterilizations were performed by disinfection stations. The first municipal disinfection stations were founded in the 1890s within the framework of the fight against cholera. Paralleling these, some military officials for scientific cleansing (*tathirat-ı fenniye memurları*) were employed. It is understood that these stations had two functions, the first of which was the sterilization of places and materials where contagious diseases originated. The second function was to perform a general sanitation activity throughout the city. Regulations that covered a wide range of practices, quoted by Ergin, reveal the tasks of these stations and the methods of sterilization and cleansing. Below are discussed a few clauses meaningful within the framework of this chapter.

⁷² Ibid.

⁷³ Ibid.; and Ergin, 6: p. 3140.

Accordingly, imams,⁷⁵ mukhtars (the head of a village or neighborhood within a town or city) and guards (*bekçi*) of the districts and the *müstecirs* (who rents out the dwellings) were obliged to keep public housing such as hans, *bikar odaları*, and apartments under continuous surveillance and report cases of contagious diseases. In the cordoned off places those poor people (*fukara*) infected with cholera or plague who could not receive treatment in their homes were to be sent to hospitals which were to be constructed outside of the city. The rich (*ağniya*) would be transferred to hospitals if they agreed.

During the sanitation activities, if the inhabitants of a place to be cleansed resisted, the task was to be carried out by the use of force. Here, again, places that were crowded including schools, apartments, inns, hans, public baths, eating houses, *bikar odaları*, *kahvehanes* (coffee houses), *kirahanes* (dwellings for rent), *hallac* shops (cleaner or dresser of cotton-wool), mass transportation vehicles, prisons, junk shops, brothels, factories and workshops employing large numbers of labourers were to be inspected and those found to have unacceptable levels of hygiene were to be cleansed thoroughly. Among the mentioned places, rented dwellings were to be cleansed each time they were emptied and the other places were to be cleansed once a month.

The health status of the inhabitants of these places was to be surveyed regularly as well. The necessity of decreasing the crowding in the dwellings of the *gureba* (strangers) and singles (*bikar*) was emphasized because these places did not receive sufficient air or light, were damp, and with fetid odors. They had to be evacuated immediately.⁷⁶

⁷⁴ Ibid., p. 3141.

⁷⁵ Muslim prayer leader. In addition, he had wider social functions such as to marry people.

⁷⁶ Ibid., pp. 3219-35.

Next, some reports prepared by the İstanbul Municipality revealing the daily practices that came into being with the above-mentioned apparatus will be presented. These documents reveal the envisioned practices as well as the realized ones.⁷⁷ Throughout these reports are the traces of the medico-political attempt at the strict surveillance of and the deep intrusion into urban life as envisaged by the regulations determining the tasks of the above-mentioned apparatus of public hygiene.

It is understood from the reports that efforts were made to keep under observation the locations of daily commerce and/or of public gathering such as shops, workshops, hans, public baths, coffee houses, pubs, taverns, eating houses, stables and vacant lots, in terms of hygiene. Food sold within the city was closely inspected. In addition, here are found the instances of investigations into the health status of the population, quarantine measures and the surveillance of their implementation.

On the other hand, as the best illustration of the intermingling of the hygiene policy with the politics of the control of the poor in those years, the medical control of poor dwellings such as rented out apartments, hans, *bikar odaları*, and even workshops appear throughout these municipal reports as an important element among the public hygiene activities.

One of these reports⁷⁸ reveals the results of an inspection performed in the districts of Kemeraltı and Yüksek Kaldırım, which were included within the boundaries of the Sixth Municipal Department. On the Kemeraltı Street of Galata, the shop of Kosti, the chicken farmer, was found to be filthy. Chicken feathers smeared with blood were stuffed into a barrel, which spread fetid odors to the

⁷⁷ Through the presentation of the reports, I do not give all of the contents, but those deemed exemplary and meaningful.

⁷⁸ BOA, Yıldız Perakende Evrakı, Şehremaneti Maruzatı (Y. PRK. ŞH), 11/116, 1319. B. 8/1317. Te. 8/ 21 August 1901.

vicinity. Three slaughtered chickens were found to be ill and unhealthy. Thus, they were effaced. The shop was cleansed and disinfected, and the owner of the shop was warned to keep the place clean. Eighteen days later, it was reported that the shop of Kosti had been whitewashed, and the feathers removed.

The three floors of apartments above that shop were also found to be unhygienic. The interior of the building was filthy, and when the noxious odors drifting up from the shop were added to this, the dwelling became uninhabitable. It was recommended that the room located on the first floor, which housed four chicken farmers, be evacuated immediately. Despite efforts to cleanse the flat, it was deemed unfit for residence. The seventeen people living on the other floors were crowded out of proportion to the size of the building. An order was issued that the building be cleansed to get rid of the diffused fetid odors and a complete whitewashing executed. Eighteen days later, it was reported through another inspection that the room on the first floor had been cleansed and improved and that the cleansing of its toilet had been ordered.

In addition, the cleansing of the apartment being rented out by *müstecir* Madame Lea, which had five rooms, was found to have been done as ordered. Seven rented out rooms in a wooden building in Karaoğlan Street in Kemeraltı were packed with lodgers. The interior and toilets of the building were filthy and fetid. The building was dilapidated, and badly in need of repair and cleansing to meet the rules of hygiene. Living conditions within were pronounced to be dangerous at the present time. It was recommended that the building be evacuated immediately and closed until repairs completed.

In the same street, an apartment building at the disposal of one Antonyo, including eight overcrowded rooms, was badly in need of cleansing. Mostly *Lehs*

(Polish) were living there and some of the rooms were being used as a school. The report recommended that the school be closed down, that syphons be installed in the toilets, after being cleansed, and that the walls be whitewashed. The report included many similiar cases, most of which involved rented out rooms.⁷⁹

Another one,⁸⁰ covering two documents belonging to 25-26 August 1901 dealt with the Kasımpaşa district. The interiors of two hans in Barracks Square (*Kışla Meydanı*) were to be cleansed, and syphons be put in the toilets. All of the garments in the store of the Jew Yasef, located on Mekteb Street, were to be ironed. In the Gazi Hasan Paşa district, Yorgi the milkman had been keeping chickens in the garden behind his shop, causing the diffusion of fetid odors. The garden was to be cleansed and the shop repaired. Dilapidated houses of rag (*paçavra*) made of tinsplate (*teneke*) and facing the bank of a brook were found to be rotten and some people (Kurds) were reported to be living in them. The houses of rag were to be evacuated, demolished and then the area was to be cleansed. The *bargirciler kethüdası* (chief steward of men who hires out horses) İbrahim and Memiş, the lime dealer, were to cleanse their stables on Mahkeme (court) Street, according to the rules of hygiene. The stables were to be shut down as unhygienic.

The repair of the laundry of Hacı Hasan (the pilgrim) on the same street and his bakery on Zincirlikapı Street were found lacking in terms of hygiene. At the end of the document it was stated that during the inspection, anyone suspected of being infected with a contagious disease was not found. Three patients who had ordinary diseases (*ilel-i ariyeden üç hasta*) would be treated thanks to the mercy of the Sultan. In addition, the status of quarantined ill and other people who were quarantined for having had contact with the ill, was without any serious problem.

⁷⁹ Ibid.

⁸⁰ BOA, Y. PRK. ŞH, 11/75, 1319. Ca. 11/1317. A. 13/26 August 1901.

According to the other document in this report,⁸¹ a police sentry hut that had been constructed near a creek, which was giving off fetid odor, was thought to violate the health of the corps. Its removal was ordered. As a result of a search undertaken by medical inspectors, a piece of vacant land in the vicinity was found suitable for the construction of a new police residence. The Ministry of Police was informed about the issue.

The stable of a blacksmith (*nalband*) Bekir Usta in Odalar Street was found to be unhygienic and was closed down. In spite of this, he was soon found to be using it again. After being cleansed, the shop was closed. A vacant lot belonging to coal dealer (*kömürcü*) Bekir Efendi was found to be filthy and messy. It was covered with wooden boards. In Küçük Hamam Street, the bakery of Todori was cleansed, and his stable closed after it was cleansed. The inspectors found unhygienic dyes (*boya*) in the shop of the confectioner (*şekerci*) Hafız Efendi and disposed of them. Then, it was determined that the coloured candies being sold in the shops of the *attars* (a miscellaneous small dealer in simples, objects, toys, stationary, etc.) Lefter, Kosti and Haşım were made of the same dyes and were destroyed. Finally, the *aşçı* (cook and owner of a cheap or inferior restaurant) Mehmed was ordered to have the pots in his shop tinned. It was added that the sanitary situation of sick people who had been quarantined and of others who had been quarantined because they had had contact with infected individuals, was without any serious problem.⁸²

Another report⁸³ detailed inspections performed in the districts of Balıkpazarı, Hocapaşa and Sirkeci. Accordingly, a han in Balıkpazarı was seen in ruins and its toilets filthy. The responsible municipal department was notified that the building should be repaired and restored, and syphons installed in its toilets. The fleece of

⁸¹ Ibid.

⁸² Ibid.

sheep that belonged to the stores in İsmail Paşa Han in Sirkeci had been set out to dry in the courtyard of the han. This was prohibited.

The report recommended that a lid be put on the gridiron of the main sewer on Küçük Mustafa Paşa Street. In Yenikapı, the water flowing from the fountains was backed up and creating mud. Appropriate measures should be taken to solve the problem. In the district of Hoca Ali Attar, it was determined that the residence of Menla Bey, a scribe, was overcrowded, and that he should be warned to reduce the number of residents. As the watercourse of the *çargab* (a sink or sewer) of Halim Efendi's tannery (*debbağhane*) in Eyüb was found harmful to the health, thus it was to be covered. The pavement on the floor of a house of leather dyeing in Kazlıçeşme was spoiled and was to be repaired.⁸⁴

A report dated September 1901 presents the sanitary measures implemented among those recommended.⁸⁵ First, here it is understood that the pavement of the tannery in Kazlıçeşme had been repaired. In the third department, two hans, nine groceries, three bakeries, fifteen *çulhahanes* (a shop where horsecloths were sold), nine *kahvehanes*, a *paçahane* (trotter house), two sherbet shops, a tripe seller, and three *aşçı* shops and the stables of Şerif and Mehmed Ağas had been cleansed. Most of the shops in Yusufpaşa, such as groceries and butchers, had been limed and *aşçı* shops and *kahvehanes* in Samatya, two stables and many groceries and butchers in the Hekimoğlu area had been whitewashed with lime. The lavatories of the *meyhanes* (pubs) in Samatya, of *Bakkal Yorgi* and *Bakkal Koçu* groceries and of a *yoğurtçu* (seller of yoghurt) shop in Beşiktaş had been cleansed. Also, many public baths, such as Cerrahpaşa, Haseki and Küçük Hamam were cleansed and disinfected. Many huts used by the milkmen located in Beyoğlu were evacuated, cleansed and then shut

⁸³ BOA, Y. PRK. ŞH, 11/78, 1319. Ca. 15/1317. A. 17/30 August 1901

⁸⁴ Ibid.

down. Finally, thirty-two units of *karre* (an isolated hill or rock) in the sixth department and seventy-two in the seventh, been demolished.⁸⁶

According to another municipal report,⁸⁷ within the boundaries of the second department, some hans, *kahvehanes* and *meyhanes* had been cleansed. In the third department, in the Samatya region, the toilets of a *kahvehane*, a stable, a *gazino* (a nightclub or an outdoor café), an *aşçı* shop and two *meyhanes* had been cleansed. Also the cleansing of four *bikar odası* and a *kahvehane* had been achieved using scientific methods.

On Samatya Street in the district of Hacı Hüseyin Ağa, the well of a bakery had been found to be very close to the sewer (two *arşuns* and six *parmaks* away), and so was moved to a more distant place (ten *arşuns* away). In a bakery located in the Mirahor District and Street, the toilet and sewer, which was two *arşuns* and eighteen *parmaks* away from the well were moved further (fifteen *arşuns* away). Likewise, in a bakery in Yedikule, the toilet and its pit were found to be on the upper side of the well and relocated (fifteen *arşuns*). In Yusufpaşa and Hekimoğlu Ali Paşa, the toilets of groceries, butcheries and the *meyhanes* and some parts of two *kahvehanes* in Samatya were cleansed and whitewashed with lime.⁸⁸

The final municipal report⁸⁹ of this sort is dated 8 August 1904. The board of medical inspection visited the *bikar odaları*, *kahvehanes* and apartments in one of the streets in the district of Galata. The *bikar odaları* and some apartments were cleansed. During the inspection, no one suspected of being infected with a serious disease was observed.⁹⁰

⁸⁵ BOA, Y. PRK. ŞH, 11/91, 1319. C. 10/1317. E. 11/26 September 1901.

⁸⁶ Ibid.

⁸⁷ BOA, Y. PRK. ŞH., 11/88, 1319. C. 8/1317. E. 9/22 September 1901.

⁸⁸ Ibid.

⁸⁹ BOA, Y.MTV, 262/180, 1322. Ca. 26/1320. T. 26/8 August 1904.

⁹⁰ Ibid.

Along with these municipal reports, there were also other official documents dealing with the issue of hygiene within the city. For instance, in 1895, the Armenian Patriarchate church and two other Armenian churches in the regions of Beyoğlu and Galata were stated to be extremely crowded and in need of further examination in terms of hygiene. The municipality was ordered to cleanse and disinfect the churches in order to prevent the appearance of disease.⁹¹ Another report stated that the asylum and the hospitals in the district of Üsküdar were inspected in terms of hygiene, and the municipal officials were ordered to execute the required changes.⁹²

Another case comes from İzmir in the 1890s. There, an area including the districts where the Jews lived, were very crowded, and became even more so as Jews from Russia were also settled there. It seems that this situation created great problems in terms of public security and health. General Bonkofski, the chief chemist of the Empire and head inspector of the Committee of Public Hygiene, stated that a part of the population must be removed from the area. Huts should be constructed outside the city, and in the long term, many tents must be provided. Thus the palace ordering the execution of the measure issued a decree.⁹³

⁹¹ BOA, Sadaret Mektubi Kalemi Mühime Odası Belgeleri (A. MKT. MHM), 1313. R. 21/1311. Te. 1/13 October 1895.

⁹² BOA, Yıldız Perakende Evrakı, Sıhhiye Nezareti Maruzatı (Y. PRK. SH), 3/57, 1310. M. 5/1308. T. 18/30 July 1308.

⁹³ BOA, Yıldız Perakende Evrakı, Mabeyn Başkitabeti (Y. PRK. BŞK), 32/67, 1311. S. 07/1309. A. 8/20 August 1893. In the same document, it was stated that in İzmir some cases of disorder had emerged because of the extreme poverty among the people who were working for daily wages (*vevmiyye*), added to the misuse and bad administration of the commander of the gendarmes. For instance, the day before, some of the poor (*fukara*) plundered some bakeries, and during the plunder the shops in a *bedesten* (a covered market for the sale of valuable goods) were closed immediately, and then other people in the vicinity, when they heard the plunder, closed down their shops and fled in fear. Only after a long time passed, the gendarmes and police could get the control over the situation. Afterwards, it was stated that as the occurrence of the cases of disorder caused by the poverty and malice of the mentioned commander had been observed, the poor (*fukara-yı ahali*) should be supported with gifts and donations (*atiyye ve iane*) and a battalion should be sent to İzmir until the end of the quarantine to secure public order. Ibid. In fact, the delivery of gifts in kind was an important element of the “monarchic welfare system” of the period, which reveals the existence of a negotiation, in terms of power relations, within society. Özbek, pp. 20, 26. This remark is made to throw a light on the discussion below on the intermingling of the hygiene policy with the issue of the politics of the control of the poor.

It is observed among the archival documents that emphasis in architecture of hygiene was observed as a seriously functional constituent of hygiene policy in those years. Along with the very general agenda of how to construct houses or how to organize streets, the optimal design of public buildings received mention. For instance, in 1910, Nuri Ömer Efendi, an inspector of public hygiene, reported that in İstanbul most of the schools, in terms of the style of construction, were contrary to the rules of hygiene. The content of the report deserved attention, according to the Association of Civil Medicine and Social Health, and therefore it passed on the information to the Ministry of the Interior, which then warned the Ministry of Education.⁹⁴

The above examples indicate that by the 1890s, there was dramatic increase in the political efforts to keep the population in the city of İstanbul under discipline in terms of hygiene. One of the factors that motivated this was surely the rise of the cholera epidemic in İstanbul and its vicinity in those years. However, what really deserves attention here is the response of the political authorities to the disease.

⁹⁴ BOA, Dahiliye Nezareti Muhaberat-ı Umumiye İdaresi Evrakı (DH. MUI), 53/6, 1327. Z. 28/1325 Ke. 28/10 January 1910. Becoming of the conception of the architecture as “a function of the aims and techniques of the government of societies” more nuanced was something to do with the modern form of power. This conception of architecture is political both in the sense of the constitution of public order and of the control of disease. Michel Foucault, “Space, Knowledge and Power,” in *Power*, edited by James D. Faubion (New York: New Press, 2000). Volume 3 of *Essential Works of Foucault 1954-1984*, edited by Paul Rabinow, pp. 349-353. Among the archival documents belonging to this period, are also many cases dealing with architecture of hygiene of prisons. There was a general policy which can be described shortly as the renovation or restoration of the prisons in coherence with the rules of hygiene. For instance in early 1900s, the governorships submitted architectural plans for the construction of prisons to İstanbul. These plans were then scrutinized by the relevant commission to determine whether they were appropriate in terms of hygiene. BOA, Dahiliye Nezareti Islahat Komisyonu (DH. TMIK-S), 44/35, 1321. M. 30/1319. Ni. 15/28 April 1903. Likewise, from a document written by the governor of Erzurum in 1896, we learn that the renovation of the central prison and the prisons of Bayburt and Erzincan had been ordered by İstanbul to bring conditions to a suitable level of public hygiene. However, the governor noted the lack of physicians and an architect to deal with the project to the Ministry of the Interior. He requested the assignment of physicians and at least one architect. BOA, DH. TMIK-S, 2/56, 1314. C. 5/1312. Te. 30/11 November 1896. (1314. C. 6 according to the catalogue. But, the only date on the document is *Rumi* 1312. Te. 30 and its *Hicri* correspondant according to the computation is 1314. C. 5).

Severe epidemics were frequent in İstanbul throughout the nineteenth century, as in the outbreaks of cholera in 1847 and 1865.⁹⁵

Another development was the appearance of bacteriology as a worldwide phenomenon in the last quarter of the nineteenth century as the dominant view in terms of disease prevention.⁹⁶ On the other hand, as we have seen above, the problem of the city population in terms of its control became a more urgent issue. The excessive crowding within the urban space was perceived as problematic in terms of public security and health. To keep in mind that, important steps were taken in the Hamidian period towards the formation of a modern police organization as will be seen below in the chapter on forensics, would be meaningful in this context. In addition, in a wider sense, there were long-term phenomena in the use of modern disciplinary mechanisms in the late Ottoman Empire. What I want to suggest is that the mentioned increase came into existence thanks to the intersection of these various facts.

The above-mentioned problem of population was mostly related to the poor. Throughout the acts for the surveillance and the control of the social environment, along with the public places that were potential sources of overcrowding such as hospitals, churches, mosques, and public baths or the shops of the artisans like

⁹⁵ Kranzler, pp. 6, 129-134.

⁹⁶ For a full account of the process in which the germ theory of disease became profound towards the end of the nineteenth century and detailed explanations of the issue, see George Rosen, "The Bacteriological Era and Its Aftermath (1875-1950)," chapter in *A History of Public Health* (Baltimore and London: The John Hopkins University Press, 1993), pp. 270-319. In Dorothy Porter's account of the course of preventive medicine in England, by what is called as the "bacteriological revolution," a strict relationship was formed between the human and its domestic environment, and disease; that is, the human factor became profound as the carrier of the disease and its agent of transmission. The individual came to be perceived as "the bearer of the social relations of health and illness." Thus, the issue of overcrowding and, as a reflection of the perception of some population groups as potentially risky, "the relationship between poverty and disease" were more emphasized. This gave way to the idea of a stricter surveillance and control of the social life in the name of hygiene. Dorothy Porter, *Health, Civilization and the State: A History of Public Health from Ancient to Modern Times* (London and New York: Routledge, 1999), pp. 139-144. Bacteriology was brought into the Ottoman Empire by the 1880s, and it gained momentum after the outbreak of the cholera epidemic in the early 1890s. See Kranzler, 59-64.

butchers or grocers, the objects of the hygiene policy were mostly poor dwellings, such as hans, *bikar odaları*, other inns, rented out apartments and even *kahvehanes*.

A more specific case from 1890s, the official narration of which problematizes the issue of hygiene by directly mentioning the term “poor,” contributes to the understanding of the fact that the poor were treated as a danger by the elite, within the city. In Ortaköy there were huts extremely close (nearly joined) to one another where the poor from the Jewish community (*millet-i museviyye fukarasından*) lived. These dwellings were crowded, rotten and fetid, and contrary to the rules of the hygiene. Letting them stay in that situation was considered impermissible and therefore the demolition of the buildings was decided.

One of them was called Sivastopol Han. There, one hundred and forty-five people lived in thirty-five rooms. After a search, the İstanbul Municipality found some empty houses and moved the inhabitants of the han into them, for a temporary period. The mentioned han was demolished. Seventy-two other people from another part of the buildings that were also demolished were moved to some houses and rooms in the vicinity. Later, it was revealed that the consent of the owners of those houses and rooms to which the poor were located had not been asked because of the pressure of time. For the time being, the observed danger (*tehlike-i melhuze*) was taken care of effectively.

The municipality was unable to find appropriate places for the remaining inhabitants of the dwellings. However, an unoccupied plot of land in the vicinity was found on which sixty-nine rooms suitable to hygiene could be built according to the plan of the municipality. The costs of construction were to be provided by the Jewish community, as promised by the head of the community in Ortaköy. The municipality

stated that the harm and the danger from the original buildings would be totally overcome this way.

After these explanations, the municipality asked for approval. The answer, which was the content of an order of the Sultan (*irade-i seniyye*), stated that there were offices of the high ranking bureaucrats (*efendiler huzeratının daireleri*) and the palaces of the members of the imperial family (*sultanlar huzeratının sarayları*) in the vicinity of Ortaköy. Thus, the poor should be moved to other districts such as Balat, Haseki or Kuzguncuk, where there already were Jewish inhabitants.⁹⁷

In fact, in İstanbul in the 1890s there was a general increase in fear among the elite about the poor, who were considered potential sources of social and moral degeneration as well as threats to public security and public health. The issue of the control and discipline of the poor became more profound in the Abdülhamid II era when compared to previous years.⁹⁸

Ergut argues that the mentioned places defined as poor dwellings, became zones of intervention within the framework of the policy towards the control of vagabonds, the main concern of which was the constitution of public order. Above, the term *bikar odaları* was mentioned frequently among the categories of poor dwellings. In the 1907 police regulation, single men as a category were defined as “those who stay[ed] at inns, hotels, apartment blocks, or at places that [were] rented while they travelled from one town to another in order to find jobs or trade.” According to the regulation, they would be subjected to strict surveillance and “where they stayed, and whether they went to their residences every night” would be checked. Along with the perception of the poor as potential criminals, the author argues, another implication of this was that “the places where these people resided-

⁹⁷ BOA, A. MKT. MHM, 591/3, 1311. S. 19/1309. A. 20/1 September 1893.

even though they rented them- were not accepted as 'private residences' and the police were thus not restricted while controlling them." Thus, "a lack of distinction between 'public' and 'private' spheres" is emphasized.⁹⁹

If these kinds of measures represent one dimension of the intrusion in the social life of the city to control the poor, medical intervention in the manner as shown above should be taken as another one. Surely, the two facts were strongly interrelated. Here, for the sake of showing the parallelity, it should be kept in mind that if their inhabitants resisted the cleansing of these places, the task was to be executed in a coercive manner. It should also be noted that the paradigm of public and private spaces through the medicalization of the social life, and thus the marginalization of the high-risk social groups, was not restricted to here. This could also be observed in the case of the medical control of prostitution and the detection of clandestine brothels in İstanbul, the course of which seems to have been more troublesome for the authorities due to the particularities of the phenomenon (see Chapter 3). Moreover, it is worth questioning whether the medical surveillance of *meyhanes* or *kahvehanes* could be considered within the framework of the surveillance of the leisure activities of the lower echelons of society.¹⁰⁰

What can be observed through the issue of the control of the poor, which gained momentum towards the end of nineteenth-century, is that it had three main dimensions: security measures, welfare strategy and, as this chapter is meant to demonstrate, the policy of hygiene. Starting in the second half of the eighteenth century, modern welfare strategies in the Ottoman Empire came into play within the

⁹⁸ Özbek, pp. 77-92 and 200-2. Here, the poor were mostly those unemployed categories such as vagabonds and vagrants.

⁹⁹ Ferdan Ergut, "Policing the Poor in the Late Ottoman Empire," *Middle Eastern Studies* (2003), p. 11.

¹⁰⁰ For, later, in the early 1910s, Ergut suggests that the harsh measures at that time against "drinking *raki*" or "decent gambling" did not concern so much these activities themselves as where they

framework of the emergence of the modern form of governing, and thus of the politics of social control, discipline, and legitimation, that had its form due to the particular Ottoman socio-economic and political context, the extent of which was restricted due to the lack of urbanization, industrialization and proleterianization, and also the financial weakness of the state.¹⁰¹

In the Abdülhamid II era, along with the allotments reserved to be delivered to the poor, which was a practice known to have developed in the nineteenth century, preceding this period, a stronger emphasis was placed on charitable acts, and by the 1890s, some charitable institutions had been founded to form a line of legitimacy, and to discipline the poor.¹⁰² So far the intrusive character of the policy of public hygiene, and its to a greater extent covering the social life, as one of the dimensions of the wider issue of the discipline and control of the poor, has been mentioned. However, the policy in itself seems to have had another dimension that deserves mentioning, and that is its role as a part of a strategy of legitimation which suggests its intermingling with the above-mentioned politics of welfare or, by this aspect, being a part of it.

In one of the above-mentioned official documents, that regarded the health inspections performed in the asylum and hospitals in İstanbul, it was stated that thanks to the great efforts and perseverance of the municipal officials, the population was seen as praying for the long life and veneration of the Sultan.¹⁰³ Reports prepared by Bonkofski, the head inspector of hygiene and the chief chemist,

occurred, and who were involved in them. Ibid., pp. 6-7. The fact that a causal relationship between the filth, crowd and morality was on the agenda, as mentioned above, should provide insights for this.

¹⁰¹ Özbek. Throughout the book these terms, discipline or control, are conceptualized due to the particular socio-political contexts of different periods, and the political strategies of different parts of the elite. In addition, see especially the note in page 48-49 for how the “welfare state” is defined for the Ottoman social context.

¹⁰² Ibid.

¹⁰³ “*ahali tarafından izdiyad-ı amr ve şevket ve iclal-ı hazret-i padişahi duaları tezkar edilmekte olduğunun bizzat görüldüğü...*” BOA, Y. PRK. SH, 3/57, 1310. M. 5/1308. T. 18/30 July 1308.

regarding the activities of hygiene through the struggle with cholera in the Black Sea region present similar instances.¹⁰⁴ Throughout the process there was intense energy given to the cleansing of domestic spaces. In Trabzon, five hundred buildings, including houses, hans and shops, were cleansed and those of them where cholera had appeared were treated with special care. According to the claim of the report, the people were pleased with these acts of cleansing and thus they prayed that the Sultan's life be long. Previously, the homes of some poor, and of women left widows by the disease, had been given deliveries of lime. Thus, during the prayers, many people asked the medical personnel for the delivery of lime to their dwellings. The head inspector stated that, as he had observed, these people were in fact in need of the favour of the Sultan. Thus, the matter, according to him, should be submitted to the Sultan.¹⁰⁵ Likewise, in the same process when the strangers and destitutes (*gureba ve zuefa*) asked for a physician to treat them, and to perform other scientific practices, a physician was appointed. In the document, the people were described as praying for the Sultan thanks to this fact.¹⁰⁶ At the end of one of the above-mentioned municipal reports that was dealing with the Kasımpaşa district in İstanbul, it was stated that during the inspection, three people were found to be sick (although not infected with epidemic diseases) and they were informed that their treatment would be performed at the mercy of the Sultan (*saye-i merahimvaye-i hazret-i hilafetpenahide emr-ü tedavisi icra kılınacağı*).¹⁰⁷

Finally, within the framework of the issue of legitimacy, I will mention the introductory part of a newspaper article from 1903 that contributes to the understanding of how the policy of public health was presented by the official

¹⁰⁴ BOA, Y. PRK. SH. 4/9, 1310. B. 26/1308. Ş. 1/13 February 1893.

¹⁰⁵ The report was sent to one of the confidential chamberlains of the Sultan (*Kurena-yı Hazret-i Şehriyariden*).

¹⁰⁶ Ibid.

discourse. According to it, the Sultan, who was the guarantor of the material and moral well-being of the country, had made the utmost achievements in the realm of medicine. One of these was the adoption of measures against epidemics and other contagious diseases, in accordance with the most recent scientific developments. Thanks to them, the country had made great progress in terms of public hygiene.

In fact, the article says that in the country, the organization of the preventive medicine was the product and the favor of Abdülhamid II, and it had attained a level of excellence in his era. Throughout the country, wherever news of even the smallest case of an epidemic disease was received, immediately orders were issued to prevent the spread of the disease, which was the greatest favor for the health of the population. It was claimed that these huge efforts also contributed to the protection of general health in Europe, which made the latter grateful to the Sultan. These exaggerated expressions are evidence that the policy of public health was assigned a considerable role within the legitimation strategy of the political power.¹⁰⁸

An important aspect of the public hygiene policy and thus of the medical control of social body was vaccination. In the Ottoman Empire, the vaccination movement gained momentum in the late 1880s and 1890s within the foundation of special institutes. To remember, inoculation according to the Pasteur method was introduced in those years. As mentioned above, vaccination was among the concerns of the municipal boards of health, and smallpox vaccination was of special importance. According to one estimate, between 1892 and 1913, 7, 260, 784 units of smallpox vaccine were produced in the vaccination station (*Telkihane*) in

¹⁰⁷ BOA, Y. PRK. ŞH, 11/75, 1319. Ca. 11/1317. A. 13/26 August 1901.

¹⁰⁸ "Tedabir-i Muassıra-i Sıhhiye ve Veba Salgını," *Sabah*, 1320. Z. 24/23 March 1903. In this period, the discourse and acts for the legitimation of power were organized in a paternalist manner. The strategy aimed to present the Sultan as "the sole protector of poor masses." Therefore, even the smallest acts were directly related to the Sultan to represent the power in his person. This was

İstanbul.¹⁰⁹ In another one, 600, 000 children were vaccinated between 1892 and 1897. However, in spite of these efforts the spread of the disease could not be prevented in those years.¹¹⁰

A letter sent to the police directory of İstanbul in the year after the end of Abdülhamid II era, presented an instance of the execution of vaccination measures and revealed the fact that the population resisted the policy.¹¹¹ It was due to the disobedience of the population as well as that of the imams and mukhtar, who were frequently given vital roles through the surveillance of the population within the context of disciplinary policies.

In the Ahmet Çelebi district of Hasköy, a three year old child was determined to have died from smallpox, followed by another child of one and half years old because it had been in contact with the former. The children had never been vaccinated. The area was located within the Fifth Municipal department, where a special official had been appointed to vaccinate children within the boundaries of the department. After the deaths of the two children, an additional vaccine official was appointed upon the warning of the inspector of public hygiene, Nuri Ömer Efendi. In the department, 2, 400 children, 500 of whom had never been vaccinated before, were inoculated. Thus, it was stated no new cases had been seen in the area in two weeks.

What deserves special attention in the document is that the reason for the appearance of the mentioned cases was stated as having had nothing to do with the lack of medical measures or negligence on the part of the municipality, but had been

supported by another discourse based on the themes of science and progress to give message to the European public as well as the Ottoman one. Özbek, pp. 117-149, 195-253.

¹⁰⁹ Yıldırım, "Tanzimat'tan Cumhuriyet'e Koruyucu Sağlık Uygulamaları," p. 1335.

¹¹⁰ Kranzler, p.152.

¹¹¹ BOA, Dahiliye Nezareti Tahrirat Kalemi Belgeleri (DH. EUM. THR.), 15/31, 1327 Za. 24/1325. Ts. 24/7 December 1909.

the result of the noncompliance of the population. It is understood that previously, the disease had been prevalent in the area and extensive efforts had been made by the authorities to isolate its causes, according to their claim. The smallpox vaccine required repeated injections, five years apart. However, many of those for whom the time was over, did not comply with having the second dose (“*aşılı eşhasın tekrar aşulanmağa riayet etmemelerinden...*”). Also, many parents avoided having their children vaccinated on time. Therefore, the disease reappeared in the area despite the great care; it was claimed, taken by the municipality. Furthermore, it was noted that although it was an obligation, the imams and mukhtars of the districts were not reporting the births regularly, and the municipal departments were unable to maintain exact registers, thus the vaccination of all children could not be achieved.

In another part of the document, it was stated that those who allowed their children to escape from the vaccine official would be subject to punishment in cash, and also that the imams and mukhtars who did not report births would be held accountable. The letter was to inform the police directory about the issue to make them do what was necessary.¹¹²

Another case of resistance to vaccination comes from the 1890s. During smallpox vaccination campaigns, women were “refusing to be vaccinated by male vaccinators.” To circumvent this situation, “Dr. Hasan Zühtü Nazif Bey,...taught his wife, Refika Hanım, ...how to immunize subjects against smallpox.”¹¹³

Finally, I want to present a letter written in 1894 by Dr. Nicolle, the director of the Institute of Bacteriology, to the Sultan, in order to present an instance reflecting the problems and tensions during the implementation of hygiene policy at that time. In the 1890s, at the time of the cholera epidemics in İstanbul, Abdülhamid

¹¹² Ibid.

¹¹³ Kranzler, p. 64.

II asked Pasteur's advice about the issue, and in this context, a special laboratory to deal with bacteriological matters came onto the agenda. A wooden building was constructed to function as an institute of bacteriology and a French doctor, Maurice Nicolle (who came to İstanbul on the initiative of Pasteur), was appointed as its director.¹¹⁴

In the above-mentioned letter,¹¹⁵ Nicolle said that he had been in İstanbul for ten months and that he had sent a report to Pasteur detailing his activities in İstanbul and the situation, after which Pasteur had demanded his return to Paris. He stated that he had written to Pasteur because he had decided that his presence in İstanbul was a waste of time and money. He especially noted that he had not been accorded the respect and obedience that his status deserved.

The orders dealing with the construction and organization of the bacteriology laboratory which was vital for his task were issued. However, their execution proceeded slowly and was frequently suspended. The system for running water, for example, had not been completed and parts of the building remained neglected. Nicolle also complained that during ten months, he had worked in conditions of disorder. He deemed his great efforts to be in vain. Unfortunately, he said, the executions of orders had been at the extremes of negligence and cheapness. He noted the lack of salaries and of other costs. His salary had not been paid regularly. His French assistant, who had been working with him for five months, had been unable to collect his salary or the costs of travel. The costs of examination of city water and the research to determine the causes of the rise of cholera, which he had performed, and many others such as the salary of the translator, had all been paid by him personally. He had not been reimbursed even though he had documented the costs,

¹¹⁴ Yıldırım, "Tanzimat'tan Cumhuriyet'e Koruyucu Sağlık Uygulamaları," p. 1336.

five months before. In addition, the budget of the laboratory had not been provided, and had been paid for by him, despite the fact that the trifling salaries assigned to them were far from adequate to cover such huge costs.

Nicolle continued, stating that the reason he had been sent to İstanbul by Pasteur had been to play an important role in dealing with the health problems that had at their source matters of the science of bacteriology. However, he complained, until that day his opinion had never been asked during the discussions concerning those problems. In fact, while the performance of many studies and examinations concerning bacteriology had been assigned to him (and the other personnel in his office) only the established committees benefitted from the results, and he and his friends were never shown esteem as men of opinion in the meetings of these committees. Furthermore, on the demand of the government (*hükümet-i seniyye*), he had prepared an excellent report about the pipes and hygiene (*boru ve hijyen*) that had been met with appreciation and had been accepted instantly. However, he reproached, he had not been appointed as a member of the committee dealing with the issue, for which his presence was indispensable. He concluded that he had decided to return to Paris to work with Pasteur because staying in İstanbul would be a waste of his scientific knowledge and expertise. He demanded the immediate payment of the money owed him.¹¹⁶

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Along with the presentation of a general view of the policy of public hygiene in the urban environment, mostly in İstanbul, this chapter focused on the dimension

¹¹⁵ BOA, Yıldız Perakende Evrakı, Arzuhal ve Jurnaller (Y. PRK. AZJ), 28/45, 1311. N. 30/1310. Ma. 25/6 April 1894.

¹¹⁶ Ibid. Dr. Nicolle stayed in İstanbul until 1901. One reason for his stay was that it was the will of the French authorities. "...if Nicolle found himself forced to return to France, it would mean a loss of prestige for the French. The Ottoman government would then be compelled to hire Austrian doctors to help them in their struggle against contagious diseases...." Kranzler, p. 62.

of the phenomena that concerned the regulation of social life in a more direct manner. Here, the phenomena were linked to the framework of another issue, that is, the general politics of the control of the poor. It is argued that, along with other strategies, such as social welfare as well as those repressive measures, public hygiene, here, became another dimension of the politics of the control of the poor.

Through the examination of the vaccination activities, a few instances emerged pointing to the fact that the public hygiene measures were resisted sometimes by the population and compelled the authorities to seek solutions which were repressive as well as flexible depending on the circumstances.



CHAPTER THREE

SOCIAL DIMENSIONS OF AN EPIDEMIC: SYPHILIS

Syphilis is described by some historians as probably the most social of diseases.¹¹⁷ Below, I present a picture of syphilis as a social fact in the late Ottoman context. The agenda of the medical and political authorities, who had great and increasing concern over the issue, is presented through the official documents of the time and some secondary sources. In addition, the huge gap between the intended and realized extent of policies is shown through various cases. Finally, how those policies put into practice were received and what kind of responses was given by the population is examined.

Mahzar Osman writes that the professors of medicine in the Hamidian era frequently claimed that three diseases could ruin the country: tuberculosis, malaria, and syphilis.¹¹⁸ By the 1850s syphilis had become an important threat to the health of society within the boundaries of the empire. The main reason lying behind the rise of syphilis was counted as the great population movements towards Ottoman lands throughout the nineteenth century, especially during and after the Crimean War of 1853- 56.¹¹⁹ Prostitution was another very important cause. Şehsuvaroğlu counts homosexuality as another the factor.¹²⁰ Finally, we see that syphilis sometimes appeared as a part of a popular response to military conscription. In this case, the population contributed to the spread of disease deliberately, as in the Hamidian

¹¹⁷ Zafer Toprak, "Tarihçiliğin Alanı: Frengi'nin Tarihi, *Tarih Vakfı'ndan Haberler*, no. 18 (Aralık 1992), p. 9.

¹¹⁸ Mahzar Osman, *Sihhat Almanakı* (İstanbul: Kader Matbaası, 1933), p.39.

¹¹⁹ Nuran Yıldırım "Salgınlar," *Dünden Bugüne İstanbul Ansiklopedisi*, v. 3, p. 425.

period, those who had been diagnosed as infected with syphilis were not conscripted. Many men thus were infected willingly with the disease.¹²¹

In İstanbul, the disciplining of prostitution by the state came onto the agenda largely within the context of the fight against syphilis. Because of the reforms of the Tanzimat era, and especially those of 1856, great privileges were given to non-Muslim foreigners. Some opened brothels and the government had to condone their existence within the context of capitulations. From the time of their establishment, the government and the municipality attempted to keep these places under permanent medical inspection in order to protect the public health. This proved impossible because of the protests of the non-Muslim foreigners in the name of individual freedom relying on the capitulations.¹²²

In the 1870s, the rapid spread of syphilis troubled the authorities. In 1878 two medical doctors, Mişel and Agop Handanyan, the latter a member of the Association of Civil Medicine, prepared a report setting the grounds for governmental intervention into the realm of prostitution. In the document, it was accepted that the measures to be taken towards prostitution would restrict the freedom of the prostitutes. But, it was added, syphilis was a serious problem for social health, and the protection of the health of public was among the basic duties of the political power. It was concluded that the brothels located in the Galata and Beyoğlu districts of İstanbul should be kept under permanent medical control. This text was presented as a petition to the government.

¹²⁰ Bedi. N. Şehsuvaroğlu, "Memleketimizde Frengi Tarihçesi," *Yeni Asya*, 2 March 1971, p. 2.

¹²¹ Mazhar Osman, p. 40.

¹²² Ergin, 6: p. 3296. According to the capitulations, the foreigners had the right to be involved in all kinds of trade, including prostitution. Zafer Toprak, "Fuhuş," *Dünden Bugüne İstanbul Ansiklopedisi* v. 3, p. 343.

In 1880, the Council of State (*Şura-i Devlet*) made a decision about the issue and prepared a booklet revealing the regulation, which was sent to the İstanbul Municipality. According to the regulation, the prostitutes working in the brothels would be subjected to medical examinations two times a week and those who were found to be ill would be sent to hospital. Two physicians were to be appointed to deal with the issue. These measures were put into practice for four years. Then, in 1884, a new booklet containing more detailed regulations was prepared and sent to the municipality. According to this, the brothels within the boundaries of the Sixth Municipal Department were divided into five administrative areas and one physician was appointed to each one.

The officers of the municipal police accompanied the physicians. Each physician was to examine the prostitutes in the brothels assigned to him once a week. He was also to observe and inspect the physical conditions of the brothels. The physicians were responsible to the board established within the Sixth Municipal Department to struggle with syphilis and to control prostitution. They were to prepare a monthly report for the board stating the results of the examinations and the matters that required reform. Two times a year, the appointed physicians were rotated among the departments. Medical inspectors supervised the activities of the physicians.¹²³

The Women's Hospital (*Altıncı Daire Belediye Nisa Hastanesi*) had been opened to intern prostitutes. Those who were found to be sick were sent to this facility.¹²⁴ However, this hospital had poor conditions and the building was run

¹²³ Ergin, 6: pp. 3296-3306.

¹²⁴ Ibid., p. 3300.

down.¹²⁵ Because of the lack of instruments and laboratory, in practice, this establishment was used as an isolation unit rather than a hospital in those years.¹²⁶

The costs of the hospital, the wages of the physicians and other officials were covered by the brothels. This was not in the form of taxation, but fees in return for the medical examinations. To determine the amount of fees, the brothels were categorized with respect to the size of the building, the number of prostitutes working there and the location.

Prostitutes who were not registered with any brothel, and were caught by the police and sent to the hospital were also required paying the fees, although the poorest were exempted from payment. Thus, the policies implemented in the fight against syphilis and the control of prostitution was to be realized without loading any financial burden on the municipal treasury.

The boards began to keep registers of the prostitutes and the brothels. In the registers, each woman's name, nickname, age, nationality and a description of her appearance, and her street and district of residence were recorded. It was also to be noted whether she had changed her residence before. The medical inspectors were obliged to prepare a statistical table each year covering the information about the health of the prostitutes. During inspections, they also had to listen to the owners of the brothels and report their complaints to the municipality.¹²⁷

One of the issues that gave way to discussions among the political and medical authorities in the 1880s was what was to be done with the prostitutes who resisted being sent to the hospital. It was concluded, in the words of the doctor-bureaucrats Agop Bey and Hüsni Paşa, that for the protection of the health and

¹²⁵ Nuran Yıldırım, "Beyoğlu Nisa Hastanesi," *Dünden Bugüne İstanbul Ansiklopedisi*, v. 2, p. 222.

¹²⁶ Yıldırım, "Tanzimat'tan Cumhuriyet'e Koruyucu Sağlık Uygulamaları," p. 1309.

¹²⁷ Ergin, 6: pp. 3300, 3303, 3305.

sanity of the others, surely, a woman whose illness had been diagnosed through medical examination should be sent to the hospital by force if necessary.

In the 1880s, it was a matter of anxiety that the medical measures taken to inspect the brothels would encourage the act of prostitution among the population. By decreasing the risk, the new policy would give confidence to the potential customers of these places. The reduction of the number of brothels by governmental initiative was proposed. However, this was perceived as impossible because these places had existed for such a long time. It was concluded that since the new policy would serve the health of social body, its implementation was unavoidable.¹²⁸

Non-registered prostitutes were made the objects of surveillance and detection. As mentioned above, when arrested by the police these women were sent to the hospital and subjected to medical examination. It seems that “clandestine brothels” were an important problem creating difficulties for the fight against syphilis and the control of prostitution. Because of the capitulations, until 1914, the police could not enter the houses of foreigners, which made the detection of clandestine brothels difficult.¹²⁹

From the correspondance between the police and the municipality of İstanbul in the 1900s, we understand that the issue of the control and surveillance of brothels continued to be on the agenda of the state, with increasing concern, throughout this period. In a document of 1906, the police reported a constant increase in the number of brothels in the vicinity of Galata, which had reached one hundred. This created a dangerous situation in terms of both public security and public health. It was recommended that the municipality reduce the number of brothels immediately.¹³⁰

¹²⁸ Ibid., p. 3298- 9.

¹²⁹ Ibid., p. 3302.

¹³⁰ BOA, Zaptiye Nezareti Evrakı, (ZB), 373/98, 1324. R. 27/1322. H. 7/20 June 1906.

In another case from the same year, the police requested from the municipality a report stating the amount and the locations of the registered brothels in the vicinity of Galata and also information about the non-registered ones if possible, to do what was necessary.¹³¹

A more specific case emerges from a letter of 5 January 1907. One Miço, who was found to be running three brothels in Beyoğlu claimed, during the investigation, to the police that he had been taxed and given permission to open a brothel by the municipality. The police wanted the municipality to check the truth of what he said.¹³²

According to Ergin, until the 1910s, when the whole city of İstanbul is considered, the governmental efforts to control syphilis and prostitution failed. The above-mentioned restriction of interference caused by the capitulations was cited as the most important reason. The medical inspection policy was limited to the districts of Beyoğlu and Galata, which were under the authority of the Sixth Municipal Department. After adoption of the measures for surveillance, many prostitutes who were suspected of carrying syphilis, fled to other districts and therefore escaped the jurisdiction of the Board of Health.

Another great problem for the authorities was financial. In this period, neither the government nor the municipality reserved any budget for the implementation of the policy. The costs of the hospital and inspection were to be covered by the fees collected from the prostitutes in return for the services. However, the amount received in this way did not meet the costs, and even the existing money did not

¹³¹ BOA, ZB, 374/34, 1324. C. 17/1322. T. 26/8 August 1906.

¹³² BOA, ZB, 1324. Za. 20/1322. Ke. 23/5 January 1907.

cover the budget of the hospital because of misuse. So the situation of the hospital and the medical inspection policy was in disarray.¹³³

A more or less similiar process was observed in İzmir. Thanks to a document of the Council of State from 1887 presented by Martal, we see the efforts for fight against syphilis as the regulation of prostitution, the constitution of a special hospital and the medical examination of the prostitutes in İzmir in the late 1880s. According to the document, one of the most important matters, perhaps the most important one, about the health of society was that of the brothels. Prostitution was shown as the primary reason for the fact of syphilis.

The brothels, scattered throughout the city, were to be moved to the Sakızlılar district, which was far from the center of the city and had been taken under strict discipline. The envisaged practices were similiar to those in İstanbul. To summarize, the brothels were to be kept under permanent and regular medical inspection, and each prostitute was to have a register noting the state of her health. The physicians also were to be subjected to the surveillance. The opening of a special hospital to intern prostitutes and other syphilitics was projected. The costs of the construction and the materials of the hospital, the wages of the physicians and other medical personnel were planned to be covered by the fees collected from the brothels in return for services and treatment. Here too, the brothels were classified into three, and different amounts of fees were taken from each.¹³⁴

Another document of the Council of State¹³⁵ issued on 1891 also dealt with the problem of syphilis, and prostitution, related to the former, in İzmir. It was stated that the disease was a serious social problem causing great damage to the infected

¹³³ Ergin, 6: 3300-2.

¹³⁴ Abdullah Martal, "İllet-i Efrenciye (İzmir'de Frengiyle Mücadele)," *Tepekule Tarih*, no. 1 İzmir 2000.

¹³⁵ BOA, A. MKT. MHM, 502/23, 1308. Z. 26/ 1307. T. 21/2 August 1891.

body and also had a harmful effect on future generations. Since İzmir was an important center of commerce, it was a very crowded city and there were extensive population movements towards it. The crews of foreign ships anchoring in the Port of İzmir also contributed to the spread of the disease. A considerable amount of the population was infected with syphilis. These people moved freely within the city and spread the disease in public places such as hans, *kahvehanes* through non-intimate ways.

The document revealed that in İzmir, clandestine brothels were widespread, making the control of prostitution difficult. It gave special emphasis on the necessity to detect the acts of prostitution being carried out in secrecy and to abolish all of the clandestine brothels. Here, once again is mention of the project of to construct a special hospital for syphilis patients. Therefore, it is understood that the hospital had not been opened in spite of the passage of four years.

Here, too, the authorities were confronted with financial problems in the implementation of the policy. The budget formed by the fees taken from the prostitutes did not meet the costs. It is understood from the document that the government and the municipality sought different means to solve the problem. The taxation of the brothels was an improper alternative because it would mean the official recognition of these places. The financial situation of the municipality of İzmir was too weak to cover these costs. Three years before, some of the taxes taken by the municipality had been transferred to the central treasury to cover the budget deficit. Therefore, the municipality had difficulties even fulfilling its basic tasks, such as the payment of the wages of the municipal doctors and keeping the streets clean. The central treasury was also in an inconvenient situation to distribute extra resources to the issue.

Donations from the population were another alternative means thought of to cover the costs of the policy without loading any financial burden on the central treasury. It would be in the form of additional taxes. However, the governorship stated that in recent years, there had been many donation campaigns in uninterrupted succession and also that the great drought of the previous year had been detrimental to the population in the financial sense. Thus, seeking assistance from the population would be improper.

It was concluded that for the time being, the hospital should be founded in a rented building instead of constructing a new one, and that the rent and other costs should be covered as far as possible by the amount received from the brothels. Also, to reduce costs, the capacity of the hospital would be kept limited to twenty to thirty beds.

In order to control prostitution in a more efficient manner, the idea of the foundation of a brothel by the government also came onto the agenda of the council. However, this was also stated to be improper for financial reasons. It was mentioned that even to keep those involved in prostitution under permanent inspection and observation would reduce the existence of this fact.¹³⁶

Syphilis was an ongoing problem among the population of the Anatolian periphery and attracted the concern of the political authorities. The disease seems to have been present in almost all regions of Anatolia in this period. This can be understood from the documents projecting the construction of syphilis hospitals and the adoption of necessary measures. The Black Sea region, and especially Kastamonu province, where the disease was most widespread, attracted the special attention of the political authorities.

¹³⁶ Ibid.

On 26 December 1894, the mayor of İstanbul stated that syphilis was widespread in Anatolia, and common among maidservants and concubines from that region. In order to discuss what could be done to eradicate the disease from Ottoman lands, a committee was formed under the leadership of the Minister of the Interior.¹³⁷

Different interpretations are given for the causes of the prevalence of the disease in the vicinity of Kastamonu. According to one of them, in the 1870s, the recruits of Hassa (*Hassa Efradı*) that were a part of the army and who acted the most freely and were the wealthiest, were mostly from the Kastamonu region and their location in İstanbul was near Galata. They frequented the brothels where they were infected with the disease and in return took it to their native lands. In addition, the seamen of the Anatolian coasts also frequented Galata. Therefore, there was a link of infection between Galata and Kastamonu.¹³⁸

According to another interpretation, most of the men in Kastamonu went to İstanbul as workers, leaving their wives behind. They were fulfilling their sexual needs in the cheap brothels of İstanbul and contracting the disease. When they returned home during vacations, they spread the disease to their wives. The province of Kastamonu, and especially Safranbolu within it, was close to İstanbul, and travel by maritime lines was easy. Round trips between two places were frequent. Here also, the sailors were stated as an important factor contributing to the spread of the disease. Syphilis became prevalent first along the coasts and then spread to the interior.¹³⁹ Finally, many men from the Black Sea region worked in Russian lands as bakers. This is also shown as a factor in the spread of the disease in northern

¹³⁷ BOA, Y.PRK.ŞH, 5/58, 1312. Ca. 27/1310. Ts. 14/26 November 1894.

¹³⁸ Mehmed Çetin Börekçi, "Osmanlı Basınından Yakın Devir Tıp Tarihimizi İlgilendiren Bir Yazı," *Yeni Tıp Tarihi Araştırmaları* 4 (1998), p. 255.

¹³⁹ Uğuroğ Barlas, "Safranbolu Frengi Hastanesi ve Cüzamlılar Barınağı Hakkında Bir Araştırma Denemesi," *Tıp Tarihi Araştırmaları* 5 (1993), 153-4.

Anatolia, especially in Kastamonu province.¹⁴⁰ Syphilis was also widespread in the army, especially among the troops stationed in the Kastamonu region. In the 1880s, the issue of the fight against syphilis was on the agenda as a part of the military reform.¹⁴¹

In the late 1890s, a bill of regulations was prepared by the *Meclis-i Tibbiye-i Mülkiye ve Sıhhiye-i Umumiye* (Committee of Civil Medicine and General Health) and sent by the Ministry of Military Schools to the Council of State. The proposal was revised, accepted after some amendments by the Council of State, and accepted by the Council of Ministers. According to the bill, the existing syphilis hospitals in the province of Kastamonu were to be ameliorated and new hospitals were projected to be founded in Ereğli, Bartın and other places where they were deemed necessary. For the syphilitics who could be treated outside of hospitals, special places of duty were to be established where physicians were to be ready, and treatment and medications were to be free.

All of the syphilitics in the cities and the villages were to be registered, and their age, gender, religion and the location where they had been infected with the disease recorded. The registers prepared by the physicians were to be sent to the Ministry of Medicine (*Nezaret-i Tibbiye*) each month.

Syphilitics requiring hospitalization for treatment were compelled to do so. Anyone found to be infected with syphilis, or any other skin diseases resembling syphilis and who did not apply to physicians or avoided examination was to be sent to hospital by force. Syphilitics who escaped from the hospital were to be imprisoned and their treatment was to continue in a coercive manner, if needed. To implement this, the provincial government was to assist the medical authorities. Each patient

¹⁴⁰ Şehsuvaroğlu, "Memleketimizde Frengi Tarihiçesi."

¹⁴¹ Kranzler, pp. 156.

who was discharged from hospital by the order of a physician was to be kept under surveillance for more three years, undergoing compulsory medical examinations four times each year.

Itinerant committees consisting of physicians from hospitals and the municipality were to inspect the countryside at regular intervals, and to send those people diagnosed with syphilis to hospital with the assistance of the provincial government. In the countryside, the imams and the mukhtars were obliged to report the names of any syphilitic within each village to the medical authorities. Syphilitics who wanted to marry were required to obtain a certificate. Anyone suspected of being syphilitic by the imam or the mukhtar was to be taken under compulsory medical observation and examination before marriage. No one diagnosed as syphilitic was to be permitted by the physician to marry unless his or her sickness had been cured to the extent that it could not spread to others and five years had passed since the onset of the disease. If the mukhtars or the imams did not denounce the syphilitic within their village or allowed him or her to marry, they would be fined in cash, and the money taken in this way should be transferred to the syphilis hospitals. The physicians and other personnel would be held responsible if they did not report syphilitics.¹⁴²

Resistance by the population when put into practice met the requirement of medical examination before marriage. To escape the surveillance of the state, people married in clandestine ways. This created problems for the authorities in terms of the surveillance and the control of social health as well as of society in general. Children born of clandestine marriages were not recorded in the registers. It was argued especially that in the long term this fact gave way to loss of military force because of

¹⁴² BOA, YA. RES. 99/32, 1316. Z. 19/1315. Ni. 18/30 April. 1899.

the difficulty in the recruitment of the unregistered for military service. For these reasons, in 1913, the governorship of Kastamonu demanded the abolition of this requirement from the Ministry of the Interior. In the document, the main reason cited for the behavior of the people in this way was that marriage was a continuously occurring fact, and that the number of medical personnel was extremely insufficient to deal with the issue, and it was very difficult for people, especially those living in the countryside, to go to the center where the doctor was stationed. However, the Ministry rejected this demand based on a report given by the Department of Public Hygiene of the Directory of General Health.¹⁴³

According to the mentioned bill, bachelors (*bekar*) travelling from the areas where the regulations had been put into practice to İstanbul and other areas of the empire were not to be given the permit for passage unless they had been examined. Those found to be syphilitic during the examination were to be sent to their native regions. This regulation was to be valid also for the inverse direction of travels.¹⁴⁴ Likewise, in 1904, the governorship of Hüdavendigâr (the province of Bursa) stated that thanks to the medical measures taken in previous years, a reduction had been observed in the extent of syphilis in the province. However, syphilitics who came from outside were permanently increasing the extent of the disease. In addition, many of those who had contracted the disease while fulfilling their military service in other provinces were bringing the disease home with them.¹⁴⁵

In the statements of the bill, tradesmen such as barbers and the proprietors of public baths were to be required to keep themselves, their employees, their establishments and belongings sanitary in accordance with the scientific rules of

¹⁴³ BOA, Dahiliye Nezareti İdare Evrakı (DH. İD.), 63/13, 1331. R. 18/1329. Ma. 14/27 March 1913.

¹⁴⁴ BOA, YA. RES. 99/32, 1316. Z. 19/1315. Ni. 18/30. April. 1899.

¹⁴⁵ BOA, Yıldız Perakende Evrakı, Umum Vilayetler Tahriratı (Y. PRK. UM), 68/62, 1321. Za. 26/1319. Ks. 31/13 February 1904.

hygiene and these were to be examined by physicians. The physicians performing these duties were to be certified by professors of the medical school. Those without certificates found to be treating syphilitics were to be held legally responsible.

Women determined to be engaged in prostitution were to be kept under surveillance by the municipality. They were to be examined by a municipal doctor twice a month. Those found to be infected were to be sent to hospital with registers in which their names, the nature of their illness, and that they were involved in prostitution were written. Each patient was to be kept at the hospital until cured completely, and after her departure, was to be examined regularly by the municipality.

In the first draft of the bill, it was envisaged that these women would be registered as “prostitutes” (*fahişe*) by the governmental office, as was already the practice in İstanbul and İzmir. The registers would record each woman’s name, age, and place of residence. However, this clause was removed. The governorship of Kastamonu province reported that no special places for prostitution in the province existed, and that there were no overt acts of prostitution. This kind of registration would be improper in terms of both the location and the situation. It was reasoned that this act of filing would condemn those women to lifelong promiscuity and therefore would cause them to stop disciplining their selves (*ıslah-ı nefis*).¹⁴⁶ This clause was rejected also because the registration of these women as “prostitutes” would mean the official recognition of the act of prostitution.¹⁴⁷

¹⁴⁶ An Ottoman institution related to prostitution. Documents from the late eighteenth century quoted by Ergin reveal that those women found to be involved in prostitution were confined in prison until they had disciplined themselves (no explanation about how this would occur). Then, by the claim that they disciplined themselves, they promised not to be involved in prostitution anymore, and through the mediation of the *imam* of their districts, they were required to show men of high esteem who would act as the guarantors of their promise (*kefil*). Afterwards, they were released. Ergin, 2: p. 870 and 6: pp. 2869.

¹⁴⁷ BOA, YA. RES. 99/32, 1316. Z. 19/1315. Ni. 18/30 April 1899.

From the documents, it is understood that the following year, another bill¹⁴⁸ recommending measures to be taken against syphilis in Kastamonu and some other provinces was prepared by Dr. Von Düring, who was a professor of dermatology, and syphilis at the Military Medical School and one of the directors of the clinics at Haydarpaşa Hospital. The introductory part of the text declared that, in Anatolia, the population decline, as shown by the statistics, was a great problem that threatened the state, and worried the political authority to, such a degree that a decree had been issued by the Sultan ordering the adoption of the necessary measures against it.

Syphilis was shown as the main reason for the decline in the population. According to the document, it was endemic throughout Anatolia and the range of its influence was extending continuously. The disease was effective especially in the Black Sea region, where *at least ten percent* of the population was already infected with it. The professor added that while he had not been able to perform a detailed investigation in all parts of the area, his information indicated that the situation was similar throughout the region. In the hinterland, while he had observed a decrease, in general, in the prevalence of the disease, it was dispersed in terms of intensity. In some areas, its effects were observed to be very destructive.

The remainder of the text dealt with the necessities of the fight against the disease and the costs. A new hospital was needed in the city of Kastamonu as the existing one was unable to intern the patients in the long-term. Within the province, there were hospitals in Sinop, Bolu, Safranbolu and İnebolu, but most of them were badly in need of materials, especially beds.¹⁴⁹ In the same way, in another document belonging to the same year, the governorship of the province of Kastamonu reported

¹⁴⁸ The final text that revealed the decisions of the Council of Ministers emerged as a result of the study of both the bills.

¹⁴⁹ Ibid.

that the existing hospitals were far from being able to intern the syphilitics because of the lack of the appropriations (*tahsisat*).¹⁵⁰

If we return to Von Düring's bill, the construction of three hospitals was projected for the cities of Ereğli, Bartın and Düzce. Also a hospital was needed in the city of Çorum which was within the province of Ankara. The bill of the previous year stated the tasks of the itinerant medical committees. This text also mentioned the need for formation of itinerant committees for the surveillance of syphilis in the countryside. What deserves attention in Von Düring's bill is that through the reasoning for this policy, it is clear that the people were fleeing the cities to the countryside in order to avoid being interned in the hospitals. Some of them sought treatment from unauthorized physicians.

Von Düring recommended that at least nineteen specialists be appointed to the hospitals and the itinerant medical committees. However, he noted that there were only eleven specialists in the country: five in the province of Kastamonu, and the remainder in İstanbul. So, the professor stated that until the construction of the new hospitals, and the provision of material needs, the appointment of eight specialists would be sufficient for that year. Until the appointment of the specified number of specialists, other physicians should continue to deal with the syphilitics.

Similar measures were needed in other provinces. For this reason, the professor recommended investigations be carried out in the provinces of Ankara and Konya to elicit in which areas this could be done. The final clause of the bill was about the drugs which should be provided to patients free.¹⁵¹

¹⁵⁰ BOA, Y. PRK. UM. 48/3. 1317.Ca. 23/1315. E. 17/29 September 1899.

¹⁵¹ BOA, YA. RES. 99/32, 1316. Z. 19/1315. Ni. 18/30 April 1899.

An article published in the newspaper *Tanin*¹⁵² dealt with the evolution of the disease in the province of Kastamonu from 1890s to 1914. It claimed that despite all efforts of the political authority, no decrease could be observed in the severity of disease. While the constitutional government attempted to take measures to fight the disease, these unfortunately, did not bring any positive result.

Here, again financing was shown as a reason for the gap between the intended and the realized extents of the measures. It was stated that the Directory of the Health, which had been founded under the Ministry of the Interior, was unable to take the necessary, concrete measures to deal with the issue of health in general, and the disease of syphilis in particular because of the lack of funds from the government, which itself was in financial straits. Likewise, though it was envisaged as imperative, the directory gave up establishing new syphilis hospitals because of lack of funds, and some hospitals in the province were closed.

Some expressions in the article give clues to how the intrusive policy of the state against syphilis was received by the population from the outset. It was stated frequently that although the state attached great importance to the fight against syphilis, and expended great effort to take measures as much as the tools that it possessed allowed, little progress would be made without the assistance of the population. A few instances of cracks within the order that the state strived to implement through the policy were presented. Through the itinerant medical inspections, the authorities achieved very little success in persuading women to submit to the obligatory medical examination before marriage for *social* reasons well as others. The examinations of women could be performed only in a very cursory way, and surely this obstructed the surveillance of the disease. Most of the patients

¹⁵² Börekcü.

refused to take the medications given to them by the governmental physicians. In the article, the bitterness of the drugs is shown as the reason for this. However, it was added that, as of the time the article was published, patients had become more obedient and had begun to take the drugs.¹⁵³

Since syphilis was a sexually transmitted disease, being interned in a syphilis hospital and registered as a syphilitic was undesirable to the rich and elite who were infected, who feared the loss of esteem. Without being subjected to detection, and coercion, they were able to seek private treatment outside of hospitals and avoid being officially registered. In Safranbolu, these kinds of patients received private treatment in the house of a government health official and this practice was concealed from the population.¹⁵⁴

In Eastern Anatolia, too, syphilis was shown by the authorities as a great threat that was unceasing its grip on the population day by day. According to a survey in 1886, half of the patients in the Military Hospital of Erzurum were infected with syphilis. Additionally, in the countryside, a considerable part of the population (in the words of the document, *ahalinin ekseri*, meaning the majority) was syphilitics. In 1886, plans were made for the opening of special hospitals in the city of Erzurum and the sanjaks (sub-province) of the province. A committee was formed under the headship of the chief military physician to take the necessary measures against the disease. This committee and all physicians dealing with the issue were to prepare a monthly report revealing the situation of the time, to be sent to İstanbul. For the hospitals, three physicians and three pharmacists were to be appointed. One physician was to be assigned the task of providing itinerant medical services in the countryside.

¹⁵³ Ibid. , pp. 257-258.

¹⁵⁴ Barlas, pp. 141, 146.

In this case, too, the gap between the extent of the disease and the tools that the state had to carry out the policy is clear. Even in the decision of the Council of Ministers of 29 August 1886, it was admitted that the hospitals projected to be opened would not be able to treat all of the syphilitics in the area. It was concluded that destitute (*bikesi*) patients would be put in the hospitals and those people for whom there was no room would receive treatment in their homes.¹⁵⁵

Furthermore, the authorities were confronted by financial problems to run the policy even in its reduced capacity. The budget was not able to meet even the costs of construction, and the yearly expenditures of the hospitals in the city of Erzurum, and Bayburt and Erzincan sanjaks. In the meeting of the Council of Ministers of 20 June 1887, it was decided that the yearly expenditures for the hospitals for 1887-8 should be covered by a part of the annual budget of the Ministry of the Interior that had been reserved for extraordinary expenditures (*zuhurat tertibi*).¹⁵⁶ Thanks to a document from 1895, we learn that the projected hospital for syphilitics in Erzurum had not yet been constructed at that time. From 1884-5 to 1895, the problem of syphilis had not been solved in the area, and it was still widespread among the population, and was spreading day by day.¹⁵⁷

In Erzurum province, again, we see the authorities problematizing the issue of prostitution in relation to syphilis. In the middle of the 1890s, the office of the commandant in Erzurum was warned by a report prepared by three military

¹⁵⁵ No explanation was given about how the latter would be done. However, this conclusion gives clues about the fact that the hospitals were basically to deal with the poor. (Likewise, the case of Safranbolu mentioned above revealed that those who had economic strength could have medical treatment without being confined in hospitals, and in fact a similiar fact emerges in the cases of cholera or plague (See. Chapter 2, p. 41). This could have two meanings, legitimating or repressive, depending on the perception of those who were confined which were surely related to the particular conditions of the confinement. BOA, Meclis-i Vükela Mazbataları (MV), 11/97, 1303. Za. 29/1302. A. 17/29 August 1886.

¹⁵⁶ BOA, MV, 21/5, 1304. N. 28/1303. H. 8/20 June 1887.

¹⁵⁷ BOA, Yıldız Perakende Evrakı, Yaveran ve Maiyyet-i Seniyye Erkan-ı Harbiye Dairesi (Y. PRK. MYD), 17/24, 1313. Ca. 13/1311. Te. 20/1 November 1895.

physicians that prostitutes were working the streets of the city. Most of these women were infected with syphilis and they were spreading the disease to the soldiers. To fight the disease, it was vital that these women be removed from the streets. For the sake of the protection of the health and safety of society (*selamet-i umumiye*) a brothel had to be constructed in an appropriate place in the city.¹⁵⁸

In 1900s, in Ahlat, a provincial district (*kaza*) of Bitlis province, syphilis caused a serious decline in the amount of the population. There was no municipal physician in this district, the officials of which wrote to the Ministry of the Interior, which then wrote to the Ministry of the Military Schools, and therefore to the Military Medical School. Finally, the decision was taken to appoint a physician to Ahlat. However, again the authorities faced difficulties. From the documents, it is understood that İstanbul wanted the physician's salary to be met by the local budget. However, it was impossible for the annual budget of the municipality to cover it. The governorship of Bitlis revealed that besides Ahlat, the budgets of the other municipalities within the province were also extremely restricted. It was stated that the only solution was to cover the costs from the central treasury, as was done in some other places. The result of the process is unknown but what deserves attention here is the fact that syphilis was a serious threat to the social health in the peripheral regions of Eastern Anatolia and even the appointment of one physician was hindered by the problem of financing.¹⁵⁹

Finally, I want to present some documents revealing the state's attempts to keep regular statistics of the syphilitics in Eastern Anatolia. For instance, one statistical table about syphilitics in the province of Erzurum, covering three months, was prepared by the provincial health committee and sent to the Ministry of

¹⁵⁸ Ibid.

¹⁵⁹ BOA, DH. TMIK-S, 45/4, 1321. S. 4/1319. Ni. 19/2 May 1903.

Medicine (*Tıbbiye Nezareti*).¹⁶⁰ Another document reveals that, in the late 1880s, the Ministry of Medicine demanded at the Ministry of the Interior prepare a report indicating in which regions of the Empire syphilis was most prevalent, and the number of syphilitics. The province of Bitlis thus sent a report stating the number of the syphilitics, and their proportion to the total population in the sanjak of Muş.¹⁶¹

The report mentioned above which was prepared by the military physicians, and presented to the chief commander in 1895 revealed the results of the investigations into the health situation of the troops stationed in Erzurum. The body of each soldier had been scrutinized and examined, and it was determined that three percent of the soldiers were infected with syphilis and gonorrhea (*bel soğukluğu*). It was stated that several years before, the rate of infection had reached nine to ten percent. According to the expression of the report, it was thanks to the Sultan, who had provided the implementation of discipline (*inzibat*) and of the necessary medical measures that the decrease had occurred. It was claimed that if additional measures were implemented (the control of prostitution for example), these venereal diseases would disappear within a short time.¹⁶²

At the turn of the century, syphilis was such a widespread problem that advertisements frequently appeared in newspapers promising to cure the disease within a few days. Dr. Celaleddin Muhtar, professor of dermatology and syphilis at the Military Medical School, accused those who gave those advertisements of being “charlatans,” deceiving innocent people and benefiting from their desperation. The cure for syphilis performed according to scientific rules was a very long process. He stated that it was his responsibility to reveal this fact and to warn people against these

¹⁶⁰ BOA, Dahiliye Nezareti Mektubi Kalemi (DH. MKT), 1460/30, 1305. S. 16/1303. Te. 22/3 November 1887.

¹⁶¹ BOA, DH. MKT., 1461/55, 1305. S. 21/1303. Te. 27/8 November 1887.

¹⁶² BOA, Y. PRK. MYD, 17/24, 1313. Ca. 13/1311. Te. 20/1 November 1895.

“charlatans” because syphilis, which spread through “illegitimate” ways (venereal), was a very serious problem spreading day by day and reducing the amount of the population.

Dr. Celaleddin Muhtar wrote that, along with its immediate effects, syphilis harmed the social body through its heredity effects. Miscarriages were widespread among women who had been infected by their syphilitic husbands. The majority of the infants of syphilitic men died at birth. Some showed symptoms of syphilis during infancy; others who seemed to be free of infection during infancy started to show symptoms later when they reached five, ten, and even twenty years of age. The majority of the children of syphilitics were weak, pale, short of stature, hunchbacked, stupid and prone to infections, which was to say that they were born with physical, psychological and neurological diseases.¹⁶³

He says that mostly men were responsible for the spread of syphilis within the family. Quoted a statistic from Paris, he said that among 500 families infected with syphilis, the disease had entered into 487 of them through men, and into 13, only 2.5 per cent of them, through women. According to him, because of the fact that the women of Paris were quiet promiscuous when compared to Ottoman women (*Paris nisvanının oldukça açık olduğu cümleye malum iken*), it was impossible to find even that rate in the Ottoman Empire. Thus, the disease was brought to the family mostly by men in the Ottoman Empire, through relations with prostitutes.

He presented more statistics to illustrate the extent of the harmful effects of syphilis on the social body. Among the forty-five children of syphilitics who had not

¹⁶³ There was a strict, causal link between syphilis and mental diseases. A version of syphilis was called *sinir frengisi* (neuro-syphilis). In such cases, syphilis mostly causes neuro-paralysis. According to statistics revealed in the 1930s, sixty percent of the mentally-ill people in İstanbul were also syphilitics, and syphilis was shown as the cause of their mental condition. (Mahzar Osman, pp. 962-964). Also, one of the side buildings of the Syphilis Hospital of Safranbolu was called “the home for the mentally retarded” (Barlas, p. 141).

been cured by true scientific methods, twenty-nine were miscarried or born dead, eight died immediately after birth, six of them were alive but syphilitic, and two were alive and without infection. Therefore, eighty-two percent were dead and fourteen percent carried the disease. However, he added, by showing more statistics, all of the children of those who had been cured by long-term, scientific treatment were alive.

He defended his claim to scientificity and to monopoly on dealing with the disease in socio-political terms. Throughout the article, he stated that syphilis was one of the most important reasons for the decline in population, and that his aim in writing the article was to contribute to the protection of the health and therefore the well-being of society, illustrating the correct and truly scientific way of curing the disease.¹⁶⁴

Through fight against syphilis which was a worldwide phenomenon in the nineteenth century, medico-political surveillance and discipline of the population in general, and regulation and medical control of prostitution as a part of it were witnessed in many other parts of the world. For instance, in Britain, with “The Contagious Diseases Act” of 1864 “a woman believed by a special police superintendent sworn before a magistrate to be a ‘common prostitute’ ” became subjected to compulsory medical examinations and, if diagnosed as infected with a venereal disease, was confined in “a locked ward.” The act started to be applied in eleven garrison towns in the southern counties and was extended to further garrison districts in 1866. The immediate objective of the act was to take measures against the spread of venereal diseases within the army. However there were campaigns to extend it to the northern counties and to the civilian population. The statistical data showed high rate of cases of venereal diseases among both of the military and the

¹⁶⁴ Celaleddin Muhtar (Özden), “Frengi Tedavisi,” in *Nevsal-i Afîyet* I, ed. Besim Ömer (Akalm) (İstanbul: Ahmed İhsan ve Şürekası, 1315/1899), pp. 174-177.

civilian population. The Anglican clergy, the police and the leading medical authorities were supporting the extension in line with their authoritarian point of view about the protection of the civil order and the health of the social body. The extension Act passed in 1869. The main justification used by the supporters of extension of the regulation to further districts was that prostitutes were “evading the police by migrating to unregulated areas.”

The extension of the Acts to the civilian population received much criticism, such as those came from John Simon, a profound bureaucrat within the medico-political administration, and even gave way to an oppositional organization demanding the repeal of the act, consisted of “social and religious purity advocates, feminists and civil libertarians.” Simon envisioned that the policy would not be effective in fighting the venereal diseases because of the insufficiency of resources that the administration had “for such large-scale policing and inspection” as well as, more importantly, “because of the resistance they would meet among the poor” as they invade “the most intimate and clandestine activities of personal lives.” Likewise, later, the “Repealers” claimed that the acts did not give way to any reduction in the rate of syphilis. Towards the end of 1880s, the Acts were repealed thanks to the opposition as well as to the particular political context of the time.¹⁶⁵ Here, the emphases made on the popular resistance to the intrusive measures, insufficient capacity of the state to implement them and, within the framework of resistance, the fact that prostitutes escaped from areas where the regulations were valid, deserve attention.

Two issues in Engelstein’s account of the discussions among the medical authorities developed around the the control of syphilis in the late nineteenth and

¹⁶⁵ Porter, pp.130-134.

early twentieth centuries Russia,¹⁶⁶ could provide further insights and questions for interpretation of the Ottoman experience from the standpoint of social class and gender inequality.

As previously mentioned in this chapter, we have clues about the fact that, in Anatolia lower echelons of society in fact were the objects of coercive confinement in hospitals. It is understood from Engelstein's account that, in Russian case the practice of confinement of syphilitics in hospitals was to do with those who belong to lower-class. Treatment of middle-class syphilitics were being performed "on an out-patient basis." This gave way to the criticism, for instance, of a medical doctor, Pavel Shiriaev who was a "consultant to Moscow's working class hospital."

Incarcaration...was particularly hard on the poor, who could not afford to stop working. Hospitalization only emphasized the outcast status of lower-class syphilitics. It assumed they could not be responsible for their own treatment, but must be subjected to administrative constraint in this as in all else.¹⁶⁷

Another issue of criticism was the double standard in terms of gender seen through the medical control of prostitution, that is, in the brothel whereas the prostitute was subjected to medical examinations, her clients were not. In this way, proposals were brought for the medical examinations in the brothels include the clients. However, they were rejected mainly on the grounds that clients would hardly accept to be subjected to examinations and involve instead in clandestine prostitution. The practice found to be unjust continued to receive criticisms from the gender equality perspective.¹⁶⁸

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¹⁶⁶ Laura Engelstein, "Morality and Wooden Spoon: Russian Doctors View Syphilis, Social Class, and Sexual Behavior, 1890-1905," in *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century*, edited by Catherine Gallagher and Thomas Laqueur (Berkeley: University of California Press, 1987).

¹⁶⁷ *Ibid.*, p. 193.

¹⁶⁸ *Ibid.*, pp. 195-196.

The explanations presented in this chapter indicate that syphilis worried the political authorities because of the damage it did to the population, both in the quantitative and qualitative sense. As one of the leading causes of the decline in population, it was perceived as a direct threat to the strength of the state (*kuvve-i umumiye-i devlet-i aliyyeyi taht-ı tehdidde bulunduran*).¹⁶⁹ It caused the population decline both in the short term (the death of the syphilitics) and in the long-term (through heredity, most importantly miscarriages, and stillbirths). Moreover, through heredity it would give way to physically and psychologically weak generations.

In relation to these concerns, policies aiming at the surveillance and the discipline of the social body were taken seriously. Thus, this period witnessed the rise of intrusive and restrictive measures pressed mainly on prostitutes and Anatolian peasants, ranging from restriction on marriage to long-term confinement and compulsory medical examinations. However, in the general policy to fight syphilis, whereas the measures envisaged by the authorities were complicated, assertive, and intrusive, their implementation was problematic mainly because of the lack of financial capacity.

On the other hand, these measures were resisted and even negotiated by the population in the form of refusal and escape. As mentioned above, within the explanations of Dr. Celaledin Muhtar, the nature of the disease at that time necessitated long-term treatment, which meant long-term confinement for those infected with the disease. Besides, laboratory experiments trying to discover whether the newly discovered syphilis virus could be used as a vaccine against the disease had proved unsuccessful.¹⁷⁰ The confinement of syphilitics in special hospitals was very important in this context. Such long-term confinement was considered to be

¹⁶⁹ BOA, YA. RES., 99/32, 1316. Z. 19/1315. Ni. 18/30 April 1899.

unacceptable by many people. According to what the texts express or imply, they escaped from the hospitals, which were mostly located in urban areas, or fled to the countryside to escape confinement, and many applied to unauthorized physicians to find solutions that seemed more acceptable to them.¹⁷¹

Another scene related to this framework emerged in the case of marriage. The requirement of compulsive medical examination before marriage and the regulation declaring that the syphilitic could not get married until at least five years had passed since the beginning of infection, led to clandestine marriages.¹⁷² As seen above, this later brought a legal amendment regarding the issue onto the agenda of the authorities. In addition, from the complaints in the elite discourse we learn that the performances of thorough medical examinations of women's body before marriage were mostly obstructed. In the case of prostitution, clandestine acts and flight to areas that were outside the realm of regulations appeared as reactions against compulsive and regular medical examinations, and confinement in hospital.

¹⁷⁰ Besim Ömer (Akalın), ed. "Frengi Hakkında Tecarib-i Cedide-i Fenniye," *Nevsal-i Afiyet IV* (İstanbul: Ahmet İhsan ve Şürekası, 1322/1906), p. 482.

¹⁷¹ From some of the official texts presented above we get informations revealing the insufficient capacity, and the improper conditions of the existing syphilis hospitals. Also, the Women's Hospital of İstanbul was described as having bad conditions, being run down, and to be an isolation unit rather than a hospital. This fact might have played a role in the unwillingness of the people to be interned in the hospitals. Likewise, through the study of the similiar resistance of the people to hospitals in Egypt of the nineteenth century, the poor physical conditions of hospitals was shown by Fahmy as an important reason behind the aversion of the people to hospitals. Fahmy, "Medicine and Power," pp. 30-32.

¹⁷² When we look at the long-term results of the act (children born of clandestine marriages were not registered with the state), it could also be thought of as a way to escape conscription.

CHAPTER FOUR

FORENSICS

The public health activities of the Ottoman State in general should be conceived of within the framework of the ordering of the social body in accordance with the disciplinary nature of the modern form of governing. The efforts to fight crime in far more effective ways formed another dimension of the constitution of public order. Forensic medicine was the crossing point of these two lines of development.

The year 1879 can be accepted as a turning point in terms of the development of forensic medicine in the Ottoman Empire. In this year, a new criminal law, the *Muhakemat-ı Cezaiye Kanun-u Mukavvati* (Criminal Law), was issued within the context of the reform of the legal system in accordance with the rapid socio-political transformation. This law was adopted from the French Criminal Law by translation. In the same year, the *Teşkilat-ı Mehakim Kanunu* (Law of Judicial Organization) founded the office of the public prosecutor.¹⁷³

The new criminal law contained statements about forensic medicine in articles outlining the duties of the public prosecutors and his assistants. Article 40 states that the public prosecutor is obliged to appoint experts if necessary during the investigation of murder cases and of other crimes. The following article states that in cases of death in which the cause is unknown, the public prosecutor must appoint one or two physicians and surgeons to investigate.¹⁷⁴

¹⁷³ Üçok, p. 194.

¹⁷⁴ Şehsuvaroğlu and Özen, p. 14.

After the passage of this law, in 1879, the *Zabıta Tababet-i Adliyyesi* (Department of Forensic Medicine) was established in İstanbul under the newly founded Ministry of Police. This was the first state department in the Ottoman Empire organized directly for dealing with forensic medicine.¹⁷⁵

The institutionalization of forensic medicine went hand in hand with the formation of a modern police organization in Ottoman İstanbul. In cities in the Ottoman Empire until the late nineteenth century, the provision of public security (*asayiş*), which is the task of the police in the modern sense, was the responsibility of the army. In 1879, the Ministry of Police was founded to deal with public security in İstanbul. In 1881, the *Asakir-i Zaptiye Teşkilatı* (Military Police Organization), which had been responsible for providing public security in the capital city, was abolished and the *Polis Teşkilatı* (Police Organization) was established in its place. By this time, only one unit of the gendarme, the *Dersaadet Jandarma Alayı* (İstanbul Regiment of the Gendarme), was left in the capital city. Then, gradually, the Ministry of Police and its police organization came to dominate the task of providing public security in the majority of the urban areas of the empire.¹⁷⁶

One of the few works written on forensic medicine in the Abdülhamid II era was the *Vezaif-i Adliyye-i Etibba* (Duties of Forensic Medicine) by Said, who was a member of the *Şura-yı Devlet* (Council of State). In the introductory chapter of the book, Said wrote that the task of medical science and medical specialists, along with the examination and treatment of diseases, was to serve the constitution of public order. Those responsible for the implementation of law and order (*kanun ve nizam*) within society must apply to the knowledge and experience of medical doctors. If

¹⁷⁵ Ibid.

¹⁷⁶ Mustafa Çufalı, "Türk Polis Tarihi," in *Türkiye'de Devlet, Toplum ve Polis*, edited by Hasan Hüseyin Çevik and Turgut Göksu (Ankara: Seçkin, 2002), pp. 20-24. See also Republic of Turkey, Devlet Arşivleri. Available [online] at:

they did not, their task was incomplete. He commented that in the Ottoman Empire the use of the science of medicine in the service of law and order was a current fact, known as *tababet-i siyasiyya* (political medicine). *Tababet-i adliyye* (forensic medicine) was a branch of political medicine dealing with judicial issues. He added that forensic medicine remained extremely undeveloped in the Ottoman Empire.¹⁷⁷

Here, in order to understand how forensic medicine in fact operated in the daily practices of Ottoman society in the Abdülhamid II era, cases extracted from the archival documents provide interesting data. In İstanbul, in 1898, a certain *dellal* (broker) İbrahim was beaten by Yasef Efendi, a resident of Beykoz (a district of İstanbul), and a member of the Jewish community during a dispute at 26 September 1898. After the event, İbrahim went to the governmental office to lodge an official complaint. While leaving the office, he collapsed, and died. İbrahim's relatives claimed that he had died because of the beating. The Medical Departement in the Ministry of Police then prepared an autopsy report stating that the death had occurred *probably* as a result of the beating. To obtain more decisive results, the Ministry of Police applied to the Military Medical School for a reinvestigation of the case on 18 October. The answer came in a 19 November report confirming that İbrahim had in fact died because of the beating.¹⁷⁸

Post-mortem examinations were a controversial matter in the late Ottoman Empire. The first autopsy in İstanbul was performed in 1841 by the special

http://www.devletarsivleri.gov.tr/yayin/osmanli/rehber_osm/188_zaptiye.htm

¹⁷⁷ Said, *Vezaif-i Adliyye-i Etibba* (İstanbul: Kitabçı Arakil, 1306/1888-1889), pp. 4-6.

¹⁷⁸ BOA, ZB, 300/9, 1316. B. 4/1314. Ts. 7/19 November 1898. As explained previously, the Civil Medical Association (*Cemiyet-i Tibbiye-i Mülkiye*) (Then, it took the title of "*Meclis-i Tibbiye-i Mülkiye ve Sıhhiye-i Umumiye*") that was meeting in the Military Medical School acted as a consultative organ in cases of forensic medicine (Ergin, 6: pp. 3082-3087). Likewise, our documents mention this organ as the preparer of the reports issued by the Military Medical School. To remember, it was abolished at the beginning of year *Rumi*-1322/1906 and after a few months, established again with a different name (Ibid., p. 3083). Correspondingly, one of the documents that revealed a report and that belongs to Ni. 1322/May 1906 (ZB 302/54) does not refer to this organ.

permission of the Sultan.¹⁷⁹ Previously, in cases of death which had given rise to suspicion, there had been demands for autopsies, but these demands had been rejected by the religious authorities.¹⁸⁰ In 1846-47 activity report of the Military Medical School, Dr. Spitzer, the chief director of the school, complained of the difficulties of teaching and the application of forensic medicine because post-mortem examinations were still forbidden by law. He argued that forensic medicine, along with fighting crime, would contribute to the protection of the health of society.¹⁸¹

In the Abdülhamid II era, post-mortem examinations became commonplace. In the 1890s, as seen above, within the context of the struggle against epidemics, and other contagious diseases, the boards of health were formed in each of the municipal departments of İstanbul functioning under the authority of the İstanbul Municipality. One of the duties of these boards was to give permission for the burial of corpses after their examination.¹⁸² In addition, thanks to a document dated 1891 we understand that, at that time, it was compulsory to declare all births, deaths, marriages, and divorces to the state for the sake of registration. The guardians of children who did not report births; the imams and mukhtars who did not report deaths, divorces and marriages; and people who kept themselves secret from the population registers were compelled to pay fines. Those who did not pay would be imprisoned for a period ranging from one day to three months, according to the amount of the fine.¹⁸³

Surely, the requirement of post-mortem examinations before burial was to ascertain the existence and extent of diseases that threatened the health of society. In

¹⁷⁹ Cahit Özen, "Türkiye'de Adli Tıbbın Tarihçesi ve Gelişmesi," p. 361.

¹⁸⁰ Şehsuvaroğlu and Özen, p. 9.

¹⁸¹ Ülman, "Mekteb-i Tıbbiye-i Adliye-i Şahane'nin 1846-47 Öğretim Yılı Faaliyet Raporu", p.138.

¹⁸² See Chapter 2 and see also Besim Ömer (Akalm), ed. "Cülus-u Meyamin-i Menus Hazret-i Hilafetpenahiden beri Vukua Gelen Terakkiyat-ı Tıbbiye ve Müessesat-ı Sıhhiye" *Nevsal-i Afiyet II* (İstanbul: Ahmet İhsan ve Şürekası, 1316/1900), p. 141.

this way, it would serve the public health politics of the state. On the other hand, as Khaled Fahmy, who works on forensic medicine in nineteenth century Egypt, puts it, “the stipulation that all burials would be conducted only after a post-mortem examination” reflects the modern state’s intention to “dominate and control people’s lives literally from birth to death.”¹⁸⁴ Because of its role in the control of crime, the performance of autopsies became an ordinary part of the functioning of the legal system in cases in which ordinary people were involved, as in the case of *dellal Ibrahim*. Here, it could be argued that the practical necessities of the functioning of a modern state accelerated the spread of post-mortem examinations.

In documents in the archives belonging to the Ministry of Police are reports of cases of examinations of sexual virtue through medical means. For instance, from a document dated 1900 we learn that Lieutenant Rıza Efendi, who was suspicious of the virtue of his wife of three days, applied to the police to have a medical examination of his wife performed. He demanded the protection of his legal rights if his suspicions were proven true.¹⁸⁵

Forensic medicine was also applied in the investigation of rape cases. For example, a report sent from the School of Military Medicine to the Ministry of Police on 6 March 1901 involved a five year old girl named Asubgon, who was alleged to have been raped. The result of the medical examination revealed that her chastity had indeed been ruined.¹⁸⁶

Fahmy views forensic medicine, as other manifestations of modernity, as an area of social conflict. He writes that within nineteenth-century Egyptian society it had a two dimensional effect. By increasing its pervasiveness and efficiency through

¹⁸³ BOA, MV, 61/30, 1308. Ca. 23/1306. Ke. 23/4 January 1891.

¹⁸⁴ Khaled Fahmy, “The Anatomy of Justice: Forensic Medicine and Criminal Law in Nineteenth-Century Egypt,” *Islamic Law and Society* 6 (1999).

¹⁸⁵ BOA, ZB, 301/6, 1318. B. 4/1316. Te. 15/28 October 1900.

allowing a tighter control on crime, forensic medicine contributed to the disciplinary function of the modern form of power, and legitimized the power of the modern police force and modern state in general in the eyes of the people through presenting it as the bearer of justice. At the same time, forensic medicine functioned as a tool that made the police station one of the sites of power “where the very diffuse power of the state was contested and challenged.”¹⁸⁷

Taking inspiration from this perspective, the present chapter turns to the examination of some criminal cases that were investigated through forensic medicine in the era of Abdülhamid II. Largely because of the content of the documents available, two categories within society emerged to be conceived simply as the objects of power: the ordinary people against the bureaucratic apparatus and lower level officials.

A document from 1903 tells of a certain Madiros, son of Dikran, who was a resident of Salma (a district of İstanbul), who had been beaten by a ranking police officer (*komser*), one Ahmed Efendi. The left eye of Madiros had become infected. He applied to the police with the claim that it had occurred because of the beating. After a medical examination, the School of Military Medicine reported to the Ministry of Police that Madiros’ left eyelid had been injured, and his left eye had permanently lost its ability to see. There was a very high probability that this had occurred because of the beating.¹⁸⁸

In a document from 1904, the *manav* (greengrocer) Ali claimed he had suffered hearing loss in his right ear because the ranking police officer (*komser*) Bekir and two corps of gendarmes had beaten him. However, according to the report,

¹⁸⁶ BOA, ZB, 301/13, 1318. Za. 15/ 1316. Ş. 21/ 6 March 1901.

¹⁸⁷ Khaled Fahmy, “The Police and the People in Nineteenth-Century Egypt,” *Die Welt des Islams* 39, no. 3 (1999), pp. 368-377; Fahmy, “Medicine and Power,” p. 47; Fahmy, “The Anatomy of Justice.

¹⁸⁸ BOA, ZB, 301/56, 1321. C. 25/ 1319. E. 4/ 17 September 1903.

the result of the medical examination showed that there was no trace of injury to his ears. It was concluded that the hearing loss was due to chronic illness.¹⁸⁹

Another case appears in a document from 1905. A French woman, one Pastlika, applied to the police with a claim that a police officer, Adil Efendi, had beaten her. In the medical examination performed by the Medical Departement (*Etibba Dairesi*), it was established that under her left eye a lesion had occurred as a result of violence. The injury was treated successfully. She also claimed that she had difficulty in hearing, and that her ear too had been damaged during the beating. On 18 October, the Ministry of Police requested that the School of Military Medicine perform a medical examination to ascertain whether there was any disease in her ear and, if so, whether it had occurred as a result of beating or was a pre-existing condition.¹⁹⁰

The School of Military Medicine submitted its report on 25 November 1905. It had determined the presence of a disease in the membrane of her left ear, which had occurred because of the beating. Despite their efforts to cure the disease, a very high probability remained that a chronic disease would remain in the ear.¹⁹¹ On 9 April 1906, the Ministry of Police requested that the School of Military Medicine perform another medical examination on Pastlika. On 13 May 1906, a report stated that after another medical examination a chronic disease in Pastlika's left ear had been diagnosed.¹⁹²

In another case from a document dated 1902, Dervish Ağa, a member of the corps of gendarmes, had been beaten by Captain (*yüzbaşı*) Hamdi Bey. During the initial medical examination, Dervish Ağa claimed that he could not hear out of his

¹⁸⁹ BOA, ZB, 302/5, 1322. Ra. 12/ 1320. My. 15/ 28 May 1904.

¹⁹⁰ BOA, ZB, 303/155, 1323. Ş. 19/ 1321. Te. 5/ 18 October 1905.

¹⁹¹ BOA, ZB, 302/40, 1323. N. 28/ 1321. Ts. 12/ 25 November 1905.

¹⁹² BOA, ZB, 302/54, 1324. Ra. 19/ 1322. Ni. 30/ 13 May 1906.

left ear, which ached. On 4 October, the Ministry of Police requested that a specialist at the School of Military Medicine perform an examination to establish whether there was any damage to Dervish Ağa's ear; and if so, whether it had occurred because of beating or was a pre-existing condition; and finally, how the disease would evolve in the future.¹⁹³

The specialist filed his report on 14 October. Examination of Dervish Ağa had revealed a ruptured membrane in the officer's left ear, which was probably the result of trauma. A significant loss of hearing had been found in the ear.¹⁹⁴ On 22 October, the School of Military Medicine sent the findings to the Ministry of Police.¹⁹⁵ These cases make one point clear: through forensic medicine, the ordinary and powerless people of İstanbul of the Abdülhamid II era gained access to a tool to contest and control the violence of the state officials.

As mentioned above, in the Ottoman Imperial Criminal Law of 1858, it was stated that the mentally ill were not criminally responsible.¹⁹⁶ In Foucault's account of nineteenth century Western Europe, the deprivation of legal responsibility with the help of modern scientific methods contributed to the definition and establishment of a deviant category within society, the insane, who should be subjected to confinement. The incarceration of the mentally ill would fulfill the function of protecting the social body against a category of "dangerous" people. The mentally ill were conceived of as dangerous in two senses. First, in terms of public hygiene: mental illness was related to issues such as alcoholism and debauchery, and "it was perceived as a source of danger for oneself, for others, for one's contemporaries and also for one's descendants through heredity." Second, the mentally ill were thought

¹⁹³ BOA, ZB, 303/94, 1320. B. 2/ 1318. E. 21/ 4 October 1902.

¹⁹⁴ BOA, ZB, 303/148, 1320. B. 12/ 1318. Te. 1/ 14 October 1902.

¹⁹⁵ BOA, ZB, 301/38, 1320. B. 20/ 1318. Te. 9/ 22 October 1902.

¹⁹⁶ Şehsuvaroğlu and Özen, p. 11.

to be dangerous for the social body as they carried the potential for committing crimes.¹⁹⁷

After 1858, accused people who were suspected of being mentally ill, and mentally ill prisoners were interned in the Toptaşı Asylum in Üsküdar (a district of İstanbul). However, with the passage of time, the Toptaşı Asylum became overcrowded. After the era of Abdülhamid II, in 1910, the *Haseki Darüşşifası* (Haseki Hospital), which had been vacated as a result of an earthquake in 1894, was transformed into an asylum (*Mecanin Müşahadehanesi*). Work to restore the Haseki Asylum with the capacity to intern 800 people continued until 1913, after which time it began to house the mentally ill. It was not long, however, before this institution too became insufficient. By the beginning of the First World War, the state took over the control of the French Hospital in Şişli. In 1916, mental patients were transferred there. The renowned Dr. Mazhar Osman was appointed as chairperson of the Şişli Asylum (*Şişli Mecanin Müşahadehanesi*). This institution functioned only for a short time. It was closed down in 1919 and the patients returned to Toptaşı. After the establishment of a separate Institute of Forensic Medicine in 1917, an asylum was founded within this establishment.¹⁹⁸

In March 1876, the first year of the Hamidian period, a regulation was issued covering the measures in terms of the control of insanity. According to it, those whose detrimental acts were suspected to have been performed unconsciously were to be sent to the asylum by order of the police. In the order, the police were to state

¹⁹⁷ Michel Foucault, "About the Concept of the 'Dangerous Individual' in Nineteenth Century Legal Psychiatry," in *Power*, edited by James D. Faubion (New York: New Press, 2000). Volume 3 of *Essential Works of Foucault 1954-1984*, edited by Paul Rabinow. Through examining "the transformation of the exercise of sovereignty by government," Dean points out that, through the process, "law is transformed from a juridical system concerned to codify and express the monarch's authority to an instrument of a normative order, which is part of complex apparatuses of normalizing practices." He continues by quoting from Foucault that " 'the law operates more and more as a norm, and...the judicial institution is increasingly incorporated into a continuum of apparatuses (medical, administrative and so on) whose functions are for the most part regulatory.' " Dean, pp. 103, 110.

the abnormal acts and behaviours of the person that had made detaining him necessary. The interned person could not be brought out from the asylum even temporarily without the permission of the police. Needless to say, information on all the people interned in the asylum would be registered in detail.¹⁹⁹

In addition to the asylum, two houses of observation (*mecanin müşahedehanesi*) were founded in 1894.²⁰⁰ Since the Toptaşı Asylum did not have enough room for internment, people would be kept there temporarily under the surveillance of the police and the municipality. In addition, suspects pleading insanity would be confined there as a precautionary measure. One of the houses of observation that was to intern men was founded within the General Prison (*Hapishane-i Umumi*).²⁰¹

Two cases from the Abdülhamid II era give an idea about the daily functioning of forensic psychiatry. On 26 December 1907, the Office of the Governor of Selanik (*Selanik Vilayeti Mektub Kalemi*) sent a document to the Ministry of Police. The Inspectors of the Province of Thrace (*Rumeli Vilayeti Müfettişleri*) had noticed that among the prisoners of the General Prison of Selanik (*Selanik Hapishane-i Umumiyesi*) were some who suffered from mental illness. The governorship requested they be sent to the asylum for treatment.²⁰²

A document dated 7 October 1907 reveals a suspicion about the sanity of a criminal in a murder case. Süleyman, son of Hasan, was accused of committing a murder. It was not known whether this Süleyman was mentally competent or not. The School of Military Medicine had found a report prepared by the provincial

¹⁹⁸ Şehsuvaroğlu and Özen, pp. 16, 17.

¹⁹⁹ Ergin, 6: pp. 3373-3377.

²⁰⁰ Here, I prefer to translate the *müşahedehane* as a house of observation rather than asylum to stress the fact that these establishments were founded to fulfill a different function.

²⁰¹ Ibid., p. 3369.

doctors (mahalli etibba) scientifically invalid. The document was a decree sent from the Ministry of Justice to the Medical Department (*Etibba Dairesi*) stating that, in order to make his situation clear, said Süleyman must be sent to the asylum for medical observation and evaluation.²⁰³

In the era of Abdülhamid II, on the issue of forensic psychiatry a contradiction existed between the intentions of the political authority, and the actual practices due to the insufficient capacity of the asylum system. For instance, on 18 February 1907, a document was sent from the İstanbul Municipality to the Ministry of Police. A few prisoners who had shown symptoms of madness had been sent to the asylum, but there was no place in the asylum for them. The İstanbul Municipality requested that the Ministry of Police provide another place to intern them.²⁰⁴ Ergin reports that there was no specialist in the asylum in this period and also describes the ruined state of the building and the misery of the interned.²⁰⁵

In Mehmed Celal's novel, *İsyân* (Rebellion), published in 1910, the conditions in the Toptaşı Asylum are described through the observations of the central character, Vedat, a medical doctor. According to him, the majority of the patients of the Toptaşı Asylum was faking their illnesses to escape torture by the Ministry of Police or was those who had gone mad as a result of the torture. In Vedat's description, the internment capacity of the asylum was insufficient. The place was filthy. The food was also of inferior quality, and insufficient. Patients who cried or laughed were treated with violence. Those mentioning realistic complaints

²⁰² BOA, ZB, 114/51, 1325. Za. 20/ 1323. Ke. 13 (12 on the document but according to the computation, it is 13)/ 26 December 1907.

²⁰³ BOA, ZB, 15/25, 1325. Ş. 29/ 1323. E. 24/ 7 October 1907.

²⁰⁴ BOA, ZB, 55/71, 1325. M. 5/ 1322. Ş. 5/ 18 February 1907.

²⁰⁵ Ergin, 6: p. 3367.

about the conditions such as starvation and filthiness were tied up by the claim that they had a sudden attack.²⁰⁶

Dr. Mahzar Osman, who sometimes had permission to enter into the asylum, also stated that the establishment was deprived of hygiene. Lice and the itch were endemic. Moreover, he says that the patients were not housed according to scientific methods (“*ilim henüz girmemişti*”).²⁰⁷

Besides the Toptaşı Asylum, the above-mentioned houses of observation seem to have had bad conditions in this period. According to reports made by the medical authorities in late 1900s, these places had extremely unhygienic conditions, and the people interned there were miserable.²⁰⁸ Thus, it could be argued that in the Abdülhamid II era, the asylum and the houses of observation in fact functioned as isolation units for the mad, and that, people endured pure confinement rather than “therapeutic confinement”²⁰⁹ in this period.

* * *

In the era of Abdülhamid II, which covered the last quarter of the nineteenth and the first years of the twentieth centuries, forensic medicine developed as a mechanism contributing to the fight against crime. Here, modern medicine, which functioned as a disciplinary mechanism mainly through public health activities, was integrated into the detection of crime. It also contributed to the process of identification of social deviance and the realization of social exclusion.

Looking at the issue from the point of view of the ordinary people, we see that through this mechanism they attempted to contest, and control the acts of the

²⁰⁶ Osman Gündüz, *Meşrutiyet Romanında Yapı ve Tema* (İstanbul: Milli Eğitim Bakanlığı Yayınları, 1997), pp. 225-6.

²⁰⁷ Mahzar Osman, p. 122.

²⁰⁸ Ergin, 6: p. 3369-70.

²⁰⁹ I borrowed the term from Foucault, “About the Concept of ‘Dangerous Individual’ in the Nineteenth Century Legal Psychiatry,” p. 185.

agents of the modern state. We also see that they embraced seriously a part of modernity that they found useful in the practical sense.

Finally, if the particular legitimation strategy of the Sultan, which is revealed by Özbek, in this period which was based on an attempt to form a line of negotiation with the lower echelons of the population that gave stronger emphasis on paternalistic motifs is considered, the legitimating role of forensics in the above-mentioned cases concerning the conflicts between the state agents and people as well as those among the latter, gains more importance.²¹⁰

Here, a tactic to make the weak feel secure, and protected thanks to justice, even against the misconduct of the agents of the state (and also those of the inferior positions within the military apparatus against high ranking ones), would be coherent with the legitimation strategy of the period.

²¹⁰ Özbek. See especially p.113 and 331.

CHAPTER FIVE

CONCLUSION

This study is undertaken to make a small contribution to eliciting the fact that in the late Ottoman Empire, medicine was a political realm where the relations of power were constituted and which had different effects on, and meanings for the different social and historical actors in relation to their strategic positions within the social hierarchy. Its political character carried two aspects. First, it was a part of social control operating through coercive and restrictive measures towards the medical control of the population as well as through the tactics of legitimation, which imply a negotiation process in terms of the relations of power.

During the reign of Abdülhamid II, especially by the 1890s, a much stronger attempt of the political power to penetrate into the social life in a deeper level through innovative medical organizations and regulations, taking the latter as the instruments of this strategy became apparent. Within the urban space, covering mostly İstanbul in this study, as a result of the intersection of the various lines of development such as the rise of cholera epidemic in the early 1890s, the emergence of bacteriology, the problem of the control of the city population's becoming much more urgent because of the extreme crowding, and the long term evolution of the modern mechanisms of governing throughout the nineteenth century, the regulation of the social environment in terms of hygiene, especially that of the domestic space, became one of the foremost issues on the agenda of the political power.

In this context, a strict surveillance and control of urban life came onto the scene through the newly organized municipal apparatuses of public hygiene. The

surveillance of places that carried risk for being crowded, especially dwellings perceived as potential sources of dangerous epidemics, came to the fore. Another aspect of the policy gave broad attention to vaccination, where vaccination activities went hand in hand with attaching special importance to the surveillance of its effectiveness throughout society.

At this point, it is argued that the main objects of this policy of control over urban population, which took the aim of becoming as pervasive as it could, were the poor who were perceived as a threat to the social body, both in terms of decreasing its capacity, and constituting a danger for the more privileged parts of it, as they, and their domestic space, were perceived as potential sources of disease. On the other hand, as seen in many instances, the policy was planned to function as a tool of legitimation for the political power. When looked at from a broader perspective, the public hygiene measures, along and in connection with the coercive measures and welfare strategy, carrying both an intrusive and a legitimating character, formed another constituent of the politics of the control of the poor in this period.

Through a close analysis of an epidemic, syphilis, which numbered among the greatest threats for the health of the social body at that time, and its social aspects, which were more visible due to its manner of contagion, the coercive character of the control measures became profound. Also, as part of this fact, the “body,” as a capacity, appeared more profoundly as an object of control. It appeared in a more direct way as a realm of state intervention through compulsory medical examinations, and confinement within the hospitals that occurred largely in a coercive manner.

The medical control of prostitution, which had been a concern for a long time, started to occur in the 1880s and 1890s in the great urban centers, İstanbul and İzmir,

at a time of the rise of elite fears concerning the urban population,²¹¹ and attempted to be supported by the opening of special hospitals. What deserves special attention here is the fact that, now, the issue was the ordering of prostitution through keeping it under continuous surveillance, rather than to fight or abolish it. This is clearly seen in the great urban centers, İstanbul and İzmir. Even the opening of brothels by the state came to the agenda in order to control the phenomena. Moreover, this could also be argued as becoming the case in the peripheral regions of Anatolia. Likewise, in a report presented above concerning the course of syphilis in Erzurum stated that the prostitutes were working on the streets in the city, thus the military physicians suggested the construction of a brothel to which they could be moved.

The unique character the treatment of syphilis which took a very long time, required long-term surveillance of those who were infected. Many restrictive measures penetrated social life to its depths including what could be termed the private sphere, such as those issued on the marriage. For the same reason, long-term confinement of the infected, for which coercion was authorized in cases of resistance, was necessary from the perspective of the medical and political authorities. However, some instances encountered in the analysis of the issue suggest that these intrusive and coercive measures had to do in fact with the lower strata of society, in the Anatolian periphery. The rich and elite who were infected with the disease were able to solve the problem in collaboration with the medical authorities

²¹¹ A clear picture revealing the general customer profile in urban prostitution is not available. However, some expression confronted with should be noted here as they offer clues. First, in the account of Yıldırım, the servants working in the mansions of the pashas and *müstahdems* (an inferior official working as cleaner or doorman) who frequented the brothels became the initiators of the outbreak in İstanbul. Yıldırım, "Tanzimat'tan Cumhuriyet'e Koruyucu Sağlık Uygulamaları," p. 1329. Somewhere else, seasonal workers were mentioned as the frequenters of brothels. See Chapter 3, p. 65. In addition, one of the official documents dealing with syphilis in İzmir points out to public dwellings, *hans*, and *kahvehanes* as places where the non-venereal spread of the disease occurred. On the other hand, military recruits were shown to be involved in prostitution in İstanbul (see Chapter 3, p. 65) as well as seen through the case of Eastern Anatolia.

without being subjected to coercive confinement or being entered into the syphilis registers.

Syphilis, widespread throughout the country, constituted a serious cause of population decline. In addition, through its hereditary effects, it constituted a threat for the psychological and physiological capacity of the social body in the long term. Thus, in the discourse of the political power of the time and the medical elite as evidenced in the official documents and articles dealing with the disease as social phenomena, serious anxieties concerning the qualitative and quantitative capacity of the social body in relation to the disease were expressed.

Forensics, as a part of the police apparatus, and as a crime fighting mechanism, may be have thought to fulfil a disciplinary function from the standpoint of public order as well as to a legitimating role for the newly evolving police that was becoming intrusive in social life. However, when viewed in the broader political atmosphere of the era, the phenomenon also gains a particular meaning in terms of legitimacy in the sense that, as was revealed in reference to works analysing the politics of the era,²¹² a legitimisation strategy was developed giving greater emphasis on paternalistic tones, presenting the political power as the protector of the weak. Thus, it can be argued that to give the impression that a tool was provided for the weak against the misconducts of state agents through forensics as suggested by the cases presented above, was to play a legitimating role within the context of the relations of legitimacy that the Sultan, who sought to hold on to the political power in person, attempted to form with the population.

Another point that emerged in the analysis of forensics was its role in determining the marginal elements within the society who had a direct connection to

²¹² See Özbek.

the capacity of the social body as well as its order. In fact, as seen above, in this period one could find the traces of the fact that madness as a social fact was perceived to a greater degree as a danger the control of which was sought through detection, regulations and confinement by the police in collaboration with the medical authorities. This overlapped with the intensification of the anxieties of the political power concerning the order, and health of the social body, and with a widescale medical intervention, at least at the level of intention, into the social life with a greater degree, and especially with the elite perception of some elements of the population (poor) as constituting a medical danger for the social body within the urban environment.

A final point in terms of social control is that a general fact observed throughout this study is the great contradiction between the policies as they were planned, and their implementation. The former were very complicated, assertive, and were to be intrusive, but the process of execution advanced with great difficulty mainly due to the financial weakness of the state. This appears clearly especially in the case of syphilis, where it is seen that the projected hospitals could not be constructed, and the existing ones worked at low capacity, and in bad conditions. On the other hand, there was a lack of physicians, let alone the specialists, to run the measures. When the great extent of the disease, which were endemic throughout the country is considered (for instance, according to one estimate, at least ten percent of the population were syphilitic in the Black Sea region), the tools that the state had appear to have been far removed from the ability to carry out a serious fight against the disease and to have a considerable influence on its course; thus plans can be said to have been as unrealistic.²¹³

²¹³ In fact, the above mentioned was a general phenomena in this era observed through the implementation of various policies partly due to the lack of financial strenght. Selim Deringil, *The*

Here, in relation to above mentioned fact, a question that deserves attention is that whether these hospitals (or the asylum), and medical personnel that were small in number, and capacity, without disregarding the fact that there were concrete attempts to control the population, gained also a symbolic character in the social control strategy of the political power; that is, whether they were to leave an effect or impression of power on the population by increasing the state's visibility, to complement its coercive character.²¹⁴

The second aspect of the political character of medicine was that it was a practice in which the demands of the political power were confronted by the refusal, and the resistance of the population. This was seen in the data presented in this study as, in general, occurred in the form of escape from the surveillance, and control mechanisms.

The vaccination activities in İstanbul proceeded with difficulty as many people refused to be vaccinated on time, and avoided to have their children vaccinated as well. Moreover, through the same process the imam or mukhtars, who were given intermediary roles within the hierarchy of surveillance, constituted cracks in the mechanism. Also, thanks to secondary sources we are told that in İstanbul in the 1890s, during the smallpox vaccination the women refused to be vaccinated by male

Well-Protected Domains: Ideology and Legitimation of Power in the Ottoman Empire 1876-1909 (New York: IB Tauris, 1998), p.11.

²¹⁴ Here, the issue of the question completely has to do with the perspective of the political power, the outcome of which depends on the perception of the recipient. For a discussion evolving around the "constitution of the subject" through the manifestations of power, as a complementary of the subjection of the body, within the framework of modern power mechanisms, that problematizes it in terms of agency, see Nicholas B. Dirks, Geoff Eley and Sherry B. Ortner, "Introduction," in *Culture/Power/History: A Reader in Contemporary Social Theory*, ed. Nicholas B. Dirks, Geoff Eley and Sherry B. Ortner (Princeton, New Jersey: Princeton University Press, 1994), pp. 8-15. During the analyses of the legitimacy strategy in the Ottoman Empire in this period, interpretations bringing the familiar fact to mind, where it was aimed at creating an effect of the power within the society in its depths and also in the mind of the individual through the symbolic acts of legitimation, are seen. See Özbek, especially p. 167. It should be remarked that, due to the particular character of the emphasized cases (syphilis and confinement in the asylum) where the coercive aspect of the politics of social control were more profound, the point of the above question is conceived rather as an extension of the coercive and intrusive measures.

officials, which gave way to a remedy of the situation by the medical authorities. In a similar way, through the fight against syphilis in Anatolia, the performances of compulsory medical examinations on women were obstructed frequently.

Unfortunately, in these cases it was not possible to catch the perceptions and motives of the people who acted in this way, in an exact manner. Thus, in these terms, one can at best speculate and this could best be done for some instances of reaction to the intrusive measures issued within the framework of the fight against syphilis. Here, many people are seen to have escaped from hospitals or fled to the countryside to escape the confinement within hospitals which was coercive in the case of disobedience, probably because of the long period of the confinement as a result of the unique requirements of the treatment of the disease. Furthermore, it is not clear if it could be counted as treatment. It should be remembered that the hospitals, as the official documents revealed, had very low capacity, and bad conditions. Thus, it would be sound to ask that to what extent these establishments fulfilled the function of treatment and, to what extent, of isolation. This matter should also have given way to the refusal to hospitalization in this case.

On the other hand, the requirement of compulsive medical examination before marriage, and also the prohibition of the marriage of the syphilitic until five years, at least, had passed since the beginning of the infection, were met with avoidance. Clandestine marriages in order to escape the registers of the state gave way in the 1910s to a recommendation by the governorship concerning the amendment of the regulation. Finally, in the realm of prostitution in İstanbul it was seen that non-compliance occurred in the form of clandestine prostitution, and of escape to areas outside the realm of the intrusive power of the policy. Here, if we return to the above discussion concerning the hospitals, it should be kept in mind that

the hospital that was to intern women infected with the venereal diseases in İstanbul in fact functioned as an isolation unit in those years.

Through forensics, the weak appears, to a greater extent, as the initiator of the process (the official procedure) in terms of challenging the intrusive power of the bureaucracy, not as in response to medical measures as seen in previous cases, but by using the latter as a tool of contestation. Through forensics in the late nineteenth and the early twentieth centuries the ordinary and weak in İstanbul found a tool to contest the violent acts of the members of bureaucracy, and as seen above, and they in fact attempted to use it.



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